Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR)

Contents

Learning Objectives

After reading this *Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR)*, you will be able to:

- Understand the PASRR process.

- Understand the Interdisciplinary Team (IDT) Meeting requirements and the Quarterly and Local Authority (LA) Update meeting requirements.

- Understand the process for requesting specialized services using the NFSS form.

- Understand how to update forms - and the consequences of doing so.

- Identify NFSS form statuses.

- Understand and respond to alerts.

- Recognize how to prevent Medicaid waste, abuse, and fraud.

- Understand that complying with Health Insurance Portability and Accountability Act (HIPAA) is YOUR responsibility. You should seek legal representation when needed, and consult the manuals or speak to your Texas Medicaid & Healthcare Partnership (TMHP) Provider Representative when you have questions.

- Identify additional resources.

Medicaid Team

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

- **Centers for Medicare & Medicaid Services (CMS)** – The federal agency that oversees Medicaid on a federal level. CMS creates and administers guidelines, rules, and regulations.

- **Managed Care Organization (MCO)** – State-contracted entity that has been given delegated authority to provide acute and long-term services to support enrolled managed care members.

- **Medicaid Recipient** - A person enrolled in a Medicaid program and served by Texas Medicaid.

- **Providers** – The crucial players in a quality health-care program. The focus is on providing the best care possible while being reimbursed for allowed services rendered.

- **Texas Health and Human Services Commission (HHSC)** – Licenses, regulates, and administers a comprehensive array of services for persons who are aging or disabled and for persons who have Intellectual and Developmental Disabilities (IDD) and/or Serious Mental Illness (SMI) and other behavioral health illness. HHSC oversees operations of the entire health and human services system in Texas and operates the Medicaid acute care program and several other related programs. Texas HHSC's Office of Eligibility Services (OES) determines eligibility for Medicaid.

- **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:

  - Determination of Medical Necessity (MN)

  - Provider Education

  - Provide timely processing of claims (except for services covered by the STAR+PLUS premium) and represents HHSC at Fair Hearings

  - Provide yearly manuals, quarterly LTC Provider 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

Preadmission Screening and Resident Review (PASRR) Process

Preadmission Screening and Resident Review (PASRR) is a federally-mandated program that requires all states to pre-screen all people, regardless of payor source or age, seeking admission to a Medicaid certified nursing facility (NF). It was created in 1987 as part of the nursing home reform, through language in the Omnibus Budget Reconciliation Act (OBRA).

PASRR has three goals:

- To identify people with Mental Illness (MI), Intellectual Disability (ID), or Developmental Disability (DD)/Related Conditions (RC) (this includes adults and children).

- To ensure appropriate placement, whether in the community or in an NF.

- To ensure people receive the required specialized services for their MI or IDD.

Each state approaches the PASRR program details differently, but the basic requirements are the same for all states. The PASRR process for Texas is as follows:

- An initial PASRR Level 1 Screening (PL1) of every person applying for NF placement to identify people suspected of having ID, DD, or MI.

- If the initial screening is positive (meaning the person may have ID, DD, or MI), a PASRR evaluation (PE) is performed by a qualified and impartial reviewer.

- People who are confirmed to have ID, DD, or MI are evaluated to determine the need for specialized services, and appropriate placement options are reviewed.

In Texas, Local Intellectual and Developmental Disability Authorities (LIDDAs), Local Mental Health Authorities (LMHAs), and Local Behavioral Health Authorities (LBHAs) play key roles in the PASRR process. In this User Guide, the term Local Authority (LA) is used for either a LIDDA, LMHA, or LBHA.

The information on the hard copy of the PL1 Screening Form, which is completed by the Referring Entity (RE), is submitted directly on the LTC Online Portal by either the NF or the LA (if a preadmission) and is assigned a Document Locator Number (DLN) when successfully submitted. To check on status information, providers can use Form Status Inquiry (FSI) or Current Activity to access the PL1 Screening Forms and the associated PEs that were submitted for their facility. If the PL1 indicates a suspicion of MI, ID, or DD, an alert goes out to the LA to complete the PE.

The PE is used to perform an evaluation to confirm or disprove the suspicion of MI, ID, or DD documented on the PL1 Screening Form, to determine if the NF is the appropriate placement for the person, and to determine whether the person could benefit from specialized services. The LA has 72 hours to complete a face-to-face visit with the person and seven days to submit the PE on the LTC Online Portal from the first notification to perform the PE.

If the person is PASRR Negative based on the PE, a letter will be provided to the person or their Legally Authorized Representative (LAR). If the person does not agree with this result,

the person or LAR can contact the PASRR Evaluator at the LA stated on the letter for questions regarding the reason for the determination. The person or their LAR has the option to request a Fair Hearing. More information on Fair Hearings can be found in the Medical Necessity and the MN Determination Process section of this User Guide.

If a person is discharged to an acute care medical hospital for less than 30 days and is re-admitted to the same NF, it is not necessary to submit a new PL1 Screening Form unless the first PL1 has been inactivated, or updated with a discharge date.

Overview of PASRR Admission Processes

There are four different PASRR admission processes:

1) Exempted Hospital Discharge;

2) Expedited Admission;

3) Preadmission; and

4) Negative PASRR Eligibility.

To decide which admission process to follow, the RE must first determine if there is a suspicion of PASRR eligibility. If there is a suspicion of PASRR eligibility, then the PL1 screening status is considered positive and one of the first three processes can be followed. If there is no suspicion of positive PASRR eligibility, the person is considered PASRR negative and then the Negative PASRR Eligibility process is followed. Below are flowcharts explaining the different processes at a high-level.

Exempted Hospital Discharge Admission Process

1) The Exempted Hospital Discharge process starts when an RE performs the PL1 and determines if the person is eligible for Exempted Hospital Discharge Admission. The criterion for an admission under Exempted Hospital Discharge is the person is not expected to remain in the NF more than 30 calendar days, which must be certified by the physician.

2) If the person does not meet the criterion for Exempted Hospital Discharge, then the RE follows the Expedited Admission Process or the Preadmission Process.

3) If the person does meet the Exempted Hospital Discharge criterion, then:

   a) The RE sends the PL1 Screening Form to the admitting NF with the person.

   b) The NF submits the PL1 Screening Form on the LTC Online Portal immediately upon receipt.

   Note: *If the NF attempts to submit the Minimum Data Set (MDS) Long-Term Care Medicaid Information (LTCMI) without first submitting the PL1 Screening Form, the LTCMI will not be accepted. In the case of Preadmission, the PL1 and the PE must also be submitted, and MN determined prior to admission. Then the MDS LTCMI can be submitted.*

4) If the person is discharged from the NF prior to 30 calendar days from the admission date, the NF must enter a discharge date on the PL1 Screening Form.

    a) If the person is still in residence at the NF after 30 calendar days from the admission date, then:

    – The LTC Online Portal alerts the LA to perform a PE.

    – The LA initiates face-to-face contact for the PE within 72 hours of notification.

5) The LA submits the PE on the LTC Online Portal within seven calendar days of notification by the LTC Online Portal. Authorization for payment to the LA for completion of the PE is determined as a result of successful submission of the PE on the LTC Online Portal.

6) If the PE is positive, the NF reviews the PE, including recommended specialized services, and certifies on the PL1 Screening Form by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual button**.

7) If the NF is **unable** to serve the person, the NF must notify the LA, and the LA will coordinate placement into another NF or an alternate setting.

8) If the NF is **able** to serve the person, the NF will conduct the IDT with required participants.

Note: *For more information about certification, see the Certification of the NF's Ability to Serve the Individual section of this User Guide.*

Expedited Admission Process

1) The Expedited Admission process starts when a Referring Entity performs the PL1 Screening and screens for Expedited Admission using the following seven categories:

Category #	Category Name	Description
1	Convalescent Care	The person is admitted from an acute care hospital to an NF for convalescent care with an acute physical illness or injury which required hospitalization and is expected to remain in the NF for greater than 30 days as documented by a physician's certification.
2	Terminal Illness	The person has a medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course. A person's medical prognosis is documented by a physician's certification, which is kept in the person's medical record maintained by the NF.

Category #	Category Name	Description
3	Severe Physical Illness	An illness resulting in ventilator dependence or diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, congestive heart failure, which result in a level of impairment so severe that the person could not be expected to benefit from specialized services.
4	Delirium	Provisional admission pending further assessment in case of delirium where an accurate diagnosis cannot be made until the delirium clears.
5	Emergency Protective Services	Provisional admission pending further assessment in emergency situations requiring protective services, with placement in the NF not to exceed seven days.
6	Respite	Very brief and finite stay of up to a fixed number of days to provide respite to in-home caregivers to whom the person with MI or IDD is expected to return following the brief NF stay.
7	Coma	Severe illness or injury resulting in inability to respond to external communication or stimuli, such as coma or functioning at brain stem level.

2) If the person does not meet Expedited Admission or the Exempted Hospital Discharge criteria, then the RE follows the Preadmission process (described in a subsequent diagram).

3) If the person does meet Expedited Admission criteria, then the RE sends the PL1 Screening Form to the admitting NF along with the person.

Note: *If the NF attempts to submit the MDS LTCMI without first submitting the PL1 Screening Form, the LTCMI will not be accepted. In the case of Preadmission, the PL1 and the PE must also be submitted, and MN determined prior to admission. Then the MDS LTCMI can be submitted.*

4) The LA is required to perform a PE based on the Expedited category:

   a) If the Expedited Admission category is 1, 2, or 3, the LTC Online Portal will create an Alert for the LA to complete the PE once the PL1 Screening Form is successfully submitted on the LTC Online Portal by the NF.

   b) If the Expedited Admission category is 4 or 5, the LTC Online Portal creates the Alert seven calendar days after the NF admission date.

   c) If the Expedited Admission category is 6, the LTC Online Portal creates an Alert 14 calendar days after the NF admission date.

   d) If the Expedited Admission category is 7, the LTC Online Portal will alert the LA to perform a PE when the MDS indicates the person is no longer comatose.

5) Once notified by an Alert, the LA initiates the face-to-face contact for the PE within 72 hours of notification by the LTC Online Portal.

6) The LA will submit the PE on the LTC Online Portal within seven calendar days of notification. Authorization for payment to the LA for completion of the PE is determined as a result of successful submission of the PE on the LTC Online Portal.

7) The NF reviews the positive PE, including recommended specialized services, and certifies on the PL1 Screening Form by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual button**.

8) If the NF is **unable** to serve the person, the NF must notify the LA, and the LA will coordinate placement into another NF or an alternate setting.

9) If the NF is **able** to serve the person, the NF will conduct the IDT with required participants.

   Note: *For more information about certification, see the Certification of the NF's Ability to Serve the Individual section of this User Guide.*

Preadmission Process

1) The Preadmission Process starts when there is an NF admission from an RE in the community (such as from home, a group home, psychiatric hospital, jail, etc.) that is not Expedited Admission, Exempted Hospital Discharge, or the person is negative for PASRR eligibility. The RE may require assistance from the NF to complete the PL1 Screening Form. The NF is not allowed to submit positive Preadmission PL1s. If the PL1 is negative, follow the Negative PASRR Admission Process.

2) Because the PL1 Screening is a preadmission type:

   a) The RE faxes the PL1 Screening Form to the LA (this serves as the notification to complete the PE).

   b) The LA submits the PL1 Screening Form on the LTC Online Portal.

   c) The LA initiates face-to-face contact for the PE within 72 hours of notification by the RE (See step 2a for notification).

   d) The LA submits the PE on the LTC Online Portal within seven calendar days of notification by the RE (See step 2a for notification). Authorization for payment to the LA for completion of the PE is determined as a result of successful submission of the PE on the LTC Online Portal.

3) If the PE is positive, the NF reviews the PE, including recommended specialized services, and certifies on the Section D tab of the PL1 Screening Form by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual** button before the person can be admitted to the NF. For more information, refer to the Certification of the NF's Ability to Serve the Individual section of this User Guide.

Note: *If the NF attempts to submit the MDS LTCMI before the positive Preadmission PL1 Screening Form and PE have been submitted, and before MN determination has been made if the PE was positive for PASRR eligibility, then the LTCMI will not be accepted. For more information about LTCMI Rejections, see the LTCMI Rejections section of the Long-Term Care (LTC) User Guide for Nursing Facility Forms 3618/3619 and Minimum Data Set/Long-Term Care Medicaid Information (MDS/LTCMI).*

4) If the NF is unable to serve the person, the NF must notify the LA, and the LA will coordinate placement of the person into another NF or alternate placement by working with the RE and the other identified NFs listed on the PL1 Screening Form.

5) If the NF is able to serve the person, the NF admits the person on the PL1 by clicking on the **Admitted to NF** button on the yellow Form Actions bar and entering the date of admission, and the NF will conduct the IDT with required participants. The NF adds the admission date to Section D of the PL1 once the person is placed.

6) If the NF is able to serve the person, but does not enter a date of admission on the PL1, the PL1 will move to a status of ***NF Placement Process Exhausted*** within 90 days of the PE submission. This status will prevent the LTCMI from being accepted.

Negative PASRR Eligibility Process

The RE or the NF, when it is an NF to NF transfer, will perform the PL1 screening. If the PL1 screening is negative (when the response to questions on the PL1 fields in PASRR Screening Section C0100.Mental Illness, C0200.Intellectual Disability, and C0300.Developmental Disability are all No), the RE or NF will follow the Negative PASRR Eligibility process.

The NF that admits the person will submit the PL1 on the LTC Online Portal immediately upon receipt.

When the PL1 Screening is negative:

1) The RE sends the PL1 Screening Form to the admitting NF with the person.

2) The NF admits the person. Upon admission, the NF submits the PL1 Screening Form on the LTC Online Portal.

   Note: *If the person is PASRR Negative, based on a PL1 Screening, a PE is not performed unless requested by HHS, an NF, or the person/LAR.*

Detailed instructions for the PL1 Screening Form can be found online at: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

Alternate Placement Process for NF Diversions and Transitions

The LA is notified that the person requests Alternate Placement during an NF diversion prior to admission. The LA is also notified when a current resident requests a Transition to community placement. The notification could come from HHSC, the NF, the LAR, or the person.

If this is a current NF resident, then the notification of the transition can be a manually generated alert on the LTC Online Portal. If the person is NOT a current resident, the LA is notified of the diversion by the RE.

Transition

1) When the person is a current resident: The LA completes Section E on the PL1 Screening by clicking the **Enter Disposition** button before the person is discharged (Fields B0650 and B0655 are updated on the PL1).

2) The LA coordinates Alternate Placement.

3) After the person has been discharged from the facility, the NF will also indicate discharge of the person on the PL1 Screening.

Diversion

1) When the person is NOT a current resident of an NF, the RE faxes the PL1 Screening to the LA.

2) The LA submits the PL1 Screening on the LTC Online Portal. The LA initiates face-to-face contact for the PE within 72 hours of notification by the RE.

3) The LA submits the PE on the LTC Online Portal within seven calendar days of notification by the RE. If the PE was positive for PASRR eligibility, the LA must wait for the MN determination.

4) If the MN is approved on the PE, the LA completes Section E, Alternate Placement Disposition on the PASRR Level 1 Screening by clicking the **Enter Disposition** button.

5) As a final step for diversion, the LA will indicate discharge of the person on the PL1 Screening whether MN is approved or not for a person seeking diversion.

6) If the MN is denied on the PE, the LA does NOT complete Section E, Alternate Placement Disposition, on the PASRR Level 1 Screening. The LA will follow the process outlined in the *Medical Necessity (MN) in the MN Process* section of this guide. If MN is still denied after a fair hearing, the LA must enter a discharge date on the PL1.

The following diagram illustrates the steps mentioned above when MN is approved on the PE:

Resident Reviews

A Resident Review (RR) is a review of a resident's condition and placement after the person has been admitted to an NF. The purpose of the RR is to ensure PASRR positive people are getting appropriate specialized services and to determine if the person still needs to be in an NF.

An RR is completed for a PASRR positive person who experienced a significant change in status in their mental or physical condition. When the NF submits an MDS with the 04. Significant change in status assessment:

1) Assess the person's need for continued care in an NF;

2) Assess the person's need for NFSS, LIDDA specialized services, and LMHA/LBHA specialized services; and

3) Identify alternate placement options.

An RR is performed on all people, regardless of funding source. An RR may also be required by an NF or HHSC on a PASRR negative person who is now suspected of having MI, ID, or DD, to determine whether the resident qualifies for PASRR specialized services, and if so:

1) Assess the person's need for continued care in an NF;

2) Assess the person's need for NFSS, LIDDA specialized services, and LMHA/LBHA specialized services; and

3) Identify alternate placement options.

When an RR is performed, the LA will meet face-to-face with the person and complete a new PE from the existing PL1, even if it is negative. The LA is required to complete and submit the PE on the LTC Online Portal within seven calendar days of notification to conduct a resident review.

Refer to Appendix C for actions which should be taken for each of the Resident Review Triggers.

Resident Reviews Process

1) An RR takes place when an LA is notified to perform a PE on a current resident of an NF. The notification is normally generated as an automatic Alert in the LTC Online Portal, although the request could come as a manually-generated Alert in the LTC Online Portal from HHSC or the NF. Refer to Appendix C for list of triggers and the actions which should be taken.

2) The LA initiates face-to-face contact within 72 hours of notification to perform a PE (See step 1 for notification).

3) The LA submits the PE on the LTC Online Portal within seven calendar days of notification (See step 1 for notification).

4) If the PE is positive, the NF will convene an IDT meeting within 14 days of the automatic Alert in the LTC Online Portal to the LA.

Medical Necessity (MN) and the MN Process

For the PASRR Preadmission process, TMHP is responsible for reviewing successfully submitted PEs to determine MN for people who are PASRR Positive. The initial MDS assessment will inherit the MN determination from the PE, if the MDS assessment effective date is within 30 days (plus or minus) of the date of assessment of the PE. For other MDS submissions, including all other admission types (Expedited, Exempted Hospital, and PASRR Negative people), TMHP is responsible for reviewing submitted MDS assessments to determine MN. The MDS LTCMI will be rejected while waiting for the MN determination on a positive PE initiated from a Preadmission PL1.

Definition of Medical Necessity

40 TAC §19.101 (75) states:

> Medical Necessity is the determination that a recipient requires the services of licensed nurses in an institutional setting to carry out the physician's planned regimen for total care. A recipient's need for custodial care in a 24-hour institutional setting does not constitute a medical need. A group of health care professionals employed or contracted by the Medicaid claims administrator contracted with HHS makes individual determinations of medical necessity regarding nursing facility care. These health care professionals consist of physicians and registered nurses.

40 TAC §19.2403(e) states:

> A recipient may establish permanent medical necessity status after completion date of any MDS assessment is approved for medical necessity no less than 184 calendar days after the recipient's admission to the Texas Medicaid Nursing Facility Program.

General Qualifications for Medical Necessity Determinations

40 TAC §19.2401 states:

> Medical necessity is the prerequisite for participation in the Medicaid (Title XIX) Long-term Care program. This section contains the general qualifications for a medical necessity determination. To verify that medical necessity exists, a client must meet the conditions described in paragraphs (1) and (2) of this section.

1) The person must demonstrate a medical condition that:

   a) is of sufficient seriousness that the person's needs exceed the routine care, which may be given by an untrained person; and

   b) requires licensed nurses' supervision, assessment, planning, and intervention that are available only in an institution.

2) The person must require medical or nursing services that:

   a) are ordered by the physician;

   b) are dependent upon the person's documented medical conditions;

   c) require the skills of a registered nurse or licensed vocational nurse;

   d) are provided either directly by or under the supervision of a licensed nurse in an institutional setting; and

   e) are required on a regular basis.

> **Note:** *Medical Necessity is not the only prerequisite to qualify for Medicaid eligibility.*

Manual Medical Necessity Determination on PASRR Evaluation

To expedite processing, TMHP automatically checks submitted evaluations with a Medicaid Number to determine if the person already has Permanent MN (PMN). If the person has PMN, the MN is automatically approved. The History trail will state "Individual has permanent MN."

For people who do not have PMN, TMHP systems automatically review specific criteria on the PE. If the criteria are appropriately met, MN is automatically approved. The History trail will state "Medical Necessity Approved for the client based on PASRR Evaluation." If MN could not be determined automatically, then the PE will be sent to a nurse for manual MN review. The status will be set to ***Pending Review*** on the FSI search results, and the last message showing in the History trail will be "The Form has failed Auto MN Approval."

It is important that the NF verifies the History trail indicated MN approval before they admit the person into the facility. Failure to verify MN will delay or prevent the facility's reimbursement.

The flowchart below provides a high-level overview of the process used for manual MN determination for a Preadmission PASRR Positive person. Providers can use the LTC Online Portal to check the status of MN determination.

1) Submissions for persons who do not have PMN or do not pass auto-MN are reviewed by the TMHP nurse for MN determination within five business days of successful submission of the positive PE initiated from a Preadmission PL1.

2) Once reviewed, the submission is either approved (meeting MN) or placed in a ***Pending Denial (need more information)*** status for up to 21 calendar days. FSI or Current Activity can be used to view the status of MN determination whether the PE is set to status ***Approved***, ***Denied***, or ***Pending Denial (need more information)***.

3) The LA must check the History trail to see the results of MN determination. If MN was denied, then check the History trail for additional information requested by the TMHP nurse or doctor.

4) If the PE has a status of ***Pending Denial (need more information)***, the LA must contact the NF to coordinate the additional medical information for the TMHP nurse.

5) The LA must either add additional medical information clarifying nursing/medical needs through the Add Note feature or by calling TMHP and speaking with a THMP nurse prior to the 21 calendar day deadline.

6) If the LA or person's physician does not provide additional information clarifying nursing/medical needs within 21 calendar days of ***Pending Denial (need more information)***, the PE is sent to the TMHP physician for review, and the steps 5-9 will apply.

7) If the TMHP nurse determines that MN has been met, the PE is approved and the NF can now admit the person physically and on the PL1.

8) If the TMHP nurse still cannot determine any licensed nursing need after additional information has been provided, the PE is sent to the TMHP physician for MN determination.

9) If the TMHP physician determines that MN has been met, the PE is approved.

10) If MN is denied by the TMHP physician, notification of denied MN is sent to the person in a letter.

11) The letter states that the person's physician may submit additional medical information within 14 business days of the date on the denial letter by faxing additional medical information to the TMHP LTC department (40 TAC §19.2407). Or, the LA may provide additional medical information by using the Add Note feature of the PE on the LTC Online Portal or by calling and speaking with a TMHP nurse prior to the 14 business day deadline.

12) The person's PE and the additional (or new) medical information will be reviewed by the TMHP nurse will and either approve or send to the TMHP physician for a second MN determination. The TMHP physician will either approve the PE or uphold the original decision to deny.

13) The person may initiate the appeal process when notified by TMHP that the physician upheld the original decision to deny medical necessity. To request a fair hearing and appeal the MN determination, the person or their LAR should contact the TMHP number listed on the denial letter.

14) If a hearing is requested, additional information may be submitted at any time by the NF, LA, or by the person's physician either by telephone call to the TMHP nurses or by fax.

Note: *The Long-Term Care Medicaid Information (LTMCI) can be rejected when MN has not been performed on a Preadmission PE. Submitters are responsible for checking the status of their submitted forms, assessments, screenings, and evaluations using FSI or Current Activity and supplying additional information, if needed.*

Request for Fair Hearing

A fair hearing is an informal, orderly, and readily available proceeding held before an impartial health and human services enterprise hearing officer. At the hearing, a person/applicant (appellant), or their representative, including legal counsel, may present the case as they wish to show that any action, inaction, or agency policy affecting the case should be reviewed.

When a person receives a letter that indicates denied MN, a denied NFSS request, or a negative PASRR determination, the letter also informs the person their right to request a fair hearing. The person (or LAR) must request a fair hearing in the manner and within the timeframe specified on the letter.

A fair hearing request can be made to appeal the following in PASRR:

- Denial of Medical Necessity, which is requested through TMHP

- Denial of a Medicaid Specialized Service, which is requested through the PASRR Unit

- A negative PASRR determination, which is requested through the PASRR unit.

Timeframes

In the case of a letter that indicates a PE is negative, the person can request a Fair Hearing for up to 90 days after the date of the letter.

In the case of a letter that indicates the denial of a service submitted on a Nursing Facility Specialized Services (NFSS) form, the person can request a Fair Hearing for up to 90 days after the date of the letter.

In the case of a letter that indicates the denial of MN, the person, the person's responsible party, or in the case of no responsible party, the LA, Director of Nursing (DON), or the NF administrator may request a fair hearing on behalf of the person within 90 days from the effective date of the decision or from the notice of adverse action date, whichever is later, by calling TMHP at 800-626-4117, Option 5.

Hearing

Form 4803, Acknowledgment and Notice of Fair Hearing, serves as a notice of any fair hearing related to the PASRR process. It is sent to the appellant to acknowledge the receipt of a request for a hearing and to set a time, date, and place for the hearing. Form 4803 will be sent to all known parties and required witnesses at least ten calendar days in advance of the hearing.

The fair hearing is held at a reasonable place and time. They are normally scheduled in the order in which requests are received, and are usually held by teleconference.

Appellants may present their own case, or bring a friend, relative, or attorney to present their case. Health and Human Services enterprise does not pay attorney fees. Appellants may request additional time to prepare for their case by contacting the hearing officer.

Appellants may request an interpreter at no cost. However, appellants must notify the hearing officer at least two days before the hearing if they are going to require an interpreter.

Before and during the hearing, appellants and their representatives have the right to examine the documents, records, and evidence that HHS will use. To see medical evidence before the hearing, the appellant must make a written request to the hearing officer. For NFSS fair hearings, the fair hearing packet will be mailed, certified to the person or LAR before the fair hearing date. The appellant may bring witnesses and present facts and details about the case. The appellant may also question or disagree with any testimony or evidence that is presented by the department.

Appellants have the right to know all the information the hearing officer examines in making the decision. The laws and policies which apply to the appellant's case and the reasons for HHS' action will be explained.

The hearing officer will issue a final written order. The decision by the hearing officer is HHS' final administrative decision. If the appellant believes the hearing officer did not follow applicable policy and procedures, the appellant can submit a request for administrative review within 30 days of the date of the decision. The appellant submits the request for administrative review to the hearing officer, who will forward the request to the appropriate legal office for review.

The appellant may have to pay back any overpayments HHS made to the appellant because the appellant did not supply correct and complete information or was overpaid while waiting for the hearing decision.

MDS set to status *PE MN Denied*

If the Preadmission PE is denied MN, then the MDS is set to status **PE MN Denied**. When the MDS is in this status, the **Check MN on PE** button will be displayed under the Workflow Actions section of the yellow Form Actions bar.

1) Locate the MDS assessment using FSI.

2) Click the **Check MN on PE** button on the yellow Form Actions bar.

3) If the MN determination on the PE has been overturned, the Change Status confirmation page will be displayed. The NF can enter text to be added to the History trail and click the **Change Status** button.

4) The MDS assessment will be set to status ***Approved***.

If the MN determination on the PE has not been overturned, the NF will see the following message:

Note: *Making any edits to the Personal Information section of the PE during PE submission is not recommended because the PL1 will not be updated with the new information. Instead, if the LA finds that the person's information needs to be updated during the submission of a PE, the LA should contact the submitter of the PL1 to correct the wrong information. After the updates have been made, the LA should initiate the PE from the corrected PL1.*

How to Submit a PASRR Level 1 Screening Form

1) Log in to the LTC Online Portal. PL1 Screening Forms should not be submitted by a third-party software vendor.

2) Click the **Submit Form** link located in the blue navigational bar.

3) Type of Form: Choose **PL1: PASRR Level 1 Screening** from the drop-down box.

4) Vendor Number: Choose the submitter Vendor Number/Provider Number from the drop-down box.

5) Submitters may choose to enter the optional information in the Recipient section to auto populate some of the fields on the PL1. The choices are:

• Medicaid/Children with Special Health Care Needs (CSHCN) ID

• Social Security Number and Last Name

• Social Security Number and Date of Birth

• Date of Birth, and Last Name, and First Name

6) Click the **Enter Form** button.

7) Enter all required information as indicated by the red dots. Remember that the person must be admitted under Exempted Hospital Discharge, Expedited Admission, or Negative Admission for submission of the PL1 Screening Form by an NF.

8) For positive Preadmission PL1s, the LA enters all required information as indicated by the red dots. In Section F, indicate 0 in fields F0100 and F0200.

9) From here, you have two choices:

a) Click the **Submit Form** button to submit the screening form.

Or

b) Click the **Save as Draft** button to store the screening form for future completion, but not submit it. The screening form does not have to be complete to save the draft. Note that drafts are only available for 60 days.

10) If the PL1 screening form is successfully submitted, a DLN will be assigned and the LTC Online Portal will show a message stating "Your form was submitted successfully." To print the submitted PL1 for your records, open the PL1 and click the **Print** button located on the yellow Form Actions bar.

If there are errors, they will be displayed in a box at the top of the screen. These errors will need to be resolved before the screening form will be successfully submitted. Once all errors are resolved, click the **Submit Form** button again to submit the screening form.

The LTC Online Portal will halt the submission of a PL1 which does not include the PASRR condition(s) identified on the latest PE by displaying an error message. The error message will state the PASRR condition of the latest PE and will allow the submitter to update the PL1 and resubmit.

This will occur with all scenarios including Change of Ownerships (CHOWs) and NF to NF transfers.

PL1 Date of Assessment

If a previous PL1 Screening Form is found, and the Date of Assessment is the same as the previously submitted screening form, the new screening form will not be accepted. If a previous PL1 Screening Form is found, and the Date of Assessment is prior to the Date of Assessment on the new screening form, the new screening form will continue to process, and the old screening form will be inactivated. A PL1 (and a PE for Preadmission) are required prior to the submission of the MDS LTCMI Admission Assessment.

Note: When the PE is submitted, and goes into the status of LA action required because the Personal Information section contains inaccurate information, the LA can update the PE following the steps in the Completion Transaction Processing Errors section of this guide.

Certification of the NF's Ability to Serve the Individual

After a PL1 Screening is submitted and the LA has completed the PE, the NF will receive an alert when a positive PE has been submitted. However, if it has been more than 30 days since the alert was generated, the alert will be systematically deleted, and the NF will need to manually check if the associated PE is positive.

NF's can search for positive PE's on the Form Status Inquiry page. A positive and active PE will be in any status except ***Negative PASRR Eligibility*** or ***Form Inactivated***. Then navigate to the associated PL1 Screening Form which could be set to ***Pending Placement in NF - PE Confirmed, Individual Placed in NF - PE Confirmed,*** or ***Negative PASRR Eligibility*** status. NFs identified in Section D of the PL1 Screening Form must certify that they have reviewed the recommended specialized services on the PE and determined whether or not the person can be served by selecting the **Able to Serve the Individual** button or the **Unable to Serve the Individual** button located on the yellow Form Actions bar.

Note: *When a PL1 has an associated negative PE, the buttons to certify and admit the person on the PL1 will not be displayed. Therefore, the NF will not be able to certify on the PL1.*

1) Locate the PL1 Screening Form using FSI or Current Activity (for more information on using FSI or Current Activity, see the *LTC User Guide for General Information, Online Portal Basics, and Program Resources*).

2) There are two choices:

   a) To certify the ability to serve the person, click the **Able to Serve the Individual** button located in the yellow Form Actions bar. Click the **OK** button when the pop-up window appears; or

b) To certify that the NF does not have the ability to serve the person, click the **Unable to Serve the Individual** button located in the yellow Form Actions bar. Click the **OK** button when the pop-up window appears.

3) The following confirmation screen will appear:

4) The corresponding field in Section D of the PL1 Screening Form (D0100N) will be systematically updated to show either 0. No or 1. Yes.

Note: *Once a positive PE has been submitted by the LA from a Preadmission PL1, the NF has 90 days to certify* **Able to Serve the Individual** *or* **Unable to Serve the Individual**. *If after 90 days, none of the NFs listed on the PL1 Screening Form in Section D have indicated an ability to serve and admitted the person, the PL1 is given a status of* **NF Placement Process Exhausted** *and a new PL1 Screening Form must be submitted by the LA.*

PASRR Level 1 History Trail

Every PL1 Screening Form will have a History trail. After opening a PL1 form, scroll to the bottom. The History trail will display a list of every processing status that has been held by the document along with any appropriate details. Any notes added by a user, alerts that have been generated, and fields that have been updated will also be located in the History trail.

Error Messages

There are two kinds of error messages that can be raised when attempting to submit a PL1. They are form submission errors and field errors.

Below is an example of some of the typical form submission error messages:

> *"The previously submitted PE is positive for <PASRR Condition(s) of Latest PE>. Correct the PL1 to include <PASRR Condition(s) of Latest PE> and re-submit."*

> *"Individual's identifying information is not valid. Please review Individual's identifying information for Last Name, SSN and Birth Date."*

The full list can be found in the *Appendix I: PL1, PE, and PCSP Form Submission Errors* section of this User Guide.

Below is an example of some of the typical field error messages:

The following errors must be fixed before the form will submit:

- Other Type of Entity is a required field.
- Current Location Name is a required field.
- Current Location Street Address is a required field.
- Current Location City is a required field.
- Current Location State is required field.
- Current Location ZIP Code is a required field.
- Current Location Phone Number is a required field.
- Date of Last Physical Examination is a required field.
- Certification of Signature is a required field.
- Referring Entity Signature Date is a required field.

PASRR Evaluation

The PE is a face-to-face assessment performed with the person and/or the LAR. The PE is always performed when the PL1 Screening indicates that a person is suspected of having a positive PASRR condition with a Yes in at least one of the fields in Section C (C0100, C0200, and/or C0300). The PE verifies PASRR eligibility of the person and lists any recommended specialized services. Nursing facilities review the PE to determine if they are able or unable to serve the person's needs. If a PL1 indicates a negative PASRR condition, a PE may also be performed upon request from HHSC or a nursing facility.

A PE is performed regardless of the person's Medicaid status. This includes people who already have Medicaid, pending Medicaid approval, and those who have not applied for Medicaid or may not be eligible.

Over time, there can be multiple PL1s and multiple PEs for a person. By linking the active PE to the active PL1, it is always possible to determine which one is the active PL1 and PE.

Here are a few things to remember:

- PEs are always done when a PL1 is positive.

- PEs can only be performed and submitted on the LTC Online Portal by the LA.

- PEs can be requested by HHSC or an NF, even if the PL1 is negative.

- The PE must be completed prior to admission to the NF if the admission type is Preadmission.

- PEs can only be updated by the LA that submitted the PE.

- NFs can access PE forms for informational purposes only on the LTC Online Portal by using FSI and Current Activity. NFs can print PE forms that are accessible to them.

LAs, NFs, and referring entities work together to ensure both the PL1 and the PE are completed.

Dually Diagnosed Individuals

Dually diagnosed individuals are people who show signs of both Mental Illness (MI) and Intellectual and Developmental Disability (IDD), MI and Intellectual Disability (ID), or MI and Developmental Disability (DD). There are two sections on one PASRR Evaluation and two payments for the PASRR Evaluation if performed by separate Local Authorities.

When two Local Authorities are involved, the Local Authority that initiates submitting a PASRR Evaluation is responsible for completing common sections of the PASRR Evaluation. All sections of the PASRR Evaluation are common except Section B and Section C. Section B is specific to IDD and is for LIDDAs to use, while Section C is specific to MI and is for LMHAs/LBHAs to use. Upon submission by the submitting Local Authority, the PASRR Evaluation will be set to status **_Pending Form Completion_**. The other Local Authority must complete the evaluation using the same PE, and should not initiate a new PE.

The PASRR Evaluation is not considered complete until both sections (MI and IDD) are completed when the person is suspected of having a dual diagnosis. A system-generated alert is sent to the Local Authority responsible for completing either the IDD or the MI section if only one part of the PASRR Evaluation still needs to be completed.

Power Search for LA Evaluator

Power Search

Certain Local Authority (LA) users will gain the ability to search and access additional form types using the **Power Search** function on the Long-Term Care (LTC) Online Portal to aid with completing and submitting Preadmission Screening and Resident Review (PASRR) Evaluations (PE).

To perform these searches, the LA users MUST request a NEW LTC Online Portal username from their facility's system administrator. The system administrator must use a different email address for the new username than what was entered for an existing LTC Online Portal username for the same person due to HIPAA concerns. The IT contact at the LA facility can create the new email address to enter for the new username. The system administrator MUST

grant ONLY the LA Evaluator profile/security permission to the new username. Following this procedure will ensure that the ability to search and access additional form types for a specific person will be available for the new username.

Once access has been granted, the user can then search and access any form type for a specific person. The LA Evaluator will have the ability to view and print any form type that was submitted on the LTC Online Portal for the person being searched for.

Power Search by Type of Form

From the Power Search screen:

1) Type of Form: Choose from the drop-down box. The search criteria fields on the screen change based on the type of form or assessment chosen. In this example, **MDS 3.0: Minimum Data Set (Comprehensive)** will be used.

Note: *If you choose a specific form or assessment type from the drop-down box, the search results are limited to only that particular type of form or assessment. If you do not choose a specific form or assessment, all records for the person will be returned in the search results.*

2) Enter the **From Date** and **To Date** manually, or using the calendar icon. These are required fields. The date must be entered in the MM/DD/YYYY format. In addition to the **From Date** and **To Date**, one of the following combinations must also be entered:

• Medicaid Number; or

• Social Security number (SSN) and person's Last Name; or

• SSN and Date of Birth; or

• Date of Birth, person's First Name, and person's Last Name.

3) To narrow the search results, you can enter specific information about the form in the **Additional Criteria** section. This is an optional step as information does not have to be entered into the fields in this section.

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

Note: *The* **Work List** *and* **Save Search** *buttons are disabled for the LA Evaluator.*

An error message will be displayed, upon clicking the **Search** button, when the required search criteria fields in the Client section are not entered.

- Please enter one of the following combinations, as applicable, to perform this search:
  Medicaid Number, 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.

5) A list of results is shown at the bottom of the screen when the required fields are completed and records are found. If there are no records found, then the "No Results Found." message will be displayed in the search results section. When records are found, click on the **DLN** link in the DLN column of the desired form or assessment to open and display it on the screen.

The form can also be printed and provided to the LA staff person who will be completing the PE to facilitate the PASRR determination.

Steps to Perform a PASRR Evaluation

A PASRR Evaluation can only be initiated by locating the PASRR Level 1 Screening for the person and then clicking the **Initiate PE** button on the yellow Form Actions bar. You cannot use the **Submit Form** link on the blue navigational bar to initiate a PASRR Evaluation.

1) Go to www.tmhp.com.

2) Click **providers** on the green bar located at the top of the screen.

3) Click **Long-Term Care** on the yellow bar.

4) Click the **Log In to LTC Online Portal** button on the blue bar.

5) Enter your user name and password. Click the **OK** button. The FSI page will display by default.

6) Type of Form: Choose **PL1: PASRR Level 1 Screening** from the drop-down box.

   Note: *To search without selecting a Type of Form, you must enter Medicaid Number, SSN, or First Name and Last Name.*

7) Vendor Number: Choose the appropriate Vendor/Provider Number combination from the drop-down box.

8) You can narrow results by entering specific criteria in the additional fields:

- Document Locator Number (DLN)

- Medicaid Number

- Last Name

- First Name

- Social Security number (SSN)

- Form Status

- Mental Illness

- Intellectual Disability

- Developmental Disability

- PASRR Eligibility

9) Enter the From Date and To Date for the PASRR Level 1 Screening. These are required fields.

10) Click the **Search** button at the bottom right of the screen.

11) Locate the PASRR Level 1 Screening and click the **View Detail** link.

   Note: *Only PASRR Level 1 Screenings linked to the Vendor/Provider Number combination entered in step 7 will be displayed.*

12) Click the **Initiate PE** button on the yellow Form Actions bar.

13) The Submit Form page will open. The following fields will be auto populated.

- Type of Form

- Vendor Number (enabled)

- Medicaid

- SSN

- Date of Birth

- First Name

- Last Name

14) Click the **Enter Form** button at the bottom right corner of the screen.

To complete the PASRR Evaluation, click each section tab and enter the information. Fields with red dots next to them are required fields in which you must enter data. If you try to submit a PASRR Evaluation but have left information missing from fields with red dots, you will receive error messages indicating which required fields must be completed before the PASRR Evaluation can be submitted.

PASRR Evaluation - Section A

Section A of the PASRR Evaluation contains the Submitter Information, Assessment Information, IDD Information, MI Information, Setting of Assessment, and Personal Information. The Submitter Information will be auto populated from the Provider Number and Vendor Number information that was selected on the Submit Form page. The IDD and MI Information fields for the Local Authority Provider Number, Vendor Number, and National Provider Identifier/ Atypical Provider Identifier (NPI/API) will be auto populated from the information on the PASRR Level 1 Screening. The Personal Information will also be auto populated from the PASRR Level 1 Screening. Even though some fields in the Personal Information section are enabled for data entry, do NOT change them at this time. See note below.

In section A, field A2300G. Phone Number, the LA must enter the LA contact/telephone number, not the setting of assessment telephone number.

Note: *Making any changes to the Personal Information section is not recommended because the PL1 will not be updated with the new information if the changes are made during the PE submission. If the Personal Information is changed after the PE is submitted, then the PL1 will be updated with the new information. Therefore, if the LA finds that the person's information needs to be updated during submission of a PE, the LA should contact the submitter of the PL1 to correct the wrong information. Then the LA should initiate the PE again from the PL1.*

PASRR Evaluation - Section B

Section B contains the Determination of PASRR Eligibility for IDD people. This section is only filled out by the LIDDA who performed the IDD evaluation. If you are completing the IDD section of the PE, click the check box, I am completing the IDD Section. This section is disabled for the LMHA/LBHA.

Section B also contains the Specialized Services Determination/Recommendations for IDD. This section is completed for all people regardless of their Medicaid eligibility. Even though specialized services are recommended for all people, Medicaid will only reimburse these services if the person has Medicaid benefits.

Below this section is an area to list the specialized services which will be provided or coordinated by the Local Authority, and another area to list the specialized services which will be provided or coordinated by the nursing facility. Multiple specialized services can be listed for each.

Field B0500. Recommended Services Provided/Coordinated by the Local Authority always has choices 1. Alternate Placement Services and 4. Service Coordination (SC) selected by default. These choices cannot be changed. Field B0600. Recommended Services Provided/Coordinated by the NF does not have a default choice. For a list of the specialized services which can be selected, refer to Appendix B.

Fields B0500. Recommended Services Provided/Coordinated by the Local Authority and B0600. Recommended Services Provided/Coordinated by nursing facility will auto populate with services based upon the areas of assistance needed by the person as marked in field B0400. For a table with more information on auto populate behavior, refer to Appendix B.

Adding a Recommended Specialized Service

1) Click the **Add Recommended Specialized Service** link.

2) Click the drop-down box and select Specialized Service to be added.

PASRR Evaluation – Section C

Section C contains the Determination of PASRR Eligibility for MI people as well as applicable Specialized Services Determination/Recommendations. This section is only filled out by the Local Authority who performed the MI evaluation. If you are completing the MI section of the PASRR Evaluation, click the I am completing the MI Section check box. This section is disabled for the IDD-only Local Authority.

For a person to have a positive PASRR MI determination:

- The response to the question in C0100, Does this individual have a PRIMARY diagnosis of Dementia? is No.

- The person must have at least one of the MI diagnosis under C0300 and at least one functional limitation listed under C0400, All those that apply must be checked.

- When None of the above apply is selected under C0300 or C0400, the person does not meet the criteria for a positive PASRR MI determination.

- A Yes to indicate a recent occurrence must be selected in either: C0500 Inpatient psychiatric treatment, C0600 Disruption to normal living situation, and/or C0700 intervention by law enforcement.

Complete the Recommended Services Provided/Coordinated by Local Authority choices in Section C1000. For a list of the specialized services which can be selected, refer to Appendix B.

Adding a Recommended Specialized Service

1) Click the **Add Recommended Specialized Service** link.

2) Click the drop-down box and select the Specialized Service to be added.

C1000.	● Recommended Services Provided/Coordinated by Local Authority	Add Recommended Specialized Service

Deleting a Recommended Specialized Service

1) Click the **Delete Recommended Specialized Service** link next to the Specialized Service to be deleted.

PASRR Evaluation – Section D

Section D is the Nursing Facility Level of Care Assessment for Preadmissions and includes the beginning of Evaluation of History and Physical Information. Most of the fields in Section D are required fields.

The Diagnosis information (D0100) allows you the option to add or delete a diagnosis code. You can add up to four diagnosis codes by clicking the **Add Diagnosis** link in this section. You can also delete a diagnosis code by clicking the **Delete Diagnosis** link. To look up a diagnosis code, enter the diagnosis code and then press the tab or enter key. The diagnosis description is auto populated.

When documenting a Developmental Disability (DD), it is important to note the date of onset in field D0100C. Do not leave this field blank or partially completed, especially for people with a diagnosis of IDD. The date of onset will be the determining factor in PASRR eligibility. The HHS-approved related condition/developmental disability must have shown in the person before the age of 22. The date of onset can be found in the person's medical records, or through collateral contact with the attending physician or the family. The LA must exhaust every effort

to determine the date of onset. This is critical in the identification and service delivery for DD-only people.

A list of medications (D0200) can also be created. The Medication information allows you to add medications or delete medications. Click the **Add Medication** link to add up to 20 different medications. You can also delete a medication by clicking the **Delete Medication** link.

The LA must enter all documented side effects in D0200B for any listed medications in D0200A. This is especially important for psychotropic medications. This information can be found in the medical record or collateral contact with NF staff.

PASRR Evaluation - Section E

The Evaluation of History and Physical Information continues in Section E. Fall History, Medical Status, and Functional Assessment are contained in Section E. At the bottom of Section E (E1500) is Appropriate Placement. If you do not think an NF is the appropriate placement for a person, provide as much of an explanation as possible.

Field E1500B is where you enter the explanation of findings to support the person meets or does not meet a nursing facility level of care. This is a required field available to enter information to support or not support the person being placed in an NF. An expanded explanation may help assist NFs to determine the capacity to meet the person's needs. This information can also assist in locating alternate placement for the person.

PASRR Evaluation - Section F

Section F contains the Return to Community Living information. The purpose of this section is to document the person's previous community living experiences, alternate placement preferences, alternate placement options, barriers to community living, supports needed for successful community living, and referrals made for alternate placement.

When the person responds Yes to the question in F0500. Would the individual like to live somewhere other than a Nursing Facility?, then the LA must complete the referral fields in the Referrals (F1000) section, found at the bottom of the screen. To complete Section F of the PE, the LA must select the program of interest to the person from the available drop-down menu in F1000A Program. After the LA has made the referral to the program in which the person is interested, the LA must add the date the referral was made F1000D, the phone number of the person the referral was made to in F1000C, and any additional comments relating to the referral in F1000E. Once these steps are completed, the LA can submit the PE.

You can list multiple Referrals. To add up to four Referrals, click the **Add Referral** link. To delete a referral, click the **Delete Referral** link. HHSC will monitor completion of the Referrals in F1000 when 1. Yes is selected in field F0200B.

PASRR Evaluation - Authorization

The Authorization section does not require any data entry during the submission process, so you do not need to go to that section at this time.

Submitting the Completed PASRR Evaluation

When you have completed all the required fields, you will have two choices:

a) You can click the **Save as Draft** button on the yellow Form Actions bar to save the PASRR Evaluation until you are ready to submit.

Or

b) At the bottom of the screen, click the **Submit Form** button to submit the PASRR Evaluation.

The LTC Online Portal will validate the PASRR Evaluation upon submission. If it does not pass the validations, error messages will be displayed indicating the error(s) and a DLN will not be generated. Correct the errors and resubmit.

If the PE does not pass form submission validations, the LTC Online Portal will display one or more of the following error messages:

"Individual identifying information data is not valid. Please review Individual's identifying information Last Name, Birth Date, Social Security No. and submit the PE with the corrected demographic data."

"Submitter Contract number not valid for the PE Date of Assessment."

The full list can be found in the *Appendix I: PL1, PE, and PCSP Form Submission Errors* section of this User Guide.

If the PASRR Evaluation has been successfully submitted, a unique DLN will be assigned that can be used to locate and track the status of the PASRR Evaluation by FSI, as shown in the image .

Once a DLN is assigned to the PASRR Evaluation, the PASRR Evaluation DLN will be added to the associated PASRR Level 1 Screening. The PASRR Evaluation will also be updated with the PASRR

Level 1 Screening DLN. By doing so, both the PASRR Level 1 Screening and the PASRR Evaluation are linked together. This allows you to access the PASRR Evaluation from the PASRR Level 1 Screening and the PASRR Level 1 Screening from the PASRR Evaluation.

Note: *The LA should NOT change any information on a PE initiated from a PL1. Doing so will cause the PE and PL1 to be mismatched, and the PL1 cannot be changed after the PE is submitted.*
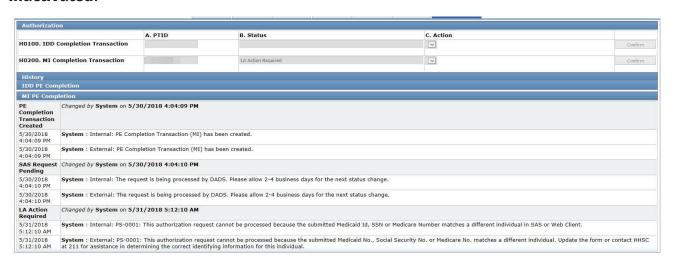
PASRR Evaluation - Authorization Section

When a PASRR Evaluation is submitted on the LTC Online Portal, an IDD Completion Transaction, an MI Completion Transaction, or both will be automatically created in the Authorization tab, based on the sections of the PASRR Evaluation that were completed (Section B – IDD, Section C – MI, or both). Each Completion Transaction will be associated with the LA that submitted that PASRR Evaluation Section.

The Completion Transaction is a request sent to HHS to create a service authorization to reimburse the LA for completing the IDD or MI section of the PASRR Evaluation. The Authorization Section tracks the status of each Completion Transaction. Once a service authorization has been created at HHS, the LA will be authorized to submit claims for PE Completion.

Completion Transaction Processing Errors

The information below details how to resolve Completion Transaction processing errors based on the specific messages displayed in History. If the Completion Transaction failed to successfully process, use Appendix J to determine the source of the problem and the suggested actions to resolve the problem. If a Completion Transaction is in the status **LA Action Required**, review the information in the corresponding IDD or MI Completion History for an explanation of why the Completion Transaction was not successfully processed at HHS. Refer to steps 1-4 below for instructions. A PE can still be updated even when its form status is set to **Form Inactivated**.

Authorization					
	A. PTID	**B. Status**		**C. Action**	
H0100. IDD Completion Transaction				[⌄]	Confirm
H0200. MI Completion Transaction		LA Action Required		[⌄]	Confirm

History	
IDD PE Completion	
MI PE Completion	
PE Completion Transaction Created	*Changed by* **System** *on* **5/30/2018 4:04:09 PM**
5/30/2018 4:04:09 PM	**System** : Internal: PE Completion Transaction (MI) has been created.
5/30/2018 4:04:09 PM	**System** : External: PE Completion Transaction (MI) has been created.
SAS Request Pending	*Changed by* **System** *on* **5/30/2018 4:04:10 PM**
5/30/2018 4:04:10 PM	**System** : Internal: The request is being processed by DADS. Please allow 2-4 business days for the next status change.
5/30/2018 4:04:10 PM	**System** : External: The request is being processed by DADS. Please allow 2-4 business days for the next status change.
LA Action Required	*Changed by* **System** *on* **5/31/2018 5:12:10 AM**
5/31/2018 5:12:10 AM	**System** : Internal: PS-0001: This authorization request cannot be processed because the submitted Medicaid Id, SSN or Medicare Number matches a different individual in SAS or Web Client.
5/31/2018 5:12:10 AM	**System** : External: PS-0001: This authorization request cannot be processed because the submitted Medicaid No., Social Security No. or Medicare No. matches a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.

1) Review the Date of MI or IDD Assessment to ensure it is correct.

2) Review the person's identifying information (First and Last Name, Medicaid No., Social Security No., Medicare No., and Birth Date) to ensure it is correct.

   Note: *The Medicaid No. field on the PE is used to capture the unique identifier for the person that is assigned by HHSC. These unique identifiers are assigned whether the person has Medicaid eligibility or not.*

3) Review the contract to determine if it is in effect on the Date of MI or IDD Assessment and authorizes the type of service submitted (MI or IDD PE Completion).

4) If the steps above do not identify the source of the error, refer to *Appendix J: Completion Transaction Processing Errors and Suggested Actions* for suggested actions for the most recent Provider Message displayed in the History section of the Authorization tab for the IDD or MI PE Completion transaction containing the error. Use the Suggested Actions to identify and resolve the error.

PASRR Transaction Identifier (PTID) Status and History

The PTID Status and PTID History can be found on the Authorization tab of the PASRR Evaluation. This status is related to the authorization request sent to HHS for authorization of reimbursement of the PASRR Evaluation. The LA should check the PTID Status often to ensure no other information is needed to process the reimbursement. There are two different PTID statuses, one for MI and one for IDD. Refer to the PTID Status section, under the PASRR Evaluation - Authorization Section heading of this User Guide, for more information.

The PTID uniquely identifies the IDD or MI Completion Transaction. Each Completion Transaction also has an associated Status and an Action field. The History of each Completion Transaction is displayed below the fields, indicating the processing progress of the Completion Transaction as well as any processing errors.

   a) If the Completion Transaction status is **LA Action Required**, and changes to the person's identifying information, the Date of IDD, or MI Assessment are needed on the PE based on the Suggested Action for the PTID Message listed in Appendix J, then update the PE as follows:

   i) Open the PE, and click the **Update Form** button on the yellow Form Actions bar.

   ii) Once the changes are made, click the **Submit Form** button. The PTID will be resubmitted to SAS automatically.

   iii) Reopen the PE, and click the Authorization tab.

   iv) Verify that the applicable PTID status now displays **Submit to SAS or SAS Request Pending**.

Note: *SAS will reprocess the Completion Transaction overnight and return another response code. If the updated person's identifying information now matches between the PE and HHSC, then the new status of the Completion Transaction will be set to **Processed/Complete.***

An example of a PTID Message that requires the LA to update the PE is as follows:

Excerpt from the PTID History of a PE:

History	
IDD PE Completion	
PE Completion Transaction Created	**7/24/2014 12:58:24 PM**
7/24/2014 12:58:24 PM	**TMHP** : PE Completion Transaction (IDD) has been created.
SAS Request Pending	**7/24/2014 12:58:25 PM**
7/24/2014 12:58:25 PM	**TMHP** : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
LA Action Required	**7/25/2014 4:43:40 AM**
7/25/2014 4:43:40 AM	**TMHP** PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.

Note: *Use the table in Appendix J: Completion Transaction Processing Errors and Suggested Actions to match up the PTID Message with the Suggested Action.*

PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.	PE Completion	The individual's Medicaid No. on the PE is not on file.
		• If the Medicaid No. is incorrect on the PE, update it and resubmit.
		• If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify that the Medicaid No. on PE matches the Medicaid No. on file at HHSC for this individual.
		  - If the identifying information on the PE is incorrect, update it as needed and resubmit.
		  - If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.

b) If the PTID status is ***LA Action Required***, and no changes to the person's identifying information, the Date of IDD, or MI Assessment are needed on the PE, take the appropriate Suggested Action based on the Suggested Action for the PTID Message listed in Appendix J. Once the problem is resolved at HHSC by the person or their LAR, then the LA can resubmit the PTID to SAS as follows:

   i) Open the PE, do NOT click the **Update Form** button, go to the Authorization tab and select **Submit to SAS** from the Action drop-down box (H0100C or H0200C) for the PTID that needs to be resubmitted.

ii) Click the **Confirm** button.

iii) Provide any details in the text box, if desired, on the Status Change Confirmation page.

iv) Click on the appropriate button:

- Click the **Change Status** button to accept the change.

- Click the **Cancel** button to discard the change.

v) The status of the Completion Transaction will change to ***Submit to SAS*** or ***SAS Request Pending***, indicating that it has been resubmitted to HHSC.

Note: *SAS will reprocess the Completion Transaction overnight and return another response code. If the person's identifying information now matches the information between the PE and HHSC, then the new status of the Completion Transaction will be set to* **Processed/Complete**.

An example of a PTID Message that requires the LA to do something OTHER THAN update the PE is as follows:

Excerpt from the PTID History of a PE:

History	
IDD PE Completion	
PE Completion Transaction Created	**7/24/2014 12:58:24 PM**
7/24/2014 12:58:24 PM	**TMHP** : PE Completion Transaction (IDD) has been created.
SAS Request Pending	**7/24/2014 12:58:25 PM**
7/24/2014 12:58:25 PM	**TMHP** : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
LA Action Required	**7/25/2014 4:43:40 AM**
7/25/2014 4:43:40 AM	**TMHP** PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.

Note: *Use the table in Appendix J: Completion Transaction Processing Errors and Suggested Actions to match up the PTID Message with the Suggested Action.*

PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.	PE Completion	The individual's Medicaid No. on the PE is not on file.
		 • If the Medicaid No. is incorrect on the PE, update it and resubmit.
		 • If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify that the Medicaid No. on PE matches the Medicaid No. on file at HHSC for this individual.
		   - If the identifying information on the PE is incorrect, update it as needed and resubmit.
		   - If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.

Using Form Status Inquiry (FSI) to Identify People with Specific PASRR Conditions

Nursing facilities can use FSI to identify people with specific PASRR conditions. This can assist NFs in identifying the number of people in the facility who are IDD only, MI only, IDD and MI, or PASRR Negative.
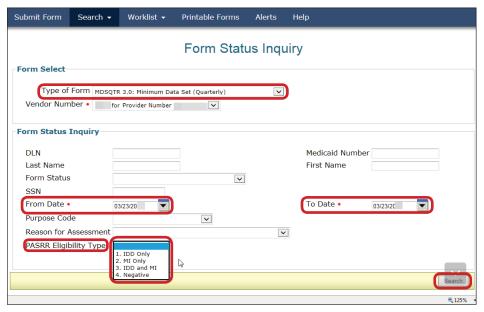
The LTC Online Portal will:

- Derive and store the PASRR condition of people in an NF, as indicated by the latest active PE* for the person at the time of the most recent MDS LTCMI submission (*An active PE is one that is not set to status **Pending Form Completion** or **Form Inactivated**).

- Provide the capability to export the resident-based search results to Microsoft Excel®.

- Provide a capability to search for people in the facility based on their PASRR condition, by selecting an option from the drop-down box in the FSI.

- Display a list of people when searching by a PASRR condition listed in the PASRR Eligibility Type drop-down box of the FSI. This function is different because all other searches will display forms or assessments in the Search Results section.
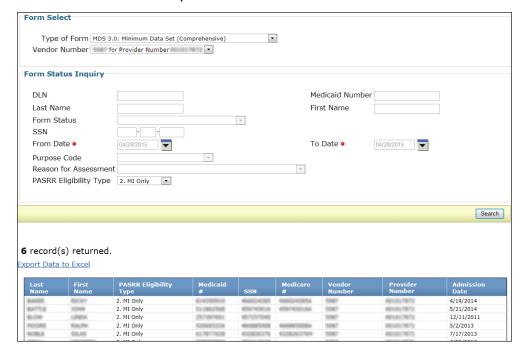
To use FSI this way:

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

2) Choose **Form Status Inquiry** from the drop-down menu.

3) Type of Form: Choose one of the following options from the drop-down box:

   ○ **MDS 3.0: Minimum Data Set (Comprehensive)**

   ○ **MDSQTR 3.0: Minimum Data Set (Quarterly)**

4) Vendor Number: Choose the submitter Vendor Number/Provider Number from the drop-down box.

5) From the PASRR Eligibility Type drop-down box choose one of the following:

   i) IDD Only

   ii) MI Only

   iii) IDD and MI

iv) Negative

6) Click the **Search** button. The search will return all current people who meet the search criteria. The status of the person must be **Active.** The **Active** status is based on the PL1 and the latest 3618/3619 submission. For this search, the From and To dates are disabled and will default to the current date as both the start and end date once a PASRR Eligibility Type is selected from the drop-down menu.

The PASRR Comprehensive Service Plan (PCSP) Form

The PCSP form combines and replaces the IDT Tab on the PL1 Screening Form and the PSS Form, and it clarifies the specialized services identification process. The PCSP Form is completed on the LTC Online Portal to document the specialized services agreed upon at the Initial IDT/SPT and Annual IDT/SPT, Quarterly, and LA Update meetings.

When a meeting is submitted, updated, or added on a PCSP form, the system will check for Medicaid eligibility after the user clicks on the **Submit Form** button. After the system determines what the Medicaid eligibility is, it will populate PCSP field A0810 with either

- 0. ME Not Found;

- 1. ME Confirmed; or

- 2. ME Undetermined.

This same determination will also be populated in the blue column headings on the Summary tab.

This information is helpful to guide the IDT's discussion regarding PASRR specialized services. When Medicaid eligibility is not found or can't be determined, the IDT has the following options:

- Alternative services funding for specialized services can be explored.

- Specialized services can be postponed when the person's Medicaid status is pending.

All of these options should be discussed and documented in the comment section of the PCSP form. If the value in PCSP field A0810 is either 0. ME Not Found or 2. ME Undetermined, then the selected PASRR specialized services will need to be delivered using a payer source other than Medicaid.

The PCSP Form for Nursing Facilities

For a person with a positive PE, the initial IDT meeting is held within 14 days of a person's admission into the nursing facility or for a resident review, within 14 calendar days after the LTC Online Portal generated an automated notification for the LA, and annually thereafter. The IDT determines whether the person is best served in a facility or community setting and to identify which of the specialized services recommended for the person, or LAR on the person's behalf, wants to receive. The meeting information is to be submitted on the PCSP form by the NF and confirmed by the LA.

The IDT meeting is not valid, if a representative from the LA(s) is not in attendance. The NF will need to reschedule the IDT meeting to include staff from the LA.

If the LTC Online Portal does not find a submitted and valid Initial or Annual IDT meeting within the past 12 months, the MDS LTCMI will be rejected.

The PCSP Form for Local Authorities

The only function that an LA should conduct for an initial or annual IDT meeting is to confirm their attendance at the meeting and whether all specialized services discussed at the meeting were recorded on the PCSP meeting form. An LA must confirm the IDT meeting on the PCSP form with Meeting Type **Initial IDT/SPT** or **Annual IDT/SPT** by clicking on the **Confirm IDT** button within five business days after receiving notification from the LTC Online Portal. The LA confirms that the NF entered information from the IDT meeting correctly on the PCSP form.

The LA confirms that all the specialized services discussed and agreed upon during the IDT meeting are recorded correctly on the PCSP form. Additionally, the LA is confirming their attendance (either in person or by telephone) at the IDT meeting.
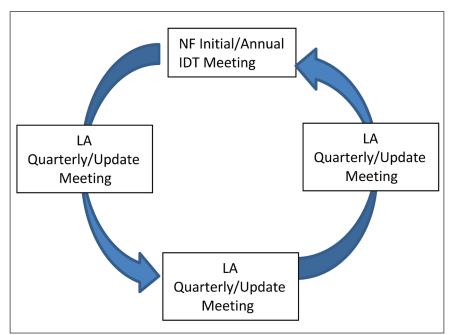
Note: *It is possible for the LA to confirm their attendance at the meeting and disagree with the list of specialized services if they were recorded inaccurately.*

LIDDAs use the PCSP form to record quarterly Service Planning Team (SPT) meetings and any LA Update meetings in between quarterly SPT meetings.

LMHAs/LBHAs must hold an LA Update meeting any time MI specialized services change.

LIDDAs must not record quarterly meetings on the same date as the NF's initial or annual IDT meeting. The NF's IDT meeting will serve as the LIDDA's initial or annual SPT meeting, so entering another meeting for these dates is not necessary (Refer to figure below).

There are some slight differences between the method of submission used by the NF and the method used by the LA.

How to Complete and Submit the PCSP Form on the LTC Online Portal

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

2) Choose **Form Status Inquiry** from the drop-down box.

3) Type of Form: Choose **PE: PASRR Evaluation.**

4) If the Vendor Number is not already auto populated, choose the Vendor/Provider Number combination assigned to the PCSP submitter by HHSC, from the drop-down box.

5) Users can narrow the search results by entering specific criteria in the additional fields:

   ○ PE Document Locator Number (DLN)

   ○ Medicaid Number

   ○ Last Name

   ○ First Name

   ○ Form Status

   ○ Social Security number (SSN)

6) Enter the From Date and To Date. These are required fields. Dates are searched against the TMHP Received Date (date of successful submission).

Figure – Form Status Inquiry (FSI)

7) Click the **Search** button and the LTC Online Portal will return any matching PEs. A maximum of 50 records will display at one time.

8) Click the **View Detail** link to the left of the DLN to display the details of the positive PE you are looking for. The PE should then display the **Initiate PCSP** button.
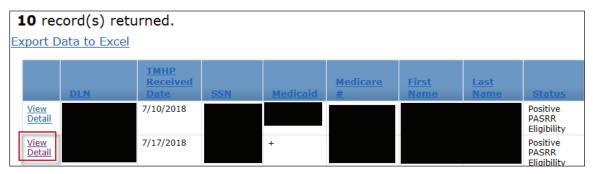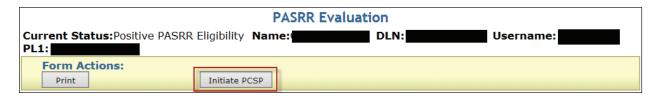
Figure – View Detail Screen

Figure – Initiate PCSP Button

9) Click on the **Initiate PCSP** button. This will display the Initiate Form page.

- The NF will select either **Initial IDT/SPT** or **Annual IDT/SPT** as the Type of Meeting from the drop-down box. This is the only method for an NF to submit an IDT meeting. An IDT meeting cannot be added to an existing PCSP DLN by using the **Add Meeting** button.

- The LA will complete and submit a PCSP form initiated from a PE only if a PCSP DLN does not already exist for an IDT meeting. The LA will select either **Quarterly** or **LA Update** as the Type of Meeting from the drop-down box. If a PCSP DLN does exist, the LA will simply add the Quarterly/LA Update meeting to the existing IDT PCSP DLN using the **Add Meeting** button. Only an LA can add a Quarterly/LA Update meeting to an existing PCSP DLN.
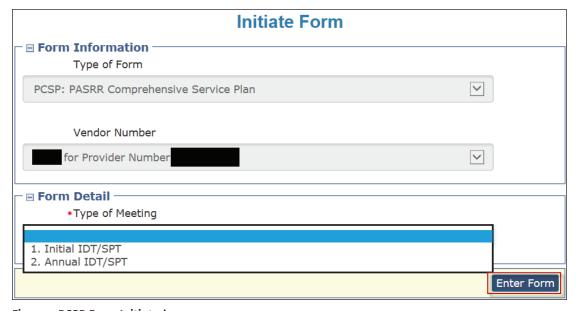
10) Click the **Enter Form** button.
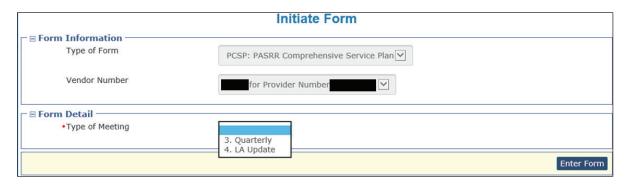

Figure – PCSP Form Initiated

Figure - Initiate Form

11) The PCSP form will display. Enter all the required field information denoted by red dots. For more information, refer to the Completing Required Fields section of this User Guide.

Figure – PCSP Form

12) When finished, the submitter may save the PCSP form by clicking on the **Save as Draft** button or clicking the **Submit Form** button to submit the PCSP.
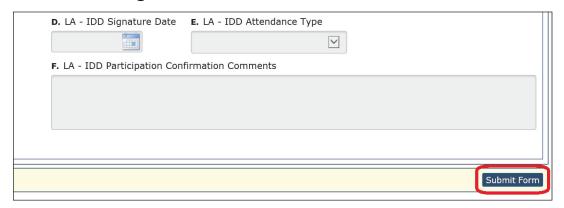

Figure – Submit Form Button

Note: *If the LA determines that a mistake was made on the PCSP form after submitting the Quarterly or LA Update meeting, the LA can contact the HHS PASRR Unit to have the necessary corrections made as long as another meeting has not been added to the current PCSP DLN or submitted on a newer PCSP DLN. If the NF determines that a mistake was made on the PCSP form after submitting the IDT meeting, refer to the Updating an IDT Meeting on the PCSP Form section to make the necessary corrections.*

Completing Required Fields

There are some details to remember to ensure required fields are addressed.

• The PCSP form includes specialized services categorized by NF, IDD, and MI.

• There are two sections that contain MI specialized services.

• The specialized services listed in the A3110. Additional MI Specialized Services section are not listed on the PE but need to be discussed at the IDT/Quarterly/LA Update meeting.

• An option is required for specialized services based on the value in field A2400.

• For example, specialized services are only required to be completed in sections A2800, A2900, and A3000 when the value in field A2400 is 1. IDD only.

• Field A2700A is only required to be completed if the value in field A2400 is

• 1. IDD only; or

• 3. IDD and MI.

• In field A2500A, the Habilitation Coordinator is one of the options as a participant type.

• In some cases, the attendance type in field A2500B., Attendance Type, will only enable option 1. Yes – Attended in person in the event that 9. LIDDA – Habilitation Coordinator was selected in field A2500A.

• If the Habilitation Coordinator attended by phone, select a different option in field A2500A and select 2. Habilitation Coordinator in field A2500C. Title, so you are able to select the correct attendance type.

• Text box fields only allow specific alphanumeric characters. If an invalid character is entered, an error message will indicate which characters are allowed.

• Starting with field A2500 in the Participants Information section, the rows on the grid are not required. However, all participants who are required to be at the meeting must be entered or you will receive an error and will not be able to submit the meeting.

PCSP Form Summary Tab

After a PCSP form has been successfully submitted on the LTC Online Portal, clicking on the Summary tab at the top of the PCSP form will display a summary of information that was entered for a meeting on the PCSP tab of the form, including information about meeting participants, specialized services information, and comments from the NF and LA.

Figure – PCSP Summary Tab

PCSP Form History Trail

Located at the bottom of the PCSP form, the History trail shows what actions were taken, including submission of the form, updates of the form, and alerts.
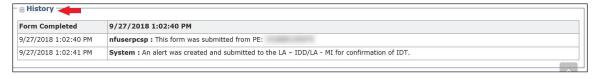

Figure – PCSP Form History Trail

Adding Notes to the PCSP Form

To add a note to the form History:

1) Click the **Add Note** button in the yellow Form Actions bar.

Figure – Add Note to PCSP Form

2) Enter the information you want in the text box and click the **Save** button. The note will appear on the PCSP form History. To cancel the note, click the **Cancel** button.
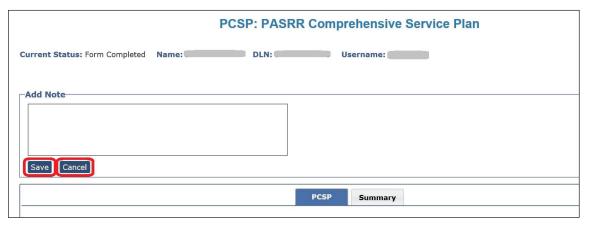

Figure – Add Note Text Box

Updating an IDT Meeting on the PCSP Form

At times, it may be necessary for the NF to update an Initial IDT/SPT or Annual IDT/SPT meeting on the PCSP form. These IDT meetings can be updated within 30 calendar days from form submission or form update date until the LA confirms the IDT meeting, or until a Quarterly/LA Update meeting has been added to the PCSP DLN. This function is not available for the LA to update a Quarterly or LA Update meeting. To update the meeting:

1) Click the **Update Form** button in the yellow Form Actions bar.

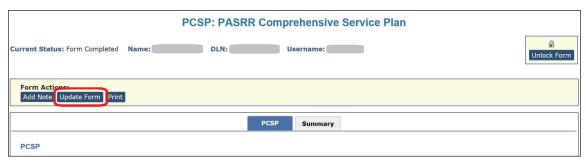**Figure – Update Form**

2) Correct the information in the field(s) that need to be updated.

3) Click the **Submit Form** button at the bottom of the page. The fields that were updated will be displayed in form History.
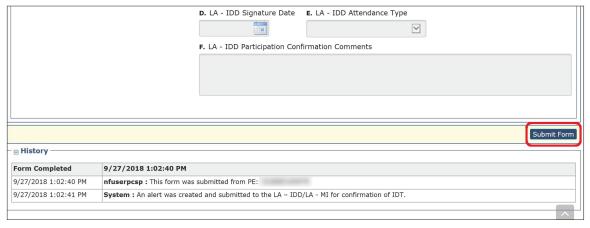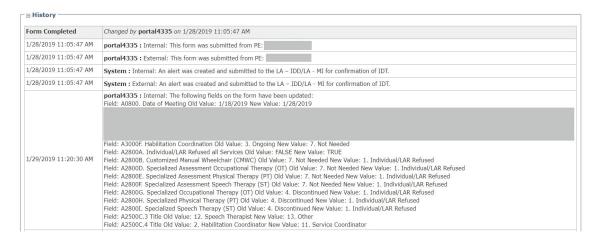

Figure – Submit Form

Figure – History Trail Showing Updated Fields

Note: *If the NF determines that a mistake was made on the PCSP form after submitting the IDT meeting, and the **Update Form** button is not displayed for the NF to update it, the NF can contact the HHS PASRR Unit to have the necessary corrections made before the LA confirms the meeting, as long as another meeting has not been added to the current PCSP DLN or submitted on a newer PCSP DLN.*

Printing the PCSP Form

To print a paper copy of the PCSP form, click the **Print** button in the yellow Form Actions bar.
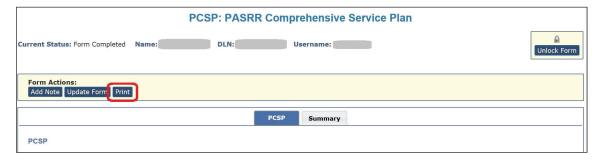

Figure – Print Button

The Print grid appears, displaying all meetings submitted on this PCSP DLN. To print a meeting, click on the printer icon located to the far right of the meeting you want to print. A new window will open displaying the PDF version of the form. To cancel the printing or close the Print grid, click the **Cancel** button.

Figure – Print Grid

You can also print the PCSP form while entering meeting information. Click the **Print** button, and a new window will open displaying the PDF version of the form.

PCSP LA Alert

LAs will receive a Confirm IDT alert any time an NF submits or updates an Initial IDT/SPT or Annual IDT/SPT Meeting on the PCSP form. The content of this alert can be viewed by the LA by selecting the **Alerts** link in the blue navigation bar and by clicking on the Alert Subject.
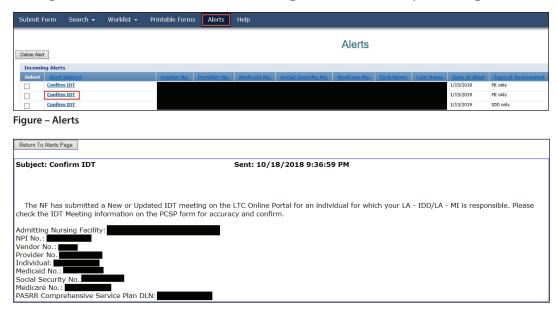

Figure – Alerts

Figure – Confirm IDT Alert

PCSP NF Alert

NFs will receive a Quarterly/LA Update Meeting Submission alert when an LA submits a Quarterly or LA Update meeting. The content of this alert can be viewed by the NF by navigating to the **Alerts** link in the blue navigation bar and then by clicking on the appropriate Alert Subject.

Figure – Alerts

Figure – Confirm Quarterly/Update Meeting

Adding a Meeting on the PCSP Form

The LA will complete and submit a PCSP form initiated from a PE only if a PCSP DLN does not already exist for an IDT meeting. If a PCSP DLN does exist, the LA will simply add the Quarterly/LA Update meeting to the existing PCSP DLN. An Initial IDT/SPT or Annual IDT/SPT meeting cannot be added to the PCSP DLN by using the **Add Meeting** button.

To add a Quarterly/LA Update meeting to the completed PCSP form, click the **Add Meeting** button on the yellow Form Actions Bar. Complete all required fields, and click on the **Submit Form** button to submit the meeting on the PCSP DLN.

For more information, refer to the Completing Required Fields section of this User Guide.

Confirming an IDT Meeting on the PCSP Form

If the LA determines that a mistake was made on the PCSP form after the NF submits the IDT meeting, the LA can contact the NF to make the necessary changes before proceeding with confirming the IDT meeting. If the NF can no longer update the IDT meeting, then the NF can contact the HHS PASRR Unit to have the necessary corrections made as long as another IDT meeting has not been added to the current PCSP DLN or a new PCSP DLN has not been submitted. After the necessary corrections have been made, then the LA can proceed to submit the confirmation of the IDT meeting. If there is a disagreement between the NF and LA regarding the information documented on the IDT meeting after it was confirmed, then the LA must hold an LA Update meeting to work out the disagreement.

1) After clicking the **Confirm IDT** button on the PCSP Form, scroll down to the section titled Local Authority Confirmation, which will display with some fields enabled and required.

2) Complete the applicable fields. When the value in field A2400 is 3. IDD and MI, then the LA only needs to complete the section related to their respective area.

3) After the appropriate fields have been completed, click the **Submit Form** button.

Authorization Request for PASRR Nursing Facility Specialized Services (NFSS)

The NFSS form allows NF personnel to request NF specialized services on behalf of the person through the LTC Online Portal. It allows requests to be submitted for specialized services for people with ID, DD, IDD, or dual diagnoses of MI/IDD. Specialized Services (SS) cannot be requested on this form for people with MI only, who are 20 years of age and younger, have a negative PE, or who are not Medicaid-eligible. The form also allows NF providers to:

- Upload all required and supporting documentation directly to the LTC Online Portal as electronic attachments.

- Save drafts of PASRR NFSS forms prior to completing.

- Print out the completed form, or draft.

- Save time with pre-populated fields.

The NFSS form allows the NF to request multiple specialized services on a single form for a resident. The services can be selected from three types:

- Customized Manual Wheelchair (CMWC);

- Durable Medical Equipment (DME); or

- Habilitative Therapies.

Providers can only request one type of service per form. For example, if the NF needs to request four DME items and three Habilitative Therapies, this request must be submitted on two separate NFSS forms. Providers will need to submit one request for all three therapies, and one for all four DME items.

The NFSS form has 17 tabs that include detailed sections for information on the provider and the person receiving services, and sections that allow providers to fill out information for the specific types of service requested. The tabs include:

- Resident/NF
- CMWC/DME Assessment
- CMWC Request
- Gait Trainer
- Orthotic Device
- Car Seat/Travel Restraint
- Mattress
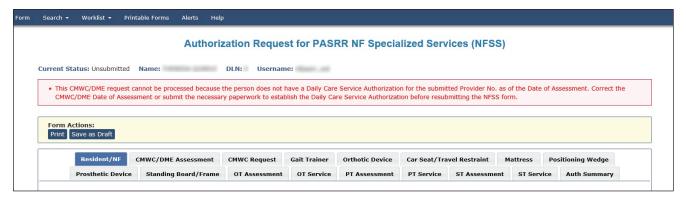- Positioning Wedge
- Prosthetic Device

- Standing Board/Frame

- OT Assessment

- OT Service

- PT Assessment

- PT Service

- ST Assessment

- ST Service

- Auth Summary

Completing and Submitting the NFSS Form

To generate, access, and submit NFSS forms on the LTC Online Portal, certain user permissions are required. Only NF users (not LA or MCO users) can submit or update these forms. An NF user (though not an Admin Only user) must have either a PL1 Submitter or PL1 Viewer user permission and the NFSS Submitter permission. The system validation will prevent Admin Only users from generating or opening an NFSS form.

Note: *NF providers should never set up or request access to the LTC Online Portal for DME providers or allow them to complete the NFSS Form on the LTC Online Portal to request specialized services. It is the responsibility of the NF to request necessary specialized services. DME suppliers should be given a blank copy of Supplier Information and MSRP Quote sections of the NFSS Form and the DME Signature Sheet for completion. The NF will then use the information from the DME provider to complete the required fields of the NFSS Form on the LTC Online Portal.*

The NF must ensure that an active daily care or Hospice service authorization exists before attempting to submit an NFSS form on the LTC Online Portal. If none of the service authorizations exist, the NFSS form will not submit, and an error message will be displayed.

To submit an NFSS form, the provider can gain access to the NFSS Form only from a completed, active PL1 Screening Form. The NFSS is launched from the PL1 utilizing the **Initiate NFSS** button found in the yellow Form Actions bar. The button will only appear when fields B0100 or B0200 are 1. Yes on the PASRR Evaluation.

1) Log in to the LTC Online Portal and navigate to the Form Status Inquiry screen.

2) From the Type of Form drop-down box, choose **PL1: PASRR Level 1 Screening**.

3) Choose the appropriate Vendor Number from the drop-down box.

4) Enter the date range in which the PL1 was submitted. The default date range is 30 days.

5) Enter the DLN of the PL1, Medicaid Number, SSN, or Last/First Name of the person for which NFSS needs to be requested.

6) Click the **Search** button. The system will then display the search results.

7) Click **View Detail** for the appropriate PL1.

8) The **Initiate NFSS** button will be displayed in the yellow Form Actions bar. Click **Initiate NFSS.**

9) The person's demographic information (completed during the PL1 Screening Form Submission process) will auto populate. Confirm that the LAR's information is correct if present on the Resident/NF tab of the NFSS form. If the LAR information on the NFSS form is incorrect, the NF should correct it with a valid name and address. Do not add unknown to the LAR name or address fields as this text will go into correspondence sent to the LAR. If the information is unknown, obtain it from the PE.

10) To begin requesting specialized services on this form, scroll to the Type of Service Requested section at the bottom of the Resident/NF tab.

11) Identify the type of SS for which you are requesting authorization in A2000.

a) If you select **1. Customized Manual Wheel Chair (CMWC)** in A2000, the A2100 drop-down field becomes enabled and required. Selecting 1. CMWC Assessment Only from the A2100 drop-down list will result in only the CMWC/DME Assessment tab being enabled for data entry. The rest of the form will be disabled. Selecting 2. CMWC from the A2100 drop-down list will result in the CMWC/DME Assessment tab being enabled for data entry. When data is entered on the CMWC/DME Assessment tab, then the CMWC Request tab becomes enabled for data entry. The rest of the form will be disabled.

b) If you select **2. Durable Medical Equipment (DME) in A2000**, the A2200 drop-down field becomes enabled and required. Selecting 1. DME Assessment Only from the A2200 drop-down list will result in only the CMWC/DME Assessment tab being enabled for data entry. The rest of the form will be disabled. Selecting 2. DME from the A2200 drop-down list will enable and require the check boxes in A2210. Click on the check boxes of all applicable equipment. When data is entered on the CMWC/DME Assessment tab, then the tab(s) associated to the check boxes that you clicked on in A2210 become enabled for data entry. The rest of the form will be disabled.

c) If you select **3. Habilitative Therapies in A2000**, the check boxes in A2300 become enabled and required. Click on the check boxes of all applicable therapies. The assessment tabs associated to the therapies you clicked on in A2300 become enabled for data entry. The service tabs associated to the therapies you clicked on in A2300 become enabled upon data entry if the therapy type is not for an assessment only. The rest of the form will be disabled.

12) Scroll to the top of the form and select the appropriate tab. The selections made in the Type of Service Requested section on the Resident/NF tab will enable the associated tabs on the NFSS form for data entry. Complete the required fields as indicated by the red dots. For more detailed instructions on NFSS submissions, refer to the *Companion Guide for Completing the Authorization Request for PASRR Nursing Facility Specialized Services* located on the PASRR Forms and Instructions section of the HHSC website at https://hhs. texas.gov/doing-business-hhs/provider-Portals/long-term-care-providers/resources/ preadmission-screening-resident-review-pasrr/pasrr-forms-instructions.

13) To submit the form, click the **Submit Form** button located at the bottom right hand side of the page.

14) After successful submission, the LTC Online Portal will issue a DLN for the NFSS form. The DLN can then be entered into FSI to find the form.

Important Features and Functions of the NFSS form

1) The Authorization section as seen on each of the tabs (except Resident/NF and Auth Summary) includes:

   a) PTID Number

   b) Status of the PTID

   c) Action drop down menu

   d) Denial Reason Code

   e) If Other text box

   f) Date of Assessment

g) Other data fields may be available dependent upon the specialized services type (e.g., Begin Date, End Date, or Total Approved Price.)

2) PTID Status Change Page displays when the **Confirm** button is clicked. Submitters can change the status by clicking **Change Status,** or reject the status change by clicking **Cancel.** Information entered in the message text area will display as a note in the PTID History which can be viewed by anyone who has access to the form.

3) Upload Attachments

a) The NFSS form allows the NF submitter to upload required and supporting documentation as electronic attachments directly to the LTC Online Portal. This can be done in the Upload Attachments section located in all the tabs except Resident/NF and Auth Summary. As previously mentioned, an icon on each tab will indicate the required

document(s) which are available as templates for easy download and completion for subsequent upload to the LTC Online Portal. The submitter will click on this icon and download the page/attachment, obtain the appropriate signatures or information, save the information on their computer, and upload the page/attachment back to the appropriate request/PTID by clicking on the **Click Here to Upload Documents** button. This will open up the user's browser to locate the saved files. The PTID History will also show the date, time, and name of successfully uploaded attachments. Up to ten files can be uploaded at any time. Files cannot exceed 10mb per file. Supported file types are PDF, Image (JPG, TIF, and PNG), MS Word, MS Excel, and RTF.

b) To remove an attachment, the **Delete** button is displayed and enabled once the attachment is successfully uploaded and PTID is not approved or denied. Once PTID gets approved or denied, the **Delete** button will no longer be available.

For DME and CMWC requests, the NFSS form must include uploaded manufacturer's suggested retail price (MSRP) catalog pricing. The supplier must furnish information that verifies the prices listed on the Itemized MSRP List for each of the items listed. The catalog pricing for the item must indicate the item is priced at an amount that is the same as, or less than, the MSRP.

The applicable CMWC-related forms listed below need to be submitted in conjunction with the NFSS form if listed in the Upload Attachments section:

• 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) - CMWC/DME Receipt Certification

The applicable DME-related forms listed below need to be submitted in conjunction with the NFSS form if listed in the Upload Attachments section.

• PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page

• PASRR NF Specialized Services (NFSS) - DME Supplier Acknowledgment and Signature Page

- PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification

  Refer to the Upload Attachments section later in this guide for more information on uploading the forms.

  Additionally, for any approved DME item or CMWC in ***Pending NF Receipt*** status, the NF must certify by entering data into the required fields on the NFSS form that the item has been received and meets the needs of the person. In addition, a receipt certification attachment must be uploaded into the LTC Portal after the item has been delivered. The signature by the therapist on this attachment certifies that the item meets the needs of the person as specified in the assessment. It also indicates, by the administrator's signature, that the item was delivered and received by the nursing facility. Failure to submit this receipt confirmation will delay or prevent the facility's reimbursement.

4) Submitters have the ability to add notes on the NFSS form on the LTC Online Portal. The NFSS form allows the user to add a note using either the **Add Note** button on the yellow Form Actions bar above the Resident/NF tab or by using the **Add Note** button located on each PTID action bar located below the attachment section.

5) For convenience, each section of the service tabs are collapsible.

6) The Auth Summary tab is available to help NFs monitor the status of a request for SS and when multiple services are requested on one form using the PTID. Each assessment and service has its own PTID and the NF can follow the status of each PTID through the various stages. This page is read-only so any actions that need to be taken based on the status must be done in the Authorization section of the specified tab.

7) For those services that a resident receives on a recurring basis, such as therapies, the submitter can use the **Populate** button on the NFSS form to populate data from a previously submitted assessment into a new NFSS service request. The **Populate** button is available only on Service PTID tabs. It populates data only on the Assessment PTID tab. This populated information can be edited to update assessment information, alleviating the need for the submitter to key in all assessment information again.

8) Update PTID Action, located above the Authorization section, allows the user the ability to update a submitted NFSS form and record a history of changes on the LTC Online Portal. Refer to the NFSS Form Updates section in this User Guide for more information on how to use this function.

History Trail

Every NFSS form will have a Form History that is located at the bottom of each tab. The History tab shows the different statuses the form processes through during submission, workflow, and validation processes. Forms that do not pass all the validations will not be submitted to the PASRR Reviewer's workflow.

Additionally, a PTID will be created for each assessment or service successfully submitted with an NFSS form. The PTID History is similar to the Form History, but is created to track each assessment or service authorization associated with the form as it moves through all the required statuses. Once an NFSS form is submitted, the user can check both the Form History and the PTID History by referring to the assessment or service tab of the NFSS form.

When a PTID is in the **Pending Denial** status, the NF must check the PTID History for specific information on what additional information HHSC staff is requesting to continue processing the PTID request and a due date. The NF must set the **Pending Denial** PTID status back to **Pending State Review** before the date indicated by HHSC staff or the timer will run out and issue a system-generated denial.

PTID History	
PTID Submitted	3/29/2018 3:00:33 PM
3/29/2018 3:00:33 PM	**TMHP :** PTID entered workflow.
3/29/2018 3:00:33 PM	**TMHP :** Rogers supplier acknowledgement.pdf added as an attachment.
Pending State Review	3/29/2018 3:00:41 PM
3/29/2018 3:00:41 PM	**TMHP :** The Service has been sent for State review.
Pending Denial	5/15/2018 11:13:41 AM
5/15/2018 11:13:41 AM	**TMHP :** This request is Pending Denial, refer to the Authorization section on the NFSS form for more information.
5/15/2018 11:13:43 AM	**TMHP :** Pending Denial alert sent.

History	
Form Submitted	3/29/2018 3:00:34 PM
3/29/2018 3:00:34 PM	**TMHP :** This form was submitted from PL1:
3/29/2018 3:00:34 PM	**TMHP :** The PE associated with this form is
3/29/2018 3:00:34 PM	**TMHP :** NFSS Form request for CMWC/DME was not submitted within 30 calendar days of the IDT meeting.
Medicaid ID Pending	3/29/2018 3:00:36 PM
3/29/2018 3:00:36 PM	**TMHP :** Medicaid ID request submitted
ID Confirmed	3/29/2018 3:00:37 PM
3/29/2018 3:00:37 PM	**TMHP :** Medicaid ID confirmed for this client
Pending Medicaid Eligibility	3/29/2018 3:00:37 PM
3/29/2018 3:00:37 PM	**TMHP :** Medicaid Eligibility request sent
Medicaid Eligibility Confirmed	3/29/2018 3:00:38 PM
3/29/2018 3:00:38 PM	**TMHP :** Medicaid eligibility confirmed for this client
Pending Applied Income	3/29/2018 3:00:38 PM
3/29/2018 3:00:38 PM	**TMHP :** Applied Income requested
Applied Income Confirmed	3/29/2018 3:00:39 PM
3/29/2018 3:00:39 PM	**TMHP :** Applied Income confirmed

Updating LA's Permissions to View PASRR NFSS Forms

TMHP LTC Portal Account Administrators can update a user's account to view the PASRR Nursing Facility Specialized Services (NFSS) form on the LTC Online Portal.

LAs need to update user accounts with NFSS Viewer permission to view the NFSS form using the FSI or Power Search.

To activate these functions, go into **My Account**, select **Modify permissions**, and select the provider number that needs NFSS permissions activated. Then check the box for NFSS Viewer, which will add those permissions.

Print the PDF Version of the NFSS Form

LAs can find PDF copies of the NFSS by clicking on the specific form on the TMHP website.

Search for the Nursing Facility by Name

To determine the facility's vendor and provider number when it is unknown, the LA can search for the nursing facility by using FSI to search for the NF's name.

1) Log in to the LTC Online Portal and navigate to the Form Status Inquiry screen.

2) Enter the Vendor Name and click the **Search** button.

3) For additional detail, click the **<u>View</u>** link.

Search the Status of an Authorization Request Submitted on the NFSS Form

The LA can use the FSI function to search for the status of NF specialized services authorization request submitted on the NFSS form by viewing the PTID status.

For additional detail, click the **View Detail** link. It is located left of the PTID. To display the details click on the appropriate tab and read the PTID History notes.

Printing the NFSS Form

LAs will be able to print a copy of the NFSS form by using the **Print** button located on the yellow Form Actions bar at the top of the form. Note that this function does not include any Form or PTID History notes.

Letter Search

LAs can search for NFSS Form-related letters that are addressed to residents or their LARs regarding specialized services requests by the Letter Search function, found in the Search drop-down box on the blue navigational bar.

Current Activity

Using the Current Activity function, LAs will be able to view the NFSS Form status changed within the last 14 days. The NFSS will not display on the Current Activity page if the PTID status has changed within the last 14 days.

Receiving and Viewing Alerts

The LTC Online Portal will issue an electronic alert to the applicable LA when an NFSS assessment or service request is **Approved**, **Denied**, or set to **Pending Denial**. LAs can view these alerts and continue to monitor the authorization request through the entire process by viewing the PTID status and History notes.

Validations Requiring Provider Monitoring

Documents process through several validations before reaching status **SAS Request Pending**. The following will outline the various statuses which require close monitoring by the provider to ensure timely processing.

1) **PL1: Awaiting PE** results in an alert being sent by the LTC Online Portal to the LA notifying the LA to complete the PE. Until the LA submits the PE, an NF cannot certify **Able to Serve the Individual** or **Unable to Serve the Individual**. If the PE is successfully submitted, the PL1 continues to the next validation:

   o **Pending Placement in NF - PE Confirmed** - If the PE is positive for PASRR eligibility, the NF must view the PE, and certify ability to serve the person by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual** button on the PL1. The admitting NF must also enter the date they admitted the person by clicking on the **Admitted to NF** button and completing the required information. **Individual Placed in NF - PE Confirmed** - The person has been admitted to a nursing facility and a PE has been successfully submitted for the person. If the PE is positive for PASRR eligibility, the NF must certify **Able to Serve the Individual** or **Unable to Serve the Individual** on the PL1. Refer to the *Certification of the NF's Ability to Serve the Individual* section of this User Guide for instructions.

2) **NFSS:** Medicaid ID validation results in either:

   o **ID Confirmed** – If confirmed, it continues to next validation.

   o **Medicaid ID Pending** – In this status, validation attempts will occur nightly until eligibility is found, the request is canceled, or until six months has expired, whichever comes first.

   o **ID Invalid** – Medicaid ID validation failed on the NFSS form. The NFSS form cannot be processed until Medicaid ID is corrected. Contact the Medicaid Eligibility Worker to verify the person's name, Social Security number, and Medicaid ID. A new form must be submitted with the corrected information. The name entered must match the name shown on the person's Medicaid ID card.

      Note: *Only certain valid alphanumeric characters can be added to text boxes on a form. The valid characters are 0-9, A-Z, a-z and the following: @'/+,_-.*

      – If this information is accurate, the provider may contact TMHP to see what their options are regarding form resubmittal.

      – If this information is different, the incorrect information will need to be corrected and the form resubmitted.

         Note: *Updateable fields vary by form type. See the Updates section of this User Guide.*

- ○ **_Med ID Check Inactive_** – Medicaid ID validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled. Contact the Medicaid Eligibility Worker to verify the person's name, Social Security number, and Medicaid ID.

3) **_NFSS:_** Medicaid Eligibility validation will result in either:

- ○ **_ME Confirmed_** – If confirmed, it continues to next validation.
- ○ **_ME Pending_** – In this status, validation attempts will occur nightly until eligibility is found, the request is canceled, or until six months has expired, whichever comes first.
  - – If Medicaid Eligibility has already been established, the provider may contact TMHP to see what their options are regarding form resubmittal.
  - – After Medicaid Eligibility has been established, the provider must allow 14 days for the systems to interface. AFTER 14 days, the provider may call TMHP to see what their options are regarding form resubmittal.
- ○ **_ME Check Inactive_** - In this status, the Medicaid Eligibility validation was attempted nightly for six months and failed, so the request was canceled. If the request is canceled, it is because the form was updated or inactivated and the status changes to those statuses, instead of **_ME Check Inactive_**.

4) **_NFSS:_** Applied Income validation will result in either:

- ○ **_AI Confirmed_** – the form will process to **_SAS Request Pending._**
- ○ **_AI Pending_** - In this status, validation attempts will occur nightly until applied income is found, the request is canceled, or until six months has expired, whichever comes first.
  - – If Applied Income has already been established, the provider may contact TMHP to see what their options are regarding form resubmittal.
  - – After Applied Income has been established, the provider must allow 14 days for the systems to interface. AFTER 14 days, the provider may call TMHP to see what their options are regarding form resubmittal.
- ○ **_AI Check Inactive_** - In this status, the Applied Income validation was attempted nightly for six months and failed, so the request was canceled.

  Note: *An Applied Income check will be performed for all NFSS forms submitted on the LTC Online Portal.*

5) **_MDS Status: PE MN Denied_** - The **Check MN on PE** button will be available to determine if MN denial was overturned.

6) **_PE Form Status, NFSS PTID Status: Pending Denial_** - MN on PE is pending denial or NFSS PTID is pending additional information.

7) **_NFSS: Pending NF Receipt_**- PTID for a CMWC or DME is pending receipt and certification by the NF.

8) **_NFSS: Pending State Review_** - PTID is pending review by HHS PASRR Reviewer.

9) **_PE, NFSS PTID: Pending Fair Hearing_** - Fair Hearing has been requested by the resident/NF.

10) **_NFSS: Pending State Confirmation_** - PTID is pending confirmation by HHS PASRR Reviewer of the CMWC or DME item received by the NF.

11) **_NFSS: Pending MD/DO License Verification_** - MD/DO credentials are pending verification.

Note: *The NFSS form has a TOTAL of 30 days to pass through all validations.*

Note: *Detailed diagrams illustrating the Medicaid Eligibility Verification Workflows can be found in the LTC User Guide for General Information, Online Portal Basics, and Program Resources.*

The example below shows an NFSS form that flows successfully:

The example below shows status **_ID Invalid_**, indicating that the assessment failed Medicaid ID validation:

The example below shows how the **SAS Request Pending** on an approved therapy service PTID.

PTID History	
PTID Submitted	**4/11/2018 2:00:04 PM**
4/11/2018 2:00:04 PM	▢▢▢▢ : PTID entered workflow.
Pending State Review	**4/11/2018 2:26:30 PM**
Approved	**4/11/2018 2:27:56 PM**
4/11/2018 2:27:56 PM	**TMHP :** The request for therapy services has been approved by the State PASRR reviewer.
SAS Request Pending	**4/11/2018 2:27:56 PM**
4/11/2018 2:27:56 PM	**TMHP :** The request is being processed by DADS. Please allow 2-4 business days for the next status change.

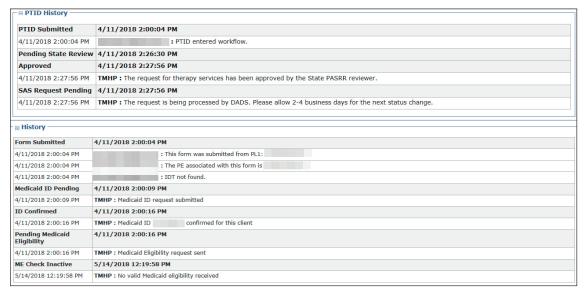| History	
Form Submitted	**4/11/2018 2:00:04 PM**
4/11/2018 2:00:04 PM	▢▢▢ : This form was submitted from PL1: ▢▢▢
4/11/2018 2:00:04 PM	▢▢▢ : The PE associated with this form is ▢▢▢
4/11/2018 2:00:04 PM	▢▢▢ : IDT not found.
Medicaid ID Pending	**4/11/2018 2:00:09 PM**
4/11/2018 2:00:09 PM	**TMHP :** Medicaid ID request submitted
ID Confirmed	**4/11/2018 2:00:16 PM**
4/11/2018 2:00:16 PM	**TMHP :** Medicaid ID ▢▢▢ confirmed for this client
Pending Medicaid Eligibility	**4/11/2018 2:00:16 PM**
4/11/2018 2:00:16 PM	**TMHP :** Medicaid Eligibility request sent
ME Check Inactive	**5/14/2018 12:19:58 PM**
5/14/2018 12:19:58 PM	**TMHP :** No valid Medicaid eligibility received

The following example shows a PTID that has gone through the standard process.

PTID History	
PTID Submitted	**8/24/2017 3:43:50 PM**
8/24/2017 3:43:50 PM	**TMHP :** PTID entered workflow.
8/24/2017 3:43:50 PM	**TMHP :** therapy signature log.pdf added as an attachment.
8/24/2017 3:43:52 PM	**TMHP :** No previous Occupational Therapy for this resident and contract number can be found within the last year to populate the Occupational Therapy data.
Pending State Review	**8/24/2017 3:43:57 PM**
8/24/2017 3:43:57 PM	**TMHP :** The Service has been sent for State review.
Approved	**8/24/2017 4:04:53 PM**
8/24/2017 4:04:53 PM	**TMHP :** The request for therapy services has been approved by the State PASRR reviewer.
SAS Request Pending	**8/24/2017 4:04:53 PM**
8/24/2017 4:04:53 PM	**TMHP :** The request is being processed by DADS. Please allow 2-4 business days for the next status change.
Processed/Complete	**8/25/2017 5:11:21 AM**
8/25/2017 5:11:21 AM	**TMHP :** GN-9003: Processed at HHSC.
8/25/2017 5:11:21 AM	**TMHP :** SAS Change Request completed successfully.
8/25/2017 5:11:22 AM	**TMHP :** Approval alert sent.

Alerts

Alerts are notices to a user to perform an action related to a PL1 Screening or PE, an NFSS form, to confirm IDT meetings, or when a Resident Review is needed. A Resident Review takes place when an LA is notified to perform a PE on a resident of an NF. The notification is normally generated as an automatic Alert in the LTC Online Portal, although the request could come as a manually-generated Alert in the LTC Online Portal from HHS or the NF. The LTC Online Portal creates alerts automatically when an action needs to take place.

HHSC PASRR Unit employees use the Create Alert page to send alerts to NFs when an NF needs to take action by a specific deadline. The Alerts screen should be accessed on a daily basis by the NF and LA on the LTC Online Portal to meet deadline associated with the Alert.

Alert Descriptions

Alert	Communication to the Local Authority (Incoming Alerts)
Confirm IDT	The NF has submitted a New or Updated IDT meeting on the LTC Online Portal for a person for which your LA - IDD/LA - MI is responsible. Check the IDT Meeting information on the PCSP form for accuracy and confirm.
Conduct PL1 Screening	The recipient of the alert must submit a PL1 for the person within seven calendar days of the Alert date. This alert can only be generated manually using the **Create Alert** button on the Alerts page. The NF can send it to the LA, or the PASRR Units can send it to the NF or the LA.
Conduct PASRR Evaluation - First Notification	The LA must submit a PASRR Evaluation for the person within seven calendar days of the first notification. This is the first notice to the LA.
Conduct PASRR Evaluation - Second Notification	The LA must perform and submit a PASRR Evaluation within seven calendar days of this notification. This alert is triggered if it has been more than seven calendar days since the date of the alert of the first notification. If the LA has already performed the PASRR Evaluation but has not entered it on the LTC Online Portal, the LA should submit the PASRR Evaluation immediately.
Complete IDD Section on the PASRR Evaluation	The IDD Section of the PASRR Evaluation has not been submitted on the LTC Online Portal. The LIDDA responsible for the IDD Section of the PASRR Evaluation should complete the IDD Section. This alert is triggered for a dual PE because only one side has been completed thus far.

Alert	Communication to the Local Authority (Incoming Alerts)
Complete MI Section on the PASRR Evaluation	The MI Section of the PASRR Evaluation has not been submitted on the LTC Online Portal. The LMHA/LBHA responsible for the MI Section of the PASRR Evaluation should complete the MI Section. This alert is triggered for a dual PE because only one side has been completed thus far.

Alert	Communication to the nursing facility (Incoming Alerts)
NFSS Request - Approved	A requested specialized service for the resident has been approved. It has been determined by a review of the information submitted that the requested item/service meets medical necessity.
NFSS Request - Denied	A requested specialized service for the resident has been denied. Check the PTID History section for the reason of the denial. There is an opportunity for a Fair Hearing to be requested if the person or NF disagrees with this decision.
NFSS Request - Pending Denial	A requested specialized service for the resident cannot be processed at this time. Submit any requested information and change the status back to **Pending State Review** before the due date, or the request will be denied and a new request will need to be submitted.
Provider Action Required	Provider Action Required. (Applies to rejection errors found within the form and PTID History trail. Once a form or PTID is set to **Provider Action Required** status, the provider must take action before that particular form or PTID can continue.)
PL1 Needs Certification - First Notification	A positive PASRR Evaluation has been submitted. The nursing facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening form whether **Able to Serve the Individual** or **Unable to Serve the Individual** by clicking the corresponding button on the yellow Form Actions tool bar and confirming the selection on the pop up screen by clicking **OK.** The nursing facility also needs to schedule and conduct the IDT meeting.
PL1 Needs Certification - Second Notification	This is the second notice that a positive PASRR Evaluation has been submitted. The nursing facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening form whether **Able to Serve the Individual** or **Unable to Serve the Individual** by clicking the corresponding button on the yellow Form Actions tool bar and confirming the selection on the pop up screen by clicking **OK.** The nursing facility also needs to schedule and conduct the IDT meeting.

Alert	Communication to the Local Authority (Incoming Alerts)
Quarterly/ Update Meeting Submission	A Quarterly or LA Update meeting has been submitted on the LTC Online Portal for a person in your facility. A copy of SPT Meeting on the PCSP form must be printed and revised services included in the Individual Comprehensive Care Plan.

Alert	System-Generated Communication sent to HHS PASRR Unit (Outgoing Alerts)
NF Unable to Serve	• If a nursing facility has certified on the PL1 Screening Form that they are unable to serve the person and the NF has already admitted the person into the facility, an Alert is sent to HHS PASRR Unit by the LTC Online Portal. This Alert will appear in the list of Outgoing Alerts for the NF. • NF contacts LA to advise of their inability to serve the person, allowing the LA to begin coordination of placement into another facility.

Accessing Alerts
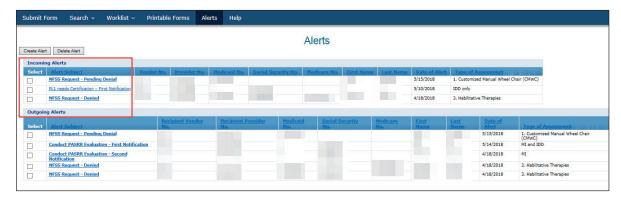
Follow the steps below to access the Alerts screen.

1) Go to **www.tmhp.com**.

2) Click **providers** on the green bar located at the top of the screen.

3) Click **Long-Term Care** on the yellow bar.

4) Click the **Log In to LTC Online Portal** button on the blue bar.

5) Enter your User name and Password. Click the **OK** button. The Form Status Inquiry (FSI) page will display by default.

6) Click the **Alerts** link located on the blue navigational bar.

The Alerts screen displays a list of incoming and outgoing alerts. The alert list only contains alerts for your Vendor/Provider numbers. Alerts are shown for the last 30 days from the current date. Alerts older than 30 days from the current date are not available.

Alerts can be sorted by clicking the column header of the Alerts list. Alerts can be deleted. Once deleted, they cannot be retrieved.

The Alert Subject column provides a brief description of the alert. Click the **Alert Subject** link to see the alert detail.

The alert detail describes what needs to be done. It also provides information about the person and a link to the current PL1 Screening Form, PE, PCSP, or the NFSS form.

7) Click the **Return to Alerts Page** button at the top of the page to return to the Alerts list.

Creating Alerts

Nursing facility users can create alerts to be sent to the LA.

The Alert Subject drop-down contains ten options. NFs will only be allowed to select one of the first five options available.

- Conduct PASRR Evaluation - First Notification
- Conduct PASRR Evaluation - Second Notification
- Complete IDD Section on the PASRR Evaluation
- Complete MI Section on the PASRR Evaluation
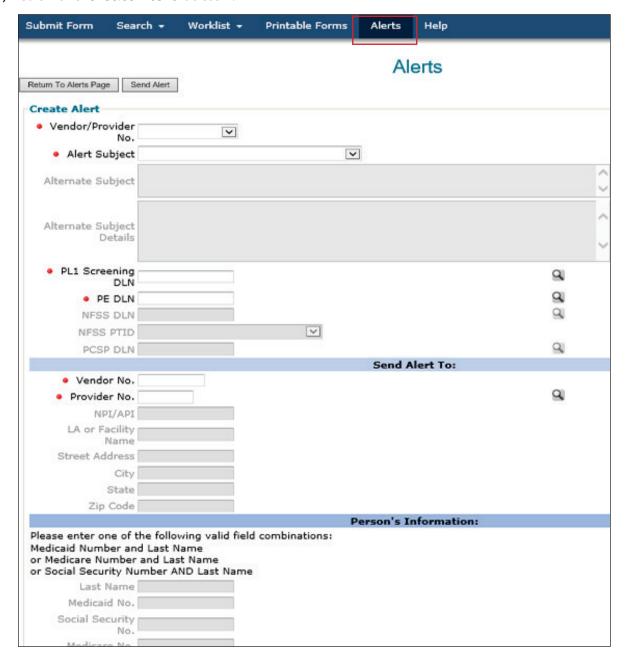- Conduct PASRR Level 1 Screening

The remaining five options in the Alert Subject drop-down and the following fields are only accessible by HHSC-LTC:

- Alternate Subject
- Alternate Subject Details
- NFSS DLN

- ○ NFSS PTID
- ○ PCSP DLN

To create alerts:

1) Click the **Alerts** link located on the blue navigational bar. The Alerts screen displays.

2) Click the **Create Alert** button.

3) Choose the Vendor/Provider No. from the drop-down box.

4) Choose the Alert Subject from the drop-down box.

5) Enter the PL1 Screening DLN or PE DLN, if applicable.

6) Enter the Vendor No. and Provider No. for the LA to whom the alert will be sent.

7) Enter the person's required information if the NF is asking the LA to submit a PL1.

    Note: *The Medicare No. and Last Name instructions shown in the Person's Information: section is not a valid field combination. Entering this combination will result in an error and will prevent you from sending the alert.*
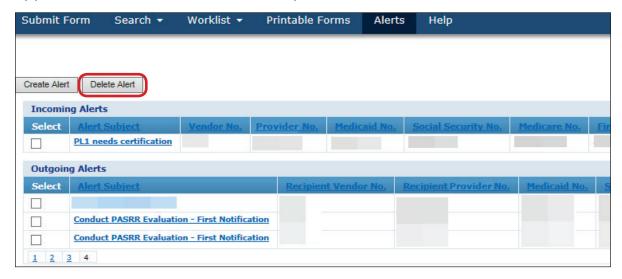
8) Click the **Send Alert** button. The Create Alert window will close and you will be returned to the Alerts page.

Deleting Alerts

You can delete Alerts from your Alerts page, but the Alert will not be deleted from the Alerts page of whomever the Alert was sent to.

Deleted alerts cannot be restored, and alerts will automatically be deleted after 30 days. Once an alert is deleted, it cannot be retrieved. When you have completed the action requested on an alert, you may want to delete the alert.

1) Select the alert you wish to delete by clicking the box in the Select column next to the applicable alert. You can select multiple alerts.

2) Click the **Delete Alert** button above the alert list.

3) A confirmation message is displayed. Click the **OK** button to delete the alert, or click the **Cancel** button if you do not want to delete the alert.

Provider Workflow Rejection Messages for the NFSS Form

Below are the rejection messages providers will receive as a result of an error occurring during the nightly batch processing. The messages are in order of message number.

The table contains three columns:

1) **Provider Message**. This is the system message that will be displayed in form and PTID History trail.

2) **Form/Assessment**. Lists any forms and/or assessments that can receive this message.

3) **Suggested Action**. Instructions for resolving the issue listed in the system message.

Specific Instructions

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
GN-9101 – GN-9105: This form cannot be processed because the individual's Applied Income is not available to the authorization system. Contact the HHS Eligibility Worker to update the individual's Applied Income. Once the Applied Income has been updated, this form can be resubmitted.	3618, 3619, MDS, NFSS	The recipient's applied income is not available to the authorization system. • Pull a Medicaid Eligibility and Service Authorization Verification (MESAV) for the recipient covering the date requested on the form or assessment. *Note: If the recipient does not already have Service Authorizations for your contract, this information will not be available on the MESAV.* • If the MESAV does not show an Applied Income for the dates of the form or assessment, contact the Texas Health and Human Services Commission (HHSC) Eligibility Worker to update the Applied Income records. – Once the Applied Income has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, you may monitor the MESAV for updated Applied Income. • If the MESAV does show an Applied Income for the dates of the form or assessment, resubmit the rejected form or assessment.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
GN-9106: This form cannot be processed because HHS does not have Long Term Care Financial Eligibility for this individual and timeframe. Contact the HHS Eligibility Worker or SSI office.	3618, 3619, MDS, NFSS	The recipient's Medicaid eligibility is not available to the authorization system. • Pull a MESAV for the recipient covering the date requested on the form or assessment. *Note: If the recipient does not already have Service Authorizations for your contract, this information will not be available on the MESAV.* • If the MESAV does not show Long-Term Care Financial Eligibility for the dates of the form or assessment, contact the HHS Eligibility Worker or Supplemental Security Income (SSI) office to update the Financial Eligibility records. – Once the Financial Eligibility has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, you may monitor the MESAV for updated Financial Eligibility. • If the MESAV does show Financial Eligibility for the dates of the form or assessment, resubmit the rejected form or assessment.
GN-9248: This form cannot be processed due to one or more invalid Diagnosis Codes. Correct the Diagnosis Codes and resubmit.	MDS, NFSS	The submitted Primary *International Classification of Diseases* (ICD) Diagnosis Code is not valid. • Modify the Primary Diagnosis Code on the LTCMI section as needed and resubmit the rejected assessment. • If the Primary Diagnosis Code on the LTCMI section is valid, contact HHS LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.
GN-9254: This form cannot be processed because the provider is not authorized to provide services on the effective date of the form. Correct the effective date as needed. For 3619 admissions, resubmit once the Medicare contract is effective in the system.	All	The provider's contract is either not in effect as of the effective date of the form or assessment, or the provider is not authorized to bill for the type of services covered by the form or assessment. • Review the facility contract to determine if the contract is in effect and authorizes the type of services covered by the form or assessment. • If the effective date of the form or assessment is wrong, modify the form or assessment and resubmit the rejected form or assessment. • If the contract is not yet in effect, resubmit the rejected form or assessment once the service code is effective in the system. For 3619 admissions, resubmit the rejected form once the Medicare contract is effective in the system.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3001: This therapy assessment cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Correct the therapy Date of Assessment or contact the HHS IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.	NFSS (Therapy Assessment)	The Therapy Date of Assessment is outside the provider's contract dates. • Confirm the Date of Assessment for the rejected therapy assessment and submit a correction of the date as needed. • If the date is correct, but the form is under the incorrect contract, contact HHS IDD PASRR Unit at PASRR.Support@hhsc.state.tx.us and request to inactivate the form. Then submit a new NFSS form with the proper contract. • If there is not an active contract for the Date of Assessment, the submission will have to be held until the contract has been approved.
PS-3003: This CMWC/ DME assessment cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Correct the CMWC/DME Date of Assessment or contact the HHS IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.	NFSS (CMWC/DME Assessment)	The CMWC/DME Date of Assessment is outside the provider's contract dates. • Confirm the Date of Assessment for the rejected CMWC/DME assessment and submit a correction of the date as needed. • If the date is correct, but the form is under the incorrect contract, contact HHS IDD PASRR Unit at PASRR.Support@hhsc.state.tx.us and request to inactivate the form. Then submit a new NFSS form with the proper contract. • If there is not an active contract for the Date of Assessment, the submission will have to be held until the contract has been approved.
PS-3004: This CMWC/ DME item cannot be processed because the submitted Provider No. is not valid as of the Therapist's Certification Date. Correct the CMWC/ DME Therapist's Certification Date or contact the HHS IDD PASRR Unit to inactivate this service, then submit a new NFSS form with the correct Provider No.	NFSS (CMWC/DME item)	The CMWC/DME Therapist's Certification Date is outside the provider's contract dates. • Confirm the Therapist's Certification Date for the rejected CMWC/DME item and submit a correction of the date as needed. • If the date is correct, but the form is under the incorrect contract, contact HHS IDD PASRR Unit at PASRR.Support@hhsc.state.tx.us and request to inactivate the form. Then submit a new NFSS form with the proper contract. • If there is not an active contract for the Therapist's Certification Date, the submission will have to be held until the contract has been approved.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3005: This therapy assessment cannot be processed because the submitted Provider No. is not valid for the requested service as of the Date of Assessment. Correct the therapy Date of Assessment or submit when the service becomes effective for the Provider No.	NFSS (Therapy Assessment)	The therapy Date of Assessment is outside the provider's contract dates for the requested service. • Confirm the therapy Date of Assessment and submit a correction of the date as needed. • If the requested service is not active on the contract for the Date of Assessment, contact HHS IDD PASRR Unit at PASRR.Support@hhsc.state.tx.us and request assistance. The submission will have to be held until the contract has been updated to include the requested service.
PS-3007: This CMWC/ DME assessment cannot be processed because the submitted Provider No. is not valid for the requested service as of the Date of Assessment. Correct the CMWC/DME Date of Assessment or submit when the service becomes effective for the Provider No.	NFSS (CMWC/DME Assessment)	The CMWC/DME Date of Assessment is outside the provider's contract dates for the requested service. • Confirm the CMWC/DME Date of Assessment and submit a correction of the date as needed. • If the requested service is not active on the contract for the Date of Assessment, contact HHS IDD PASRR Unit at PASRR.Support@hhsc.state.tx.us and request assistance. The submission will have to be held until the contract has been updated to include the requested service.
PS-3008: This CMWC/ DME item cannot be processed because the submitted Provider No. is not valid for the requested item as of the Therapist's Certification Date. Correct the CMWC/ DME Therapist's Certification Date or submit when the item becomes effective for the Provider No.	NFSS (CMWC/DME item)	The CMWC/DME Therapist's Certification Date is outside the provider's contract dates for the requested item. • Confirm the CMWC/DME Therapist's Certification Date and submit a correction of the date as needed. • If the requested item is not active on the contract for the Therapist's Certification Date, contact HHS IDD PASRR Unit at PASRR.Support@hhsc.state.tx.us and request assistance. The submission will have to be held until the contract has been updated to include the requested item.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action

PS-3009: This therapy assessment cannot be processed because the person does not have a Daily Care Service Authorization for the submitted Provider No. as of the Date of Assessment. Correct the therapy Date of Assessment or submit the necessary 3618 admission form and/or MDS assessment.	NFSS (Therapy Assessment)	There is no Daily Care Service Authorization that covers the therapy Date of Assessment.
		• Pull a MESAV and review the Service Authorizations to determine if the recipient has a Daily Care Service Authorization that covers the therapy Date of Assessment. If the 3618 admission and MDS assessment for the recipient have not processed you will not have services authorized.
		• If a covering Daily Care Service Authorization is found and the Date of Assessment is incorrect, update it and resubmit.
		• If a covering Daily Care Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 admission and MDS assessment.
		  − If the 3618 admission is not processed, determine why the form rejected. Correct the current 3618 admission, or inactivate the rejected 3618 and submit a new 3618 admission.
		  − If the 3618 is processed, determine if there is an associated MDS assessment. If the MDS failed to process, compare the 3618 processed date to the rejection date of the MDS. If the 3618 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI and submit it.
		  − Once the covering 3618 admission and MDS assessment have processed, resubmit the therapy assessment.
		• If the 3618 admission and MDS assessment both processed but there is no covering Daily Care Service Authorization, contact HHS LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action

PS-3011: This CMWC/ DME assessment cannot be processed because the individual does not have a Daily Care Service Authorization for the submitted Provider No. as of the Date of Assessment. Correct the CMWC/DME Date of Assessment or submit the necessary 3618 admission form and/or MDS assessment.	NFSS (CMWC/DME Assessment)	There is no Daily Care Service Authorization that covers the CMWC/DME Date of Assessment.
		• Pull a MESAV and review the Service Authorizations to determine if the recipient has a Daily Care Service Authorization that covers the CMWC/DME Date of Assessment. If the 3618 admission and MDS assessment for the recipient have not processed you will not have services authorized.
		• If a covering Daily Care Service Authorization is found and the Date of Assessment is incorrect, update it and resubmit.
		• If a covering Daily Care Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 admission and MDS assessment.
		  – If the 3618 admission is not processed, determine why the form rejected. Correct the current 3618 admission, or inactivate the rejected 3618 and submit a new 3618 admission.
		  – If the 3618 is processed, determine if there is an associated MDS assessment. If the MDS failed to process, compare the 3618 processed date to the rejection date of the MDS. If the 3618 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI and submit it.
		  – Once the covering 3618 admission and MDS assessment have processed, resubmit the CMWC/ DME assessment.
		• If the 3618 admission and MDS assessment both processed but there is no covering Daily Care Service Authorization, contact HHS LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action

PS-3012: This CMWC/ DME item cannot be processed because the person does not have a Daily Care Service Authorization for the submitted Provider No. as of the Therapist's Certification Date. Correct the CMWC/ DME item Therapist's Certification Date or submit the necessary 3618 admission form and/or MDS assessment.	NFSS (CMWC/DME item)	There is no Daily Care Service Authorization that covers the CMWC/DME item Therapist's Certification Date.
		• Pull a MESAV and review the Service Authorizations to determine if the recipient has a Daily Care Service Authorization that covers the CMWC/DME item Therapist's Certification Date. If the 3618 admission and MDS assessment for the recipient have not processed you will not have services authorized.
		• If a covering Daily Care Service Authorization is found and the Therapist's Certification Date is incorrect, update it and resubmit.
		• If a covering Daily Care Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 admission and MDS assessment.
		   – If the 3618 admission is not processed, determine why the form rejected. Correct the current 3618 admission, or inactivate the rejected 3618 and submit a new 3618 admission.
		   – If the 3618 is processed, determine if there is an associated MDS assessment. If the MDS failed to process, compare the 3618 processed date to the rejection date of the MDS. If the 3618 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI and submit it.
		   – Once the covering 3618 admission and MDS assessment have processed, resubmit the CMWC/DME item.
		• If the 3618 admission and MDS assessment both processed but there is no covering Daily Care Service Authorization, contact HHS LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3013: This therapy assessment cannot be processed because a different Provider No. for the same Vendor No. has a Daily Care Service Authorization as of the Date of Assessment. Adjust the therapy Date of Assessment or contact the HHS IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.	NFSS (Therapy Assessment)	This therapy assessment has been submitted using the incorrect Provider Number. The facility has had a Change of Ownership and the therapy assessment needs to be submitted using the Provider No. that was active on the therapy Date of Assessment. • Confirm the Date of Assessment for the rejected therapy assessment and submit a correction of the date as needed. • If the date is correct, but the form is under the incorrect contract, contact HHS IDD PASRR Unit at PASRR.Support@hhsc.state.tx.us and request to inactivate the form. Then submit a new NFSS form with the proper contract. • If there is not an active contract for the Date of Assessment, the therapy assessment will have to be held until the contract has been approved.
PS-3015: This CMWC/ DME assessment cannot be processed because a different Provider No. for the same Vendor No. has a Daily Care Service Authorization as of the Date of Assessment. Adjust the CMWC/DME Date of Assessment or contact the HHS IDD PASRR Unit to inactivate this assessment, then submit a new NFSS form with the correct Provider No.	NFSS (CMWC/DME Assessment)	This therapy assessment has been submitted using the incorrect Provider Number. The facility has had a Change of Ownership and the therapy assessment needs to be submitted using the Provider No. that was active on the therapy Date of Assessment. • Confirm the Date of Assessment for the rejected therapy assessment and submit a correction of the date as needed. • If the date is correct, but the form is under the incorrect contract, contact HHS IDD PASRR Unit at PASRR.Support@hhsc.state.tx.us and request to inactivate the form. Then submit a new NFSS form with the proper contract. • If there is not an active contract for the Date of Assessment, the therapy assessment will have to be held until the contract has been approved.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action

PS-3017: This therapy assessment cannot be processed because the person is enrolled with a different provider as of the Date of Assessment. Correct the therapy Date of Assessment or submit the necessary 3618 admission form and/or MDS assessment.	NFSS (Therapy Assessment)	There is a Daily Care Service Authorization for a different provider that covers the therapy Date of Assessment.
		• Pull a MESAV and review the Service Authorizations to determine if the recipient has a Daily Care Service Authorization that covers the therapy Date of Assessment. If the 3618 admission and MDS assessment for the recipient have not processed you will not have services authorized.
		• If a covering Daily Care Service Authorization is found and the Date of Assessment is incorrect, update it and resubmit.
		• If a covering Daily Care Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 admission and MDS assessment.
		  – If the 3618 admission is not processed, determine why the form rejected. Correct the current 3618 admission, or inactivate the rejected 3618 and submit a new 3618 admission.
		  – If the 3618 is processed, determine if there is an associated MDS assessment. If the MDS failed to process, compare the 3618 processed date to the rejection date of the MDS. If the 3618 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI and submit it.
		  – Once the covering 3618 admission and MDS assessment have processed, resubmit the therapy assessment.
		• If the 3618 admission and MDS assessment both processed but there is no covering Daily Care Service Authorization, contact HHS LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action

PS-3019: This CMWC/DME assessment cannot be processed because the individual is enrolled with a different provider as of the Date of Assessment. Correct the CMWC/DME Date of Assessment or submit the necessary 3618 admission form and/or MDS assessment.	NFSS (CMWC/DME Assessment)	There is a Daily Care Service Authorization for a different provider that covers the CMWC/DME Date of Assessment.
		• Pull a MESAV and review the Service Authorizations to determine if the recipient has a Daily Care Service Authorization that covers the CMWC/DME Date of Assessment. If the 3618 admission and MDS assessment for the recipient have not processed you will not have services authorized.
		• If a covering Daily Care Service Authorization is found and the Date of Assessment is incorrect, update it and resubmit.
		• If a covering Daily Care Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 admission and MDS assessment.
		  – If the 3618 admission is not processed, determine why the form rejected. Correct the current 3618 admission, or inactivate the rejected 3618 and submit a new 3618 admission.
		  – If the 3618 is processed, determine if there is an associated MDS assessment. If the MDS failed to process, compare the 3618 processed date to the rejection date of the MDS. If the 3618 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI and submit it.
		  – Once the covering 3618 admission and MDS assessment have processed, resubmit the CMWC/DME assessment.
		• If the 3618 admission and MDS assessment both processed but there is no covering Daily Care Service Authorization, contact HHS LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action

PS-3020: This CMWC/DME item cannot be processed because the individual is enrolled with a different provider as of the Therapist's Certification Date. Correct the Therapist's Certification Date or submit the necessary 3618 admission form and/or MDS assessment.	NFSS (CMWC/DME item)	There is a Daily Care Service Authorization for a different provider that covers the CMWC/DME Therapist's Certification Date.
		 • Pull a MESAV and review the Service Authorizations to determine if the recipient has a Daily Care Service Authorization that covers the CMWC/DME Therapist's Certification Date. If the 3618 admission and MDS assessment for the recipient have not processed you will not have services authorized.
		 • If a covering Daily Care Service Authorization is found and the Therapist's Certification Date is incorrect, update it and resubmit.
		 • If a covering Daily Care Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 admission and MDS assessment.
		   – If the 3618 admission is not processed, determine why the form rejected. Correct the current 3618 admission, or inactivate the rejected 3618 and submit a new 3618 admission.
		   – If the 3618 is processed, determine if there is an associated MDS assessment. If the MDS failed to process, compare the 3618 processed date to the rejection date of the MDS. If the 3618 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI and submit it.
		   – Once the covering 3618 admission and MDS assessment have processed, resubmit the CMWC/DME item.
		 • If the 3618 admission and MDS assessment both processed but there is no covering Daily Care Service Authorization, contact HHS LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.

PS-3022: This CMWC/DME item cannot be processed because the individual was not at least 21 years of age as of the Therapist's Certification Date. Correct the Therapist's Certification Date or contact HHS MEPD for assistance correcting the person's Birth Date in their records.	NFSS (CMWC/DME item)	The recipient was not at least 21 years of age as of the Therapist's Certification Date. • If the Birth Date is incorrect on the form, contact the person or their Legally Authorized Representative (LAR) and ask them to contact HHS MEPD to request that the error be corrected in the system. Resubmit the CMWC/DME item after the person or LAR has confirmed that the information has been corrected by HHS.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3044: This therapy assessment cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the Date of Assessment.	NFSS (Therapy Assessment)	• Correct the therapy Date of Assessment or submit the necessary MDS Assessment.
PS-3045: This therapy service must be manually processed by HHSC.	NFSS (Therapy Assessment)	• Email the IDD PASRR Unit: PASRR.Support@hhsc. state.tx.us) for assistance.
PS-3046: This CMWC/ DME assessment cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the CMWC/DME Date of Assessment.	NFSS (CMWC/DME Assessment)	• Correct the CMWC/DME Date of Assessment or submit the necessary MDS assessment.
PS-3047: This CMWC/ DME item cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the Therapist's Certification Date.	NFSS (CMWC/DME Item)	• Correct the CMWC/DME item Therapist's Certification Date or submit the necessary MDS assessment.

Note: *For Response Codes PS-3044, PS-3046, and PS-3047, contact provider claims services for additional assistance.*

Updates

Updates can be made to certain fields on the PL1 Screening Form, PASRR Evaluation, and NFSS form. The form submitter must submit updates directly on the LTC Online Portal. Only users with appropriate security permissions can submit updates.

Note: *The* **Update Form** *or* **Update** *button will not be displayed in the yellow Form Actions bar or PTID Actions bar on any form that cannot be updated. This includes submission of these forms by a third-party software vendor for your facility. PL1 Screening Forms cannot be submitted by a third-party software vendor.*

PASRR Level 1 Screening and PASRR Evaluation Updates

Generally speaking, submitters of a PL1 for any type of admission can make updates to the demographic information as well as the Discharged/Deceased fields until a PE is initiated from the PL1 and is submitted on the LTC Online Portal. After the PE is submitted on the LTC Online Portal, the PL1 submitter can update the Discharged/Deceased fields only.

Even though an LA must submit a PL1 with the Preadmission type of admission, an NF can update the Discharged/Deceased fields on the PL1 after a PE is submitted on the LTC Online Portal when the following conditions are met:

- The NF certifies on the PL1 that they are able to serve the person if the PE is positive.

- The NF indicates on the PL1 that they have admitted the person if the PE is positive and the NF certified that they are able to serve the person.

For people who are deceased or discharged, the PL1 can be updated at any time, even after a PE has been submitted. This update will change the status of the PL1 to **PL1 Inactive.** No parent/child form is created when an update to a PL1 is submitted. The History trail shows the fields that have been updated by listing the new and previous values.

If incorrect data is submitted on the PL1 or PE, updates can be made by clicking the **Update Form** button on the yellow Form Actions bar.

Fields Available for Updating

The following fields on the PASRR Level 1 Screening can be updated. After updating, you must click the **Submit Form** button to save the changes you have made. Updates to the person's demographic information do not change the PL1 status. However, when updating fields B0650 (Individual is deceased or has been discharged?) and B0655 (Deceased/Discharge Date) on the PL1 Screening Form, the status of the PL1 Screening Form does change. By updating these fields, the PL1 will be set to status **PL1 Inactive**. Fields B0650 and B0655 are the only PL1 updated fields with this effect.

PASRR Level 1 Screening			
Field No. and Name	**Field No. and Name**	**Field No. and Name**	**Field No. and Name**
A0600. Date of Assessment	B0400. Birth Date	B0700E. State	B0800F. Suffix
B0100A. First Name	B0600. Gender	B0700F. ZIP Code	B0800G. Phone Number
B0100B. Middle Initial	B0650. Individual is deceased or has been discharged?	B0700G. County of Residence	B0800H. Street Address
B0100C. Last Name	B0655. Deceased/ Discharge Date	B0800A. Relationship to Individual	B0800I. City
B0100D. Suffix	B0700A. Previous Residence Type	B0800B. Other Relationship to Individual	B0800J. State
B0200A. Social Security No.	B0700B. Other Residence Type	B0800C. First Name	B0800K. ZIP Code
B0200B. Medicare No.	B0700C. Street Address	B0800D. Middle Initial	
B0300. Medicaid No.	B0700D. City	B0800E. Last Name	

The following fields on the PE can be updated unless one of the MI/IDD Completion PTIDs is either in a status of *SAS Request Pending* or *Submit to SAS* or has been set to a finalized status such as *Invalid/Complete*, *Processed/Complete,* or *PCS Processed/Complete* anywhere in the PASRR Transaction ID (PTID) History. They also cannot be updated if the form status is *Form Inactivated*. Because NFs do not have write access to the PE, the NF will need to contact the LA and ask them to make these updates.

Fields updated on the PE are also automatically updated in the corresponding PL1. The ability to update some fields is based on security permissions. Other fields may also be unavailable based on Vendor/Provider Number combination.

PASRR Evaluation	
Field No. and Name	**Field No. and Name**
A2400A. First Name	A2500B. Medicare No.
A2400B. Middle Initial	A2600. Medicaid No.
A2400C. Last Name	A2700. Birth Date
A2500A. Social Security No.	A1700. Date of MI Assessment / A1000. Date of IDD Assessment (as long as the PASRR Evaluation is available)

The PL1 Screening Form cannot be updated if the status is set to *Form Inactivated* or *PL1 Inactive*. Additionally, a positive Preadmission PL1 cannot be updated by the NF for death/

discharge if the status is set to **_NF Placement Process Exhausted_**. The NF will need to ask the LA that submitted the PL1 to update death/discharge. To avoid this issue, the admitting NF must enter an NF Date of Entry in Section D after certifying that they can serve the person.

Updates to a PL1 will not occur when the LA changes a person's information while initiating a PE from the PL1 (the PL1 must be updated before the PE is initiated; otherwise, the two forms will be incorrectly sequenced, and the PL1 will not be able to be updated).

Making Updates to the PASRR Level 1 Screening or PASRR Evaluation

1) Log in to the LTC Online Portal.

2) Click the **Search** link in the blue navigational bar.

3) Choose **Form Status Inquiry** from the drop-down menu.

4) Search for the PL1 Screening Form or PASRR Evaluation using the person's SSN, Medicaid Number, First and Last Name, or DLN and enter a date range for From Date and To Date. The date fields are required.

5) Click the **Search** button.

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

7) Click the **Update Form** button.

8) Complete only the fields needing updates.

9) Click the **Submit Form** button.

A History note, detailing the changed fields, is added to both the PL1 and the PE when the PE is updated. When the PL1 that has no associated PE is updated, a History note is only added to the PL1. When the PL1 that has an associated PE is updated with deceased or discharged, then a History note is added to both the PL1 and PE. When a PE PTID is set to status **_LA Action Required_**, and the LA submits an update, the PTID will be set to status **_Submit to SAS_**, and the PTID will continue to be processed. Updates to a PE when the PTID status is set to **_LA Action Required_** can be made even if the PE form status is set to **_Form Inactivated_**.

NFSS Form Updates

A successfully submitted NFSS form can be updated using the **Update** button. This button will appear on the yellow PTID Action bar in the PTID Authorization section of a successfully submitted NFSS form if the PTID is in one of the following statuses:

- *PTID Submitted*
- *Pending MD/DO License Verification (Only for Service PTIDs)*
- *Pending State Review*
- *Pending Denial*

Making Updates to the NFSS form

1) Log in to the LTC Online Portal.

2) Click the **Search** link in the blue navigational bar.

3) Choose **Form Status Inquiry** from the drop-down menu.

4) Search for the NFSS form using the appropriate Vendor Number.

5) Enter the From Date and To Date in which the NFSS form was submitted. The date fields are required.

6) Enter the DLN, Medicaid Number, SSN, or Last/First Name of the person for which SS needs to be requested.

7) Click the **Search** button.

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

9) The NFSS form will open on the Resident/NF tab.

10) To locate the **Update** button, click on the appropriate tab and scroll to the Authorization section.

11) Click the **Update** button in the PTID Authorization section of the NFSS form.

As previously mentioned, the submitter can make updates to the form fields on the assessment or service tabs until the point that HHSC takes action on the request by changing the status to *Approved* or *Denied*. Once HHSC changes the status, the submitter can make no further updates to the form fields; however, attachments (signature pages, acknowledgment, and receipt certification pages, etc.) can still be uploaded and attached to the specific NFSS form.

12) Complete only the fields needing updates.

13) Click the **Submit Form** button.

Note: *If the update is successfully submitted, the LTC Online Portal will show "Update was successful." If there are errors, they will be displayed in a box at the top of the screen. These errors will need to be resolved before the update will be successfully submitted. Once all errors are resolved, click the* Submit Form *button again to submit the update.*

14) The form remains open after the update was successfully submitted. You may perform other tasks or click on the **Unlock Form** button to close the form.

Inactivations

PASRR Level 1 Screening Inactivations

There is no **Inactivate Form** button on a PL1 Screening Form. If a new PL1 Screening Form is submitted for a person with an existing PL1 Screening Form, the previous PL1 Screening Form and any associated PEs will be inactivated automatically. Upon submission of this new PL1 Screening Form, a message will appear prompting you to confirm inactivation of the previous PL1 Screening Form and associated PE.

Another way to inactivate a PL1 (either before or after the PE is submitted) is to enter a deceased or discharged date. See the PASRR Level 1 Screening Updates instructions in the Updates section of this User Guide.

Note: *If an inactivation is needed for an NFSS form, contact the HHSC PASRR Unit for assistance.*

Reminders

- Provide pertinent information on the forms using the **Add Note** button.

- LTC providers are contractually obligated to follow the instructions provided in HHS Information Letters. The TMHP website at www.tmhp.com/Pages/LTC/ltc_home.aspx contains HHS Information Letters and other important announcements.

- Not all buttons will display on the yellow Form Actions bar for some users because of security levels or status of the PASRR Level 1 Screening, PASRR Evaluation, PCSP form, or NFSS form.

- The PASRR face-to-face evaluation must be performed within 72 hours after receiving a copy of the PL1 from a notification from the LTC Online Portal or by fax if a preadmission.

- The PASRR Evaluation must be successfully submitted on the LTC Online Portal within seven calendar days after receiving notification from the Referring Entity, nursing facility, or LTC Online Portal Alert.

- LIDDAs are required to participate in IDT meetings for IDD positive PEs. LMHAs, and LBHAs are required to attend IDT meetings for MI positive PEs. LIDDAs, LMHAs, and LBHAs are required to attend IDT meetings for dual MI/IDD positive PEs.

- Once the IDT meeting has been documented by the NF, the LA will receive an alert that an IDT confirmation is pending.

- Updates to the PL1 can only be completed by the LIDDA/LMHA/LBHA that submitted the Preadmission PL1. If the NF on the Preadmission PL1 has certified **Able to Serve the Individual** and admitted the person on the PL1, then the NF can update the PL1 for deceased or discharged only.

- When the admission type is Preadmission, the LA must successfully submit the positive Preadmission PASRR Level 1 Screening on the LTC Online Portal upon receipt of the Referring Entity. The receipt of the PL1 also serves as the notification that the PE must be submitted on the LTC Online Portal within seven calendar days.

- Check the LTC Online Portal daily for:

  ○ Alerts.

  ○ PASRR Level 1 Screenings when the status is ***Pending Placement in NF - PE Confirmed*** to coordinate the placement of the person by checking for an NF certifying they are able to serve the person.

  ○ The PTID Status on the PASRR Evaluations Authorization tab and the NFSS Authorization section to ensure it has successfully processed to allow for payment.

  ○ Alerts and PTID History notes from NFSS reviewers in which the NF must take action.

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.

Preventing Medicaid Waste, Abuse, and Fraud

Medicaid fraud: "An intentional deceit or misrepresentation made by a person 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 through the following website: https://oig.hhsc.texas.gov/report-fraud. 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 OIG.

If you are not sure if an action is waste, abuse, or fraud of Texas Medicaid, report it to OIG and let the investigators decide. If you are uncomfortable about submitting a report online, there is a telephone number for Recipient Fraud and Abuse reporting **800-436-6184**.

Resource Information

Types of Calls to Refer to TMHP

Call TMHP at **800-626-4117**, Option 1, about the following:

- NF forms completion – including PASRR Level 1 Screening Form, PCSP, and NFSS form.

- LA forms completion – including PASRR Level 1 Screening Form, PE, and PCSP.

- Rejection codes on the forms and PTIDs.

- Management of the ***Provider Action Required*** status.

- If the Medicaid, Social Security, or Medicare number and the name match the person's Medicaid ID card and the form is set to status ***ID Invalid***, call TMHP to see what their options are regarding form resubmittal.

- PASRR Level 1 Screening Form, PE, PCSP, and NFSS form submission error messages, and the NFSS PTID and PE PTID error messages.

- PASRR Level 1 Screening Form, PASRR Evaluation, PCSP, and NFSS status questions.

Call TMHP at **800-626-4117**, Option 2, about the following:

- MN Determination on PE.

Call TMHP at **800-626-4117**, Option 3, about the following:

- TMHP LTC Online Portal and TexMedConnect account setup.

Types of Emails to Refer to HHS PASRR Unit

Email PASRR.Support@hhsc.state.tx.us about the following:

- Assistance or cooperation from an RE, NF, LIDDA, or LMHA/LBHA.

- Assistance with locating information to complete and submit the PL1, PE, PCSP, and NFSS forms.

- Assistance locating forms, people residing in or entering an NF, LIDDAs, LMHA/LBHAs, or additional training resources.

- Policy guidance on PASRR processes, specialized services, and therapist assessments.

- Questions specifically related to MI/ID/DD or related conditions.

For additional learning opportunities, information, and forms: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

Types of Calls to Refer to HHS PCS

Call HHS PCS at **(512) 438-2200, Option 1,** about the following:

- Denials or pending denials of people who have established prior permanent medical necessity, after verifying Medicaid Number, contains a nine-digit numeric rather than + or N.

- Resolution of forms in Manual Workflow (such forms have been rejected by SAS and must be reviewed by HHS PCS).

Types of Calls to Refer to a Local Authority

- For a person at an NF with a PASRR Negative Letter.

- When the NF needs to follow up after an alert was sent to the LA to perform and submit a PE for a Resident Review.

- To invite the LA to participate in the Interdisciplinary Team (IDT) Meeting.

Refer to the following link for a list of LA names and contact information: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/long-term-care/pasrr/pasrr-lmha-lbha-contact_information.pdf

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, MDS not in the LTC Online Portal, LTCMI questions, Claim Forms,
Claim Submission, R&S Report, PL1 Screening Form, and PASRR Evaluation (PE) .... 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 (HHS)..(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/HHS literature .... Option 6

Community Services Contracts Unit Support.. (512) 438-3550

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@hhs.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

Provider Claims Services Hotline..(512) 438-2200

    NF and Hospice (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
    Provider Recoupment and Holds, including torts and trusts and/or annuities .... Option 4
    Home and Community-based Services .... Option 5
    TX Home Living... Option 5
    Rehabilitation Therapy and Specialized Services.. Option 6

Regulatory Services...(512) 438-2625

Health and Human Services (HHS)

HHS Ombudsman Office Medicaid Benefits 877-787-8999

Long-Term Care Ombudsman 800-252-2412

Medicaid Fraud.. 800-436-6184

Rate Analysis Help Line...(512) 730-7404

Resource Utilization Groups (RUGs) Information

    Nurse Specialist (Reconsideration & RUGs) .... (512) 491-2074
    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/Pages/TMHP/TMHP_HIPAA.aspx

- Long-Term Care Division: www.tmhp.com/Pages/LTC/ltc_home.aspx

- NF LTCMI and PASRR information is also available at: www.tmhp.com/Pages/LTC/ltc_home.aspx

- Long-Term Care Provider News Archives: www.tmhp.com/Pages/LTC/LTC_news_archives.aspx

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: https://apps.hhs.texas.gov/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

- ICD-10 Code List: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/icd10-codes.pdf

- Vendor Drug Program: www.txvendordrug.com/downloads/index.asp

Other Resources:

- *LTC User Guide for General Information, Online Portal Basics, and Program Resources*

- Centers for Medicare & Medicaid Services: www.cms.gov

- National Provider Identifier (NPI):

  - To obtain: https://nppes.cms.hhs.gov/NPPES

- Texas Administrative Code: www.sos.state.tx.us/tac/index.shtml

- Texas State RUG Training:
  www.txstate.edu/continuinged/CE-Online/RUG-Training

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

Appendix A: Forms

PASRR Level 1 Screening

The PASRR Level 1 Screening is divided into seven sections labeled A through IDT tab. The PASRR Level 1 Screening form can be found online at: http://www.tmhp.com/Pages/LTC/ltc_forms.aspx

In order for a person to be confirmed as PASRR positive for MI, the Section C tab on the PE must be completed in the following way:

- ○ C0100 must be 0. No
- ○ C0300 must be any option EXCEPT J. None of the above apply
- ○ C0400 must be any option EXCEPT K. None of the above apply
- ○ At least one of the following fields MUST be 1. Yes: C0500, C0600, or C0700

Instructions for the PASRR Level 1 Screening form can be found online at: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

PASRR Evaluation

The PASRR Evaluation is divided into seven sections labeled A through F and an Authorization tab. The PASRR Evaluation can be found online at: http://www.tmhp.com/Pages/LTC/ltc_forms.aspx

Instructions for the PASRR Evaluation can be found online at: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

Nursing Facility Specialized Services (NFSS)

Below is the list of NFSS forms and information that can be found online at: http://www.tmhp.com/Pages/LTC/ltc_forms.aspx.

- **PASRR NF Specialized Service (NFSS) - Authorization Request for CMWC**
- **PASRR NF Specialized Service (NFSS) - Authorization Request for DME**
- **PASRR NF Specialized Service (NFSS) - Authorization Request for Habilitative Therapies**
- **PASRR NF Specialized Service (NFSS) - CMWC/DME Receipt Certification**
- **PASRR NF Specialized Service (NFSS) - CMWC/DME Signature Page**

- **PASRR NF Specialized Service (NFSS) - CMWC Supplier Acknowledgment and Signature Page**

- **PASRR NF Specialized Service (NFSS) - DME Supplier Acknowledgment and Signature Page**

- **PASRR NF Specialized Service (NFSS) - Fax Cover Sheet**

- **PASRR NF Specialized Service (NFSS) - Therapy Signature Page**

Below is the list of NFSS guides and information that can be found online at: https://hhs.texas.gov/ doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

- **PASRR NF Specialized Services (NFSS) – Companion Guide**

- **PASRR NF Specialized Services (NFSS) – Detailed Item-by-Item Guide**

PASRR Comprehensive Service Plan (PCSP) Form

The PCSP form can be found online at: http://www.tmhp.com/Pages/LTC/ltc_forms.aspx

Instructions for the PCSP form can be found online at: https://hhs.texas.gov/ doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions

Appendix B: Specialized Services Array (for Reference by Local Authorities)

There are different types of specialized services that can be recommended for a person.

LIDDA Provided/Coordinated Specialized Services Choices:

1) Service Coordination (SC) (Default value, automatically added by the LTC Online Portal and not selectable by the user)

2) Alternate Placement Assistance (Default value, automatically added by the LTC Online Portal and not selectable by the user)

3) Employment Assistance

4) Supported Employment

5) Day Habilitation

6) Independent Living Skills Training

7) Behavioral Support

Nursing Facility Provided/Coordinated Specialized Services Choices:

1) Specialized Habilitative Physical Therapy (PT)

2) Specialized Habilitative Occupational Therapy (OT)

3) Specialized Habilitative Speech Therapy (ST)

4) Customized Manual Wheelchair (CMWC)

5) Durable Medical Equipment (DME)

   ○ a gait trainer;

   ○ a standing board;

   ○ a special needs car seat or travel restraint;

   ○ a specialized or treated pressure-reducing support surface mattress;

   ○ a positioning wedge;

   ○ a prosthetic device; and

   ○ an orthotic device.

Auto Population of Specialized Services (PE fields B0500 and B0600)

Field Name	Auto Populates
B0400A. Self-monitoring of nutritional support	PE B0500 8. Independent Living Skills Training
B0400B. Self-monitoring and coordinating medical treatments	PE B0500 8. Independent Living Skills Training
B0400C. Self-help with ADLs such as toileting, grooming, dressing and eating	PE B0600 2. Specialized Occupational Therapy (OT)
B0400D. Sensorimotor development with ambulation, positioning, transferring, or hand eye coordination to the extent that a prosthetic, orthotic, corrective or mechanical support devices could improve independent functioning	PE B0600 1. Specialized Physical Therapy (PT) PE B0600 2. Specialized Occupational Therapy (OT) PE B0600 5. Durable Medical Equipment (DME)
B0400E. Social development to include social/recreational activities or relationships with others	PE B0500 8. Independent Living Skills Training PE B0500 9. Behavioral Support
B0400F. Academic/educational development, including functional learning skills	PE B0500 8. Independent Living Skills Training
B0400G. Expressing interests, emotions, making judgments, or making independent decisions	PE B0500 8. Independent Living Skills Training
B0400H. Independent living skills such as cleaning, shopping in the community, money management, laundry, accessibility within the community	PE B0500 8. Independent Living Skills Training
B0400I. Vocational development, including current vocational skills	PE B0500 5. Employment Assistance PE B0500 6. Supported Employment PE B0500 7. Day Habilitation
B0400J. Additional adaptive medical equipment or adaptive aids to improve independent functioning	PE B0600 5. Durable Medical Equipment (DME)
B0400K. Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal)	PE B0600 3. Specialized Speech Therapy (ST)

Mental Health Recommended Services Provided/Coordinated by LMHA/LBHA:

1) Group Skills Training

2) Individual Skills Training

3) Intensive Case Management (This service is also subject to the <180 day stay requirement)

4) Medication Training & Support Services (Group)

5) Medication Training & Support Services (Individual)

6) Medication Training Group

7) Medication Training Individual

8) Psychiatric Diagnostic Interview Examination

9) Psychosocial Rehabilitative Services (Group)

10) Psychosocial Rehabilitative Services (Individual)

11) Routine Case Management (This service is also subject to the <180 day stay requirement)

12) Skills Training & Development (Group)

13) Skills Training & Development (Individual)

Appendix C: Resident Review Triggers

Trigger	Action
MDS Significant Change in Status Assessment (SCSA) is submitted.	• If the change in condition indicated on the MDS during the MDS LTCMI submission affects PASRR eligibility, then perform face-to-face Interview with resident within 72 hours of notification. • Complete and submit a new PASRR Evaluation within seven days of notification.
Individual was admitted under Expedited Admission and the Expedited Admission timer has expired (see Appendix F).	• Perform face-to-face Interview with resident within 72 hours of notification. • Complete and submit a new PASRR Evaluation within seven days of notification.
Individual was admitted under Exempted Hospital Discharge and the resident has stayed more than 30 days.	• Perform face-to-face Interview with resident within 72 hours of notification. • Complete and submit a new PASRR Evaluation within seven days of notification.
Nursing facility or HHS requests a review.	• Perform face-to-face Interview with resident within 72 hours of notification. • Complete and submit a new PASRR Evaluation within seven days of notification.
When an MDS is submitted for a resident who is newly identified as Medicaid eligible.	• Review and, if necessary, revise the recommended specialized services for the person.

Appendix D: Timers

Description	Length
Exempted Hospital Discharge exceeds 30 days	PASRR Evaluation performed 30 days from nursing facility admission date.
Expedited Admission - Category 4 or 5	PASRR Evaluation performed seven days from nursing facility admission date.
Expedited Admission - Category 1, 2, or 3	PASRR Evaluation must be performed within 72 hours notification by nursing facility or LTC On-line Portal Alert. Must be successfully submitted within seven calendar days from date of notification.
Expedited Admission - Category 6	PASRR Evaluation must be performed 14 days from nursing facility admission date.
PASRR Evaluation	Face-to-face contact initiated within 72 hours of notification by the Referring Entity, nursing facility or LTC Online Portal Alert. Must be successfully submitted within seven calendar days of the notification.
NF Placement Process Exhausted (PL1 Form Status)	90 days have passed since the PE was submitted and where none of the nursing facilities on Section D have certified that they are able to serve and admit the person on the PL1 or there are 15 nursing facilities in this section.
MI Check Inactive (NFSS Form Status)	If Medicaid ID Check is unable to validate after 30 days, form moves into this status. This is a final status for the NFSS form.
ME Check Inactive (NFSS Form Status)	If Medicaid ID Check is unable to validate after 30 days, form moves into this status. This is a final status for the NFSS form.
AI Check Inactive (NFSS Form Status)	If Medicaid ID Check is unable to validate after 30 days, form moves into this status. This is a final status for the NFSS form.
Denied (NFSS PTID Status)	PTID will move from **Pending Denial** to **Denied** if no action is taken within 14 days for DME/CMWCs or within 7 days for therapies. The PASRR Unit can also deny an NFSS request immediately if they determine that it can't be approved later.
Item Not Received (NFSS PTID Status)	When NFSS PTID is in this status, the following note will appear in the PTID History: "365 days have elapsed since the DME or CMWC was approved. The item was not certified by the Nursing Facility."

Description	Length
FH Expired (NFSS PTID Status)	When NFSS PTID is in this status, the following note will appear in the PTID History: "90 days have elapsed since the request was Denied."

Appendix E: Letters

Approval for MN on PE Letter

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP A STATE MEDICAID CONTRACTOR

Long Term Care Unit
P.O. Box 200765
Austin, TX 78720
1-800-727-5436

«prntdate»

«rfname» «rlname»   **DLN: «DLN»**
«relfname» «rellname»
«relstreet»
«relcity», «relstate» «relzip»

Dear **«recvfname» «recvlname»**,

This letter is to notify you that the individual identified above has been approved for medical necessity and admission to a nursing facility as a result of a Preadmission Screening and Resident Review (PASRR) Evaluation.

The PASRR Evaluation identified strengths and weaknesses with which you may need assistance.

Below are the Recommended Specialized Services indicated on the Preadmission Screening and Resident Review evaluation:
«Eval1fname» «Eval1lname»
«Eval1title»
«Eval1date»

«Recommended SS (LA MI)»

«Eval2fname» «Eval2lname»
«Eval2title»
«Eval2date»

«Recommended SS (LA IDD)»
«Recommended SS (NF IDD)»

Additionally, the PASRR Evaluation indicated that your needs could also be met in one or more of the following settings:
«Needs Can Be Met In»

If you have any questions, please contact the evaluator(s) at **«Eval1phone»**.

Sincerely,

TMHP
LTC Unit

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

www.tmhp.com

Pending Denial (MN on PE) Letter

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP **A STATE MEDICAID CONTRACTOR**

Long Term Care Unit
P.O. Box 200765
Austin, TX 78720
1-800-727-5436

«prntdate»

«rfname» «rlname»   **DLN: «DLN»**
«relfname» «rellname»
«relstreet»
«relcity», «relstate» «relzip»

Dear **«recvfname» «recvlname»**,

Recently, the individual identified above applied for the Nursing Facility program through the Texas Department of Aging and Disability Services. Texas Medicaid & Healthcare Partnership (TMHP), under contract with the Texas Health and Human Services Commission, determines medical necessity for the Nursing Facility program.

Based on review of the Preadmission Screening and Resident Review (PASRR) Evaluation submitted to TMHP on your behalf, TMHP has determined that you do not need the services of a licensed nurse on a regular basis; therefore, you do not meet medical necessity for the Nursing Facility program. Under PASRR regulations you must require skilled nursing services on a regular basis in order to qualify for admission to a nursing facility.

You have the right to submit more information to support your need for the services of a licensed nurse on a regular basis. If you feel your doctor or a different doctor may have more medical information that supports your need, ask your doctor to send the information to TMHP explaining your medical condition(s) and the nursing services you need related to it. Please have them fax this information directly to TMHP at 1-512-514-4223 within 14 business days from the date of this letter. If we do not receive information that supports the need for a licensed nurse, your case may be denied.

If you have any questions about your medical necessity determination for the Nursing Facility program, please contact Texas Medicaid & Healthcare Partnership (TMHP) at the telephone number listed at the top right.

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

www.tmhp.com

Overturn Approval (MN on PE) Letter

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Long Term Care Unit
P.O. Box 200765
Austin, TX 78720
1-800-727-5436

«prntdate»

«rfname» «rlname»   DLN: «DLN»

«relfname» «rellname»
«relstreet»
«relcity», «relstate» «relzip»

Dear **«recvfname» «recvlname»**,

Texas Medicaid & Healthcare Partnership (TMHP) has reviewed the additional medical information recently submitted on your behalf and has determined that it supports your need for the services of a licensed nurse on a regular basis.

The former notification of pending or final denial for medical necessity has been **overturned** and you have been granted medical necessity for Medicaid reimbursed nursing facility care.

If you have any further questions, please contact TMHP at the telephone number listed above.

Sincerely,

TMHP
LTC Unit

NOTE: **If you requested a Fair Hearing to appeal the former decision to deny medical necessity and you now want to withdraw your request for a hearing, please contact TMHP as soon as possible.**

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

www.tmhp.com

Overturn Denial (MN on PE) Letter

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TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

<div align="right">
Long Term Care Unit
P.O. Box 200765
Austin, TX 78720
1-800-727-5436
</div>

«prntdate»

«rfname» «rlname»   DLN: «DLN»
«relfname» «rellname»
«relstreet»
«relcity», «relstate» «relzip»

Dear «recvfname» «recvlname»,

Texas Medicaid & Healthcare Partnership (TMHP) has reviewed the Preadmission Screening and Resident Review submitted on your behalf and has determined that the services of a licensed nurse are not needed on a regular basis. Therefore, as you were previously notified, you do not meet medical necessity for the Nursing Facility program.

In accordance with 40 Texas Administrative Code, Chapter 19, Subchapter Y, Section 19.2407, Medical Review and Evaluation, if you disagree with this decision, you have the right to ask for a fair hearing.

If you don't ask for the fair hearing within 90 days of the date of this letter, you may lose your right to a fair hearing.

If you ask for a fair hearing within 10 days from the date of this letter, you will continue to receive your benefits at the previous level until a decision is made on the fair hearing.

If you ask for a fair hearing, you will be sent a packet of information letting you know the date, time and location of your hearing. Most fair hearings are held by telephone and either you or another person that you choose may present your case at the hearing.

If you need special accommodations in order to participate in the hearing or if you need a language interpreter, please let us know. To request a Fair Hearing, contact TMHP at 1-800-727-5436 and select option 5, Monday through Friday, 7 AM to 7 PM.

You may represent yourself, have a lawyer, or another person represent you at a Fair Hearing. If you need information about free legal services in your area, call 2-1-1.

If you have any questions, please contact Texas Medicaid & Healthcare Partnership (TMHP) at the telephone number listed at the top right.

Sincerely,

TMHP
LTC Unit

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint by writing immediately to the Civil Rights Office, Texas Health and Human Services Commission, 701 West 51st Street, Suite 104W, Austin, TX 78751.

<div align="center">www.tmhp.com</div>

</div>

NFSS Approval Letter

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP
A STATE MEDICAID CONTRACTOR

HHSC IDD PASRR Unit
Mail Code: ▓▓ ▓▓
P.O. Box ▓▓▓▓

May 13, 2020

▓▓▓▓▓ ▓▓▓▓▓ ▓▓▓▓▓▓▓▓
▓▓▓▓ ▓▓▓▓▓▓▓▓▓ ▓▓▓▓
▓▓▓▓▓, ▓▓ ▓▓▓▓▓

Dear ▓▓▓▓▓ ▓▓▓▓▓ ▓▓▓▓▓▓▓▓ :

▓▓▓▓ ▓▓▓▓▓▓▓▓ sent us a request for Preadmission Screening and Resident Review (PASRR)-specialized services. The request was made because you have an intellectual or developmental disability (IDD) or a mental illness and IDD diagnosis.

The following services or items have been **approved**:

> • Occupational Therapy

The status of all requested services is at the end of this letter. If you have any questions about this letter, please contact ▓▓▓▓▓▓▓▓▓▓▓▓ Refer to this letter with the Document Locator Number (DLN) ▓▓▓▓▓▓▓▓▓▓ .

Resident Name: ▓▓▓▓▓ ▓▓▓▓▓ ▓▓▓▓▓▓▓▓   DLN: ▓▓▓▓▓▓▓▓▓▓

Nursing Facility: ▓▓▓▓▓ ▓▓▓▓▓

Requested Service	Status	Status Date	Comment/Reason
Occupational Therapy	Complete	05/13/2020	No Action Necessary
Physical Therapy	Pending Denial	05/12/2020	We need more information to approve your request. Your nursing facility must submit the information by 05/19/2020. If we don't get the information by 05/19/2020, the request will be denied.
Speech Therapy	Denied	05/12/2020	Will wait to start ST service when the person gets the oral equipment installed.

www.tmhp.com   L00154

NFSS Denial Letter

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP **A STATE MEDICAID CONTRACTOR**

HHSC IDD PASRR Unit
Mail Code: W-356
P.O. Box 149030
Austin, Texas 78714-9030
1-855-435-7180

February 19, 2020

FirstName LastName
1234 Any St
Any Town, TX XXXXX0000

Dear FirstName LastName:

Nursing Facility Name sent us a request for Preadmission Screening and Resident Review (PASRR)-specialized services. The request was made because you have an intellectual or developmental disability (IDD) or a mental illness and IDD diagnosis.

The following service or items have been denied. The reason for denial is listed below:

• Speech Therapy

Reason for Denial: We needed more information to review your request. We didn't receive the information by the deadline.

You have 90 days from 02/19/2020 to ask for a fair hearing. If you do not ask for a fair hearing within 90 days of 02/19/2020, you may lose your right to a fair hearing.

To request a fair hearing, send a written request to:

Health and Human Services Commission
IDD PASRR Unit: Fair Hearing Requests
Mail Code: W-356
P.O. Box 149030
Austin, Texas 78714-9030

You can ask your Local Intellectual or Developmental Disability Authority (LIDDA) service coordinator for help with your fair hearing request.

The status of all requested services is at the end of this letter. If you have any questions about this letter, please contact Nursing Facility Name. Refer to this letter with the Document Locator Number (DLN) XXXXXXXXXXXX.

Resident Name: FirstName LastName   DLN: XXXXXXXXXXXX
Nursing Facility: Nursing Facility Name

Requested Service	Status	Status Date	Comment/Reason
Occupational Therapy	Denied	02/19/2020	We needed more information to review your request. We didn't receive the information by the deadline.
Physical Therapy	Denied	02/19/2020	We needed more information to review your request. We didn't receive the information by the deadline.
Speech Therapy	Denied	02/19/2020	We needed more information to review your request. We didn't receive the information by the deadline.

PASRR Evaluation – PASRR Negative Letter

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP
A STATE MEDICAID CONTRACTOR

HHSC IDD PASRR Unit
Mail Code: ████
P.O. Box ████
Austin, Texas ████
████

April 12, 2020

████
████

FORT WORTH, TX ████

Dear ████:

████ sent us a request for Preadmission Screening and Resident Review (PASRR)-specialized services. The request was made because you have an intellectual or developmental disability (IDD) or a mental illness and IDD diagnosis.

The following service or items have been denied. The reason for denial is listed below:

• Occupational Therapy

Reason for Denial: HHSC has not established Medicaid eligibility at this time in accordance with 40 Texas Administrative Code §19.1303 and 1 TAC 358.105.

The status of all requested services is at the end of this letter. If you have any questions about this letter, please contact ████. Refer to this letter with the Document Locator Number (DLN) ████.

Resident Name: ████   DLN: ████

Nursing Facility: ████

Requested Service	Status	Status Date	Comment/Reason
Occupational Therapy	Denied	04/12/2020	HHSC has not established Medicaid eligibility at this time in accordance with 40 Texas Administrative Code §19.1303 and 1 TAC 358.105.

www.tmhp.com   ████

Appendix F: Terms and Abbreviations

Term/Abbreviation	Description
Alert	An electronic notification generated by the LTC Online Portal either systematically or by a person using the LTC Online Portal.
Appellant	The person requesting a Fair Hearing when Medical Necessity is denied.
Atypical Provider Identifier	A nine-digit number assigned to providers who do not provide medical services.
CMS	Centers for Medicare & Medicaid Services
Contact	Telephone, email, or verbal communication between the Referring Entity, nursing facility, and the Local Authority.
Coordinate	The act of organizing and working together with the Referring Entity, nursing facility, and Local Authority to arrange a suitable placement for the person receiving services.
CSHCN	Children with Special Health Care Needs (Services Program)
Developmental Disability (DD)	A disability characterized by significant limitations in adaptive behavior, which covers many everyday social and practical skills that manifested before the age of 22. For the purposes of the PASRR program, also includes persons with related conditions as defined in Title 40 of the Texas Administrative Code.
DLN	Document Locator Number - a unique number assigned to each document which is successfully submitted on the LTC Online Portal.
DSHS	Department of State Health Services
EDI	Electronic Data Interchange
Exempted Hospital Discharge	An admission when a physician has certified that a person who is suspected of having Mental Illness (MI), Intellectual Disability (ID), and/or Developmental Disability (DD) is likely to require less than 30 days of nursing facility services for the condition for which the person was hospitalized.
Expedited Admission	An admission of a person who is suspected of having MI, ID, and/or DD and meets the criteria for any of the seven Expedited Categories. 1) Convalescent Care 2) Terminal Illness 3) Severe Physical Illness 4) Delirium 5) Emergency Protective Services 6) Respite 7) Coma

Term/Abbreviation	Description
Fair Hearing	A fair hearing is an informal, orderly, and readily available proceeding held before an impartial health and human services enterprise hearing officer that can be requested by the person who was denied MN, the person's responsible party, or in the case of no responsible party, the Local Authority.
FSI	Form Status Inquiry
HHS/HHSC	Texas Health and Human Services/Texas Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
ICF/IID	Intermediate Care Facility/Facilities for individuals with Intellectual Developmental Disabilities.
Intellectual Disability (ID)	Usually a permanent condition originating sometime between birth and age 18. The person's general intellectual functioning is significantly below average, and his or her behavior does not meet the level of personal independence and social responsibility expected of the person's age and culture. This is the preferred term for someone who is mentally retarded.
Intellectual or Developmental Disability (IDD)	This is a person who has a Developmental Disability or an Intellectual Disability. See those definitions for a complete description.
Interdisciplinary Team (IDT)	A designated group, including the person, and their legally authorized representative (if any), health-care professionals from diverse fields that meet within 14 days of the person's admission. These individuals work in a coordinated fashion to identify which of the nursing facility specialized services, IDD specialized services, and MI specialized services recommended that the person, or legally authorized representative on the person's behalf, wants to receive and determine whether the person is best served in a facility or community setting. The NF enters and submits the results of this meeting on the IDT tab of the PL1.
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LIDDA	Local Intellectual & Developmental Disability Authority (formerly Local Authority [LA])
LMHA	Local Mental Health Authority
Local Authority (LA)	Includes the Local Intellectual & Developmental Disability Authority (LIDDA), the Local Mental Health Authority (LMHA), and the Local Behavioral Health Authority (LBHA). The LIDDA and LMHA/LBHA provide an array of services and support for persons with MI or IDD.
LTC	Long-Term Care

Term/Abbreviation	Description
Long-Term Care Medicaid Information (LTCMI)	The LTCMI is the replacement for the federal MDS Section S and contains items for Medicaid state payment. Once your MDS assessments have been transmitted to CMS, TMHP will retrieve all assessments that meet the retrieval criteria and assign a DLN. The assessment status will be set to ***Awaiting LTC Medicaid Information.***
LTC Online Portal	Web-based application accessible through TMHP.com and used by nursing facility and Waiver program providers to submit forms, assessments, screenings, and evaluations to TMHP and manage the service authorization process.
MCO	Managed care organization is a state-contracted entity that has been given delegated authority to provide acute and long-term services to support enrolled managed care members.
MDS	Minimum Data Set is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all people in a Medicare or Medicaid certified LTC facility. The MDS contains items that measure physical, psychological, and psychosocial functioning.
ME	Medicaid Eligibility
Mental Illness (MI)	A significant mental disorder resulting in functional limitations in major life activities within the past three to six months that would be appropriate for the person's developmental stage. Within the past two years, the disorder has required psychiatric treatment more than one time and more intensive than outpatient care or has experienced a significant disruption to the normal living situation. Does not include people with a primary diagnosis of dementia.
MESAV	Medicaid Eligibility Service Authorization Verification
MN	Medical Necessity – A determination made by TMHP based on the PASRR Evaluation and MDS Assessment data that a person qualifies for licensed nursing care in an institutional setting.
NF	Nursing Facility
NFSS	Authorization Request for PASRR Nursing Facility Specialized Services
Notify	Telephone, email, verbal communication, or LTC Online Portal Alert
NPI	National Provider Identifier Number
PASRR	Preadmission Screening and Resident Review
PASRR Evaluation (PE)	The tool used to document whether the person is confirmed to have MI, ID, or DD. The PASRR Evaluation is also referred to as a PE.
PASRR Level 1 Screening (PL1)	The tool used to document whether there is evidence, indication, or suspicion that the person has MI, ID, and/or DD. This tool is inclusive of an optional form for suspicion or indication of Expedited Admission. The PASRR Level 1 Screening is also referred to as a PL1.

Term/Abbreviation	Description
PASRR Negative	A person for whom a nursing facility or Referring Entity has indicated or suspects no MI or IDD on the PASRR Level 1 Screening, or a person for whom a Local Authority has confirmed a negative determination of MI and/or IDD on the PASRR Evaluation.
PASRR Positive	A person for whom a nursing facility or Referring Entity has indicated Mental Illness or IDD is suspected on the PASRR Level 1 Screening, or a person for whom an LA has indicated a positive determination of Mental Illness and IDD on the PASRR Evaluation.
PCS	Provider Claims Services (workflow)
PCSP	PASRR Comprehensive Service Plan - This form combines and replaces the IDT Tab on the PL1 Screening Form, and the PSS Form, and it clarifies the specialized services identification process.
PTID	PASRR Transaction Identifier
Perform	Appear in person to screen or evaluate the person and fill out all fields on a blank hardcopy version of the PASRR Level 1 Screening or PASRR Evaluation.
Person	A recipient of Medicaid services.
Permanent Medical Necessity (PMN)	A person's permanent medical necessity (PMN) status is established on the completion date of any MDS assessment approved for MN no less than 184 calendar days after the person's admission to the Texas Medicaid Nursing Facility Program.
Preadmission	An admission when the PASRR Level 1 Screening does not indicate an Expedited Admission, Exempted Hospital Discharge, or Negative PASRR Eligibility.
Processing	Movement of data towards a known goal or end result, by passing it through a series of stages or a sequence of actions by a computer.
PSS	PASRR Specialized Services - This form was replaced by the PCSP.
Referring Entity (RE)	An entity such as a hospital discharge planner, physician's office, LAR, family member, or ICF, that refers the person for nursing facility admission.
SAS	Service Authorization System
SPT	Service Planning Team
SSN	Social Security number
Submit	To enter information from a PL1, PE, or NFSS form on the LTC Online Portal using a computer with access to the LTC Online Portal.
Submitter	The entity who clicks the **Submit Form** button on the PL1, PE, or NFSS form during the original creation and submission of the applicable form.
TAC	Texas Administrative Code

Term/Abbreviation	Description
TMC	TexMedConnect (online claims submission portal/application)
TMHP	Texas Medicaid & Healthcare Partnership
Workflow	Common term in LTC referring to a unique process to complete screenings and evaluations.
www.tmhp.com	TMHP's website; TMHP web-based applications (e.g. , LTC Online Portal, LTC TexMedConnect) can be found at www.tmhp.com.

Appendix G: Form and PTID Statuses

The form and PASRR Transaction Identifier (PTID) status of a PASRR Level 1 Screening or the PASRR Evaluation is shown within the FSI or Current Activity results. Once a specific document is selected, the status can be located at the top of the page or at the bottom of the document in the History trail, and on the Authorization tab of the PASRR Evaluation.

The table below shows the PTID statuses broken out by PASRR Level 1 Screening, PASRR Evaluation, and NFSS form.

PASRR Level 1 Screening Statuses	
Status	Description
Awaiting PE	A PL1 Screening Form has been submitted, but the PE for this person has not been submitted yet.
Comatose - Awaiting Change in Condition	The PASRR Level 1 Screening has been submitted and the person is in a coma. If the person's condition changes, the Local Authority will be notified to complete a PASRR Evaluation.
Form Inactivated	The status of a previous PASRR Level 1 Screening when a new PASRR Level 1 Screening is successfully submitted.
Form Submitted	The PASRR Level 1 has been successfully submitted to the LTC Online Portal. This is a transitional status that will only be found in the History section. This status can not be searched using FSI.
Individual Chose Alternate Setting	The person has chosen to live in an Alternate Setting and will not be admitted to a nursing facility.
Individual Placed in NF - PE Confirmed	The person has been admitted to a nursing facility and a PASRR Evaluation has been successfully submitted for the person.
Individual Placed in NF	The person has been admitted to a nursing facility. This is a converted PL1 which was created from information based on an MDS that indicated potential positive PASRR eligibility after the PASRR project was deployed in May 2013.
Individual Placed in NF - Exempted Hospital Discharge	The person has been admitted to the nursing facility as an Exempted Hospital discharge. The PASRR Level 1 Screening has been submitted on the LTC Online Portal by the nursing facility. The PASRR Evaluation has not been submitted by the LA yet.
Individual Placed in NF - Expedited Admission	The person has been admitted to a nursing facility as an Expedited Admission. The PASRR Level 1 Screening has been submitted on the LTC Online Portal by the nursing facility. The PASRR Evaluation has not been submitted by the LA yet.
Negative PASRR Eligibility	The PASRR Level 1 Screening submitted on the LTC Online Portal has determined the person is PASRR Negative.

PASRR Level 1 Screening Statuses	
NF Placement Process Exhausted	This occurs on a PL1 Screening Form when a person has not been placed in an NF or alternate setting within 90 days of the associated submitted PE.
Pending Placement	The person has not been placed in an NF yet. On the PL1 Screening Form NF Choices section, no NF has indicated Admitted To, nor has the person been placed in an alternate setting.
Pending Placement in NF - PE Confirmed	If the PE is positive for PASRR eligibility, the NF must view the PE, and certify ability to serve the person by clicking on the **Able to Serve the Individual** or **Unable to Serve the Individual** button on the PL1. The admitting NF must also enter the date they admitted the person by clicking on the **Admitted to NF** button and completing the required information. *Individual Placed in NF - PE Confirmed* - The person has been admitted to a nursing facility and a PE has been successfully submitted for the person. If the PE is positive for PASRR eligibility, the NF must certify **Able to Serve the Individual** or **Unable to Serve the Individual** on the PL1. Refer to the *Certification of the NF's Ability to Serve the Individual* section of this User Guide for instructions.

PASRR Level 1 Screening Statuses	
Status	Description
PL1 Inactive	The LTC Online Portal has inactivated the PASRR Level 1 Screening due to a resident being discharged or deceased. The PASRR Level 1 Screening can no longer be updated. If there is an associated PE, then the PE status was moved to *Form Inactivated*.

PASRR Evaluation Statuses	
Status	Description
Appealed	• *Appealed Doctor Review* – Additional information has been submitted after the PASRR Evaluation has had a Fair Hearing requested and is currently being reviewed by a TMHP physician. • *FH Doctor Appeal Denied* – Additional information has been submitted after the PASRR Evaluation has been MN Denied and a TMHP physician has determined the additional information still does not support MN. • *Pending Fair Hearing* – Fair Hearing has been requested by the resident/NF.
Approved	The information submitted on the PASRR Evaluation meets the criteria to approve MN.

PASRR Evaluation Statuses	
Status	Description
Denied	• ***Doctor Overturn Denied*** – Additional information has been submitted after the PASRR Evaluation has been placed in a status of ***MN Denied*** and a TMHP physician has determined the additional information still does not support MN. • ***FH Appeal Denied*** – The PASRR Evaluation MN denial has been upheld by the Fair Hearing Officer. • ***MN Denied*** – A TMHP physician has determined the submitted information on the PASRR Evaluation does not meet the criteria to approve MN. The submitter should contact the TMHP nurse line within 14 business days. • ***Overturn Doctor Review Expired*** – The PASRR Evaluation will move into this status if no additional information has been submitted for review within the 14 business days following MN denial.
Form Inactivated	The PASRR evaluation has been inactivated. If an inactive PE has a PTID in ***LA Action Required*** status, the PE can still be updated.
Form Submitted	The PASRR Evaluation has been successfully submitted to the LTC Online Portal. A DLN has been assigned to the PASRR Evaluation and the active PASRR Level 1 Screening has been linked to the PASRR Evaluation. This is a transitional status that will only be found in the History section. This status can not be searched using FSI.
Negative PASRR Eligibility	This status is valid for both the PL1 and PE. The PL1 Screening Form did not indicate that the person has a suspicion of Mental Illness, Intellectual Disability, or Developmental Disability. The PE confirmed that the person does not have Mental Illness, Intellectual Disability, or Development Disability.
Overturned Doctor Review	Positive preadmission evaluation was denied MN and provider supplied more information. The evaluation is pending.
Pending Denial (need more information)	• ***Pending Denial*** – A TMHP nurse was unable to approve MN on the PASRR Evaluation based on the submitted information. The submitter has 21 calendar days to submit clarifying or additional information for further review. This can be done by contacting the TMHP nurse, adding a note to the PASRR Evaluation, or faxing additional information to TMHP. • ***Pending Doctor Review*** – The PASRR Evaluation is currently being reviewed by a TMHP physician to determine if the submitted information meets the criteria for MN determination.

PASRR Evaluation Statuses	
Status	Description
Pending Review	MN determination on the preadmission PE is pending TMHP nurse review because the positive preadmission evaluation was not approved through the automated MN determination process.
Pending Form Completion	The PASRR Evaluation was completed with only one PASRR eligibility consideration (e.g., IDD only) when it was submitted for both PASRR eligibility considerations (e.g., IDD and MI).
Pending PASRR Eligibility	PASRR Evaluation has been successfully submitted and is now pending evaluation of PASRR Eligibility. This is a transitional status that will only be found in the History section. This status can not be searched using FSI.
Positive PASRR Eligibility	The PASRR Evaluation indicates the person meets the requirements for PASRR services and was not initiated from a Preadmission PL1.

PASRR Comprehensive Service Plan Statuses	
Status	Description
Form Completed	The PCSP form has been submitted successfully on the LTC Online Portal. ***Form Completed*** is also a transitional status for the PL1 and the PE when they are successfully submitted on the LTC Online Portal.

PASRR Nursing Facility Specialized Services Statuses	
Status	Description
AI Check Inactive	Applied Income (AI) validation on the NFSS form was attempted nightly for up to 30 days and failed, or the request was canceled. The NF must submit a new NFSS request after Applied Income can be processed successfully.
AI Confirmed	AI is confirmed on an NFSS form.
AI Pending	Applied Income (AI) validation on the NFSS form is pending. Validation attempts occur nightly until AI is found, the request is canceled, or until 30 days have expired, whichever comes first.
ID Confirmed	Medicaid ID is confirmed on the NFSS form.

PASRR Nursing Facility Specialized Services Statuses	
ID Invalid	Medicaid ID validation failed on the NFSS form. The NFSS form cannot be processed until Medicaid ID is corrected. Contact the Medicaid Eligibility Worker to verify the person's name, Social Security number, and Medicaid ID. A new form must be submitted with the corrected information. The name entered must match the name shown on the person's Medicaid ID card.
Incomplete	Indicates an incomplete EDI form submission on an NFSS request. After five days in *Pending Submission* status, the status will be systematically set to *Incomplete* if the X12 275 file has not been received.
ME Check Inactive	Medicaid Eligibility (ME) validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled.
ME Pending	Medicaid eligibility on the NFSS form is pending. Validation attempts occur nightly until eligibility is found, the request is canceled, or until 30 days has expired, whichever comes first.
Med ID Check Inactive	Medicaid ID validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled. Contact the Medicaid Eligibility Worker to verify the person's name, Social Security number, and Medicaid ID.
Medicaid ID Pending	Medicaid ID validation on the NFSS form is pending. Validation attempts occur nightly until deemed valid, invalid, or until 30 days has expired, whichever comes first. This status also applies to private-pay people whose NFSS requests are successfully, but unnecessarily submitted on the LTC Online Portal. If the person never applies for Medicaid, the status will be set to *Med ID Check Inactive*.
Pending Submission	Incomplete EDI submission of an NFSS form – awaiting submission of Form X12 275 (Additional Information to Support a Health Care Services Review) up to five calendar days to complete form submission on the LTC Online Portal.

The PTID Statuses for the PE are located on the PASRR Evaluation Authorization tab, with the PTID Transaction Statuses shown in the PTID Status column (H0100B and H0200B). The IDD PTID Status and the MI PTID Status are shown separately. For the NFSS, the PTID and the associated Status are located in the A. PTID and B. Status fields of the Authorization tab on the individual service tabs.

PTID Transaction Statuses	
Status	Description
Approved (NFSS Only)	PTID is Approved by HHS PASRR Reviewer.
Coach Pending More Info	PCS is waiting for additional information from the Provider.

PTID Transaction Statuses

Status	Description
Coach Review	PTID is under review by a PCS Coach.
Documented / Complete (NFSS Only)	Assessment PTID has successfully completed processing.
Denial Overturned (NFSS Only)	Denial of the PTID has been overturned or PTID is approved at Fair Hearing.
Denial Upheld (NFSS Only)	Denial of the PTID has been upheld or PTID is Denied at Fair Hearing.
Denied (NFSS Only)	PTID has been denied by HHS PASRR Reviewer.
Denied No FH (NFSS Only)	Request for specialized services on the NFSS form did not pass the form validations; therefore, it did not reach the NFSS Reviewer's workflow. The person or the LAR have the option of requesting a fair hearing on the validation that failed, e.g., Medicaid eligibility.
FH Expired (NFSS Only)	Time period for requesting a Fair Hearing has expired.
Inactivated (NFSS Only)	PTID is Inactivated by HHS PASRR Reviewer.
Invalid / Complete	HHS processing deemed this PASRR Evaluation invalid. See the History trail for details. For NFSS this means PTID is marked Invalid for processing.
Item Not Received (NFSS Only)	CMWC or DME item has not been certified by an NF in 365 days.
Item Transferred (NFSS Only)	Requested CMWC or DME Item has been transferred to another nursing facility.
LA Action Required (PE Only)	The Local Authority should open the PASRR Evaluation and read the information in the PTID MI or IDD History to determine the correct action. See the table below for PTID status messages and the action which should be taken.
Out of State MD/DO License Invalid (NFSS Only)	Out of State MD/DO License is confirmed to be invalid.
Out of State MD/DO License Valid (NFSS Only)	Out of State MD/DO License is confirmed to be valid.
Out of State Therapist License Invalid (NFSS Only)	Therapist on the PTID is not licensed in Texas.
PCS Documented / Complete (NFSS Only)	PCS has successfully completed processing the Assessment PTID.
PCS Processed / Complete	PTID has been successfully processed by PCS.
Pending Denial (NFSS Only)	PTID is pending additional information for approval.

PTID Transaction Statuses	
Status	Description
Pending Fair Hearing (NFSS Only)	Fair Hearing has been requested by the person/NF.
Pending MD/DO License Verification (NFSS Only)	MD/DO credentials are pending verification.
Pending More Info	PCS is awaiting additional information from the Provider.
Pending NF Receipt (NFSS Only)	CMWC or DME is pending receipt and certification by the NF.
Pending State Confirmation (NFSS Only)	PTID is pending confirmation by HHS PASRR Reviewer.
Pending State Review (NFSS Only)	PTID is pending review by HHS PASRR Reviewer.
Processed / Complete	PTID has successfully completed processing.
Provider Action Required (NFSS Only)	PTID requires action by the provider.
PTID Submitted (NFSS Only)	NFSS PTID is successfully submitted on the LTC Online Portal.
Recert - Reference Only (NFSS Only)	This status indicates the assessment PTID for a therapy recertification that has completed it's processing.
SAS Request Pending	The NFSS form or PE has passed all validations (Medicaid ID, Medicaid Eligibility, Applied Income, etc.) and will be sent to HHSC for processing.
Submit to SAS	PTID information is **Submitted** to HHSC SAS system.
Submitted to PASRR Unit (NFSS Only)	PTID is Submitted to HHS PASRR Unit for review and completion.
Submitted to PCS	PTID is Submitted to HHS PCS for review and completion.

Appendix H: NFSS Form Submission Validation Rules and Edits

Based on information entered in certain fields and on the sequence in which the form is being submitted, validation, or front-end edits, will occur and may result in an error. The form will not be accepted until all errors are resolved. The system messages will display at the top of the LTC Online Portal submission page. If you do not receive the DLN number-assigned page after clicking the **Submit Form** button, there are errors that need to be resolved. You may need to scroll to the top of the page to see the errors.

NFSS Form Edits

Edit Description		
System Message (Displayed at time of submission)	System Message Clarification	System Message Resolution (Assistance for resolving error)
Valid PL1 Validation.	PL1 from which this form was initiated is no longer valid. Request for Authorization of PASRR NF Specialized Services must be initiated from a valid PL1.	Submitter must validate the PASRR NF Specialized Service form is associated with a valid PL1 form.
Valid PE Validation	PE associated to the PL1 from which this form was initiated no longer reflects the resident as having IDD or IDD/MI. Request for Authorization of PASRR NF Specialized Services must be initiated from a valid PL1 which has a supporting IDD or IDD/MI PE.	Submitter must validate the PASRR NF Specialized Service form is associated with a valid PE form which is ID or DD positive.
IDT Submitted Validation (Warning Only)	IDT not found.	The associated IDT was not found in the database linked to the Initiating PL1. Click **OK** to proceed with form submission or **Cancel** to return to the form. If you proceed with form submission, the system will insert the following internal note in the form History IDT.

Edit Description

System Message (Displayed at time of submission)	System Message Clarification	System Message Resolution (Assistance for resolving error)
IDT Date Validation (Warning Only)	Requests for specialized services must be initiated within 30 calendar days of IDT date per §19.2704.	Click **OK** to proceed with form submission or **Cancel** to return to the form. If you proceed with form submission, the system will insert the following internal and external note in the form History: NFSS Form was submitted more than 30 calendar days of the IDT meeting.
Physician License Validation	Referring Physician's License No. is not valid. Physical Therapy Referring Physician's License No. is not valid. Occupational Therapy Referring Physician's License No. is not valid. Speech Therapy Referring Physician's License No. is not valid.	Submitter must validate Physician Licenses on the PASRR NF Specialized Service form by verifying the License No., Issuance Date, Signature Date, and Expiration date.
NF Contract Validation	NF Provider No. is not valid for the Date of Assessment. NF Contract No. not valid for the Occupational Therapy Date of Assessment. NF Contract No. not valid for the Physical Therapy Date of Assessment. NF Contract No. not valid for the Speech Therapy Date of Assessment.	Submitter must validate the nursing facilities provider number on the PASRR NF Specialized Service form.
Recert Therapy NF Contract Validation	NF Provider No. is not valid for today's date.	Submitter must validate the nursing facilities provider number on the PASRR NF Specialized Service form.

Edit Description

System Message (Displayed at time of submission)	System Message Clarification	System Message Resolution (Assistance for resolving error)
Duplicate Assessment Validations	A previously approved assessment has been identified. Click **OK** to submit or **Cancel** to return to the form. A previously approved Occupational Therapy Assessment for the same Vendor No., Individual, and Date has been identified. Click **OK** to submit or **Cancel** to return to the form. A previously approved Physical Therapy Assessment for the same Vendor No., Individual, and Date has been identified. Click **OK** to submit or **Cancel** to return to the form. A previously approved Speech Therapy Assessment for the same Vendor No., Individual, and Date has been identified. Click **OK** to submit or **Cancel** to return to the form.	Click **OK** to proceed with form submission or **Cancel** to return to the form. Submitter must validate that Duplicate PASRR NF Specialized Service forms are not submitted.
Previous assessment for Recertification request	No previous Assessment for Recert found. No previous Service for Recert found. (Occurs when using the **Populate** button.)	When Recertification is selected for any of the three therapies, the system tries to find a previously submitted form for the same person to populate data. If the system is unable to find a previous form, it displays a pop-up message (for both assessment and service). Click **OK** to proceed with form submission.

Edit Description		
System Message (Displayed at time of submission)	System Message Clarification	System Message Resolution (Assistance for resolving error)
NFSS Form Rejected - No Daily Care	The Daily Care service authorization has not been found.	The provider must submit their Form 3618 and/or MDS/LTCMI information.

Appendix I: PL1, PE, and PCSP Form Submission Validation Errors

If a PL1, PE, or PCSP does not pass form submission validations, the LTC Online Portal will display one or more of the following error messages:

PASRR Level 1 Submission Errors	
Submission Error	Prompts
New PL1's PASRR condition doesn't match previous PE's PASRR condition	The previously submitted PE is positive for <PASRR Condition(s) of Latest PE>. Correct the PL1 to include <PASRR Condition(s) of Latest PE> and re-submit."
Individual Info Validation	Individual's identifying information is not valid. Please review Individual's identifying information for Last Name, SSN and Birth Date.
Submitter Contract Validation Vendors.txt	Submitter Contract number not valid for the PL1 Date of Assessment.
NF Choice Contract Validation	NF Choice Contract number [contract number/vendor number] is not found for the PL1 Date of Assessment.
LA MI Contract Validation	LA - MI Contract No. is not valid for the PL1 Date of Assessment.
LA IDD Contract Validation	LA - MI Contract No. is not valid for the PL1 Date of Assessment.
Nursing Facility Choices Validation	The number of Nursing Facility Choices listed on Section D is not valid. There must only be one Nursing Facility Choice listed on Section D.
Duplicate Validation	This form is a duplicate of a previously submitted form. Please revise and submit.
Cross Demographic Information Validation	This form is a duplicate of a previously submitted form. Please revise and submit.
Inactivate Previous PL1 and PE Validation	Another Active PL1 and Active PE exists for this individual. The PL1 and PE on record will be inactivated if you click **OK** and proceed with this PL1 submission. To Revise and resubmit this PL1, click the **Cancel** button. **OR** Another Active PL1 exists for this client. The PL1 on record will be inactivated if you click **OK** to proceed with this PL1 submission. To revise this PL1, click the **Cancel** button.
LA Contract County Validation	The Section A County is not valid for the Contract No./Vendor No., on the Date of Assessment.
NF PL1 Positive Validation	Nursing Facilities cannot submit a Preadmission PL1 with Positive PASRR Eligibility. Please update the form and resubmit.

PASRR Level 1 Submission Errors	
PASRR Evaluation Submission Errors	
Submission Error	Prompts
Individual Information Validation	Individual identifying information data is not valid. Please review Individual's identifying information Last Name, Birth Date, Social Security No. and submit the PE with the corrected demographic data.
'Submitter Contract' Validation	Submitter Contract number not valid for the PE Date of Assessment.
LA IDD Contract Validation	LA - IDD Contract No. is not valid for the Date of IDD Assessment.
'LA MI Contract' Validation	The LA – MI Contract No. is not valid for the Date of MI Assessment.
'Inactivate Previous PE' Validation	Another Active PE exists for this client. The PE on record will be inactivated if you proceed with this PE submission.
'Duplicate' Validation	This form is a duplicate of a previously submitted form. Please revise and submit.
Invalid Date of Assessment Validation	The submitted date of assessment is earlier than the date of assessment that is currently on file
Invalid Type of Assessment Validation	Another Active PE (Previous PE DLN) exists for this client. Please complete the Previous PE assessment (Previous PE DLN) and select 3. IDD and MI as the Type of Assessment.
Dual Type of Assessment Validation	Section B, IDD Assessment, OR Section C, MI Assessment must be completed. **OR** Section B, IDD Assessment, AND Section C, MI Assessment must be completed.
PL1 and PE Assessment Date Validation	MI and IDD Date of Assessment must be on or after the PL1 Date of Assessment
PE Resident Review Check	A Resident Review cannot be conducted for this individual. The individual no longer resides in this Nursing Facility.
PCSP Submission Errors	
Submission Error	Prompts
Valid Associated PL1 Validation	PL1 associated to the PE from which this form was initiated is no longer valid. PCSP form must be initiated from a PE with a valid PL1. The PASRR process must be started again by submitting a PL1, and associated PE and PCSP if applicable, if the individual is residing at the NF.

PASRR Level 1 Submission Errors

Valid Initiating PE Validation	PE from which this form was initiated is no longer valid. PCSP form must be initiated from a valid PE. If this is a new meeting to be added on an existing PCSP DLN, then a new Initial IDT needs to be submitted before this meeting can be documented on the Portal.
One Initial per PE Validation	An Initial IDT/SPT meeting has already been submitted for this PE.
Annual time from Initial/Annual Validation	11 months have not passed since the individual's last Initial OR Annual IDT/SPT meeting was convened.
LA submission after Initial/Annual for PE Validation	Quarterly/LA Update cannot be submitted as a new PCSP DLN if an Initial/Annual PCSP DLN is already present for the PE. Please use the 'Add Meeting' functionality on the existing Initial/Annual PCSP DLN to submit this meeting information.
NF Info matches Associated PL1 Validation	The NF information on the PCSP does not match the NF on the PL1.
Individual info Validation	Individual's identifying information is not valid. Please review Individual's identifying information for Last Name, SSN and Birth Date.
NF Contract Validation	NF Provider No. is not valid for the Date of Meeting.
LA - MI Contract Validation	LA - MI Provider No. is not valid for the Date of Meeting.
LA - DD Contract Validation	LA - IDD Provider No. is not valid for the Date of Meeting.
Meeting Date Sequencing on PCSP	Another IDT/SPT meeting with a date on or later than this IDT/SPT meeting already exists.
Required participant Validation	NF-RN, Individual and/or LAR, LA - IDD (if individual is positive for ID and/or DD) and LA - MI (if individual is positive for MI) are required to be entered as a Participant Type. NF, Individual and/or LAR, LA - IDD (if individual is positive for ID and/or DD) and LA - MI (if individual is positive for MI) are required to be entered as a Participant Type. LA - IDD (if individual is positive for ID and/or DD) and LA - MI (if individual is positive for MI) are required to be entered as a Participant Type.
Date Validation of PCSP with PE	IDT/SPT meeting date cannot be earlier than the PE Assessment Date.
365 day check from Initial/Annual Validation	This Quarterly or LA Update meeting must be added to the next Annual IDT/SPT meeting.

PASRR Level 1 Submission Errors	
Valid Meeting Type Validation	Due to a system error, the meeting type entered in field A0700 was changed. Please enter the meeting information again by reopening the applicable PE DLN or PCSP DLN from FSI, and do not use the back arrow button on the IE web browser session during the meeting entry in order to avoid additional errors.
Medicaid Eligibility Validation	Medicaid Eligibility found for the person for the Date of Meeting or later. Medicaid Eligibility not found for the person for the Date of Meeting or later. Medicaid Eligibility is unable to be determined. The user has the option to continue submission of this form.

Appendix J: Completion Transaction Processing Errors

The PTID Messages and Suggested Actions table provides information about the PTID Messages you will see in the PTID History for MI and IDD.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action

PS-0001: This authorization request cannot be processed because the submitted Medicaid No., Social Security No., or Medicare No. matches a different person. Update the form or contact HHSC for assistance in determining the correct identifying information for this person.	PE Completion	The person's identifying information on the PE does not match the identifying information on file.
		• If a Medicaid No. was submitted, it does not match the Last Name on file. Update the information as needed and resubmit.
		• If a Medicaid No. was not submitted but a Social Security No. was, the Social Security No. does not match the Last Name on file. Update the information as needed and resubmit.
		• If no Medicaid No. or Social Security No. was submitted, the Medicare No. submitted does not match the Last Name on file. Update the information as needed and resubmit.
		• If the information submitted on the PE is correct for the applicable scenario above, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this person.
		  – If the identifying information on the PE is incorrect, update it as needed and resubmit.
		  – If the identifying information on file at HHSC is incorrect, contact the person or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action

PS-0002: This authorization request cannot be processed because the submitted Medicaid No. matches a different person. Update the form or contact HHSC for assistance in determining the correct identifying information for this person.	PE Completion	The person's identifying information on the PE does not match the identifying information on file for the submitted Medicaid No.
		• If the Medicaid No. submitted does not match the First and Last Name on file, update the information as needed and resubmit.
		• If the Medicaid No. submitted matches the First and Last Name on file, but the Social Security No. submitted does not match the Social Security No. on file, update the information as needed and resubmit.
		• If the Medicaid No. submitted matches the First and Last Name on file, but the Medicare No. submitted does not match the Medicare No. on file, update the information as needed and resubmit.
		• If the Medicaid No. submitted matches the First and Last Name, and the Birth Date submitted does not match the Birth Date on file, update the information as needed and resubmit.
		• If the above information is all correct on the PE, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this person.
		  – If the identifying information on the PE is incorrect, update it as needed and resubmit.
		  – If the identifying information on file at HHSC is incorrect, contact the person or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action

PS-0003: This authorization request cannot be processed because the submitted Social Security No. matches a different person. Update the form or contact HHSC for assistance in determining the correct identifying information for this person.	PE Completion	A Medicaid No. was not submitted and the person's Social Security No. on the PE matches more than one person on file.
		• If the Social Security No., First Name and/or Last Name are incorrect on the PE, update the information as needed and resubmit.
		• If the Social Security No., First Name and Last Name are correct on the PE, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this person.
		  – If the identifying information on the PE is incorrect, update it as needed and resubmit.
		  – If the identifying information on file at HHSC is incorrect, contact the person or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

PS-0004: This authorization request cannot be processed because the submitted Medicare No. and Birth Date match a different person. Update the form or contact HHSC for assistance in determining the correct identifying information for this person.	PE Completion	A Medicaid No. or Social Security No. was not submitted and the person's Medicare No. on the PE matches more than one person on file.
		• If the Birth Date, Medicare No., First Name, and/or Last Name are incorrect on the PE, update the information as needed and resubmit.
		• If the Birth Date, Medicare No., First Name and Last Name are correct on the PE, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this person.
		  – If the identifying information on the PE is incorrect, update it as needed and resubmit.
		  – If the identifying information on file at HHSC is incorrect, contact the person or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this person.	PE Completion	The person's Medicaid No. on the PE is not on file. • If the Medicaid No. is incorrect on the PE, update it and resubmit. • If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify that the Medicaid No. on PE matches the Medicaid No. on file at HHSC for this person. – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information on file at HHSC is incorrect, contact the person or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action

PS-0006: This authorization request cannot be processed because a Medicaid No. cannot be identified by HHSC. Update the form or contact HHSC for assistance in determining the correct identifying information for this person.	PE Completion	A Medicaid No. was not submitted and the person's identifying information on the PE is not on file.
		• If a Social Security No. was submitted:
		  – There are multiple records on file for the Social Security No., First Name and Last Name submitted on the PE, but none match the Birth Date submitted.
		  – If the Social Security No., Name and/or Birth Date on the PE are incorrect, update the information as needed and resubmit.
		• If a Medicare No. was submitted:
		  – There are multiple records on file for the Medicare No., First Name, Last Name, and Birth Date submitted on the PE.
		  – If the Medicare No., Name and/or Birth Date on the PE are incorrect, update the information as needed and resubmit.
		• If the identifying information on the PE is correct, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this person.
		  – If the identifying information on the PE is incorrect, update it as needed and resubmit.
		  – If the identifying information on file at HHSC is incorrect, contact the person or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the person or LAR has confirmed that the information has been corrected by HHSC.

PS-1000: This authorization request cannot be processed because another LA has a PE Completion authorization for this person and requested date. Contact State staff for assistance, if needed.	PE Completion	There is already a Service Authorization on file for the person, date, and service for a different provider.
		  – If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit.
		  – If the date is correct on the PE, contact HHS Provider Claims Services at (512) 438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-1002: This authorization request modification cannot be processed because the person's identifying information has been changed on the Portal since the authorization was created at HHS.	PE Completion Modification	Modification of the person's Medicaid No., Social Security No., Medicare No., Birth Date, and/or Name is not allowed now that a Service Authorization has been created at HHS. Contact HHS Provider Claims Services at (512) 438-2200, Option 1, for assistance.
PS-1004: This authorization request modification cannot be processed because another LA has a PE Completion authorization for this person and requested date. Contact State staff for assistance, if needed.	PE Completion Modification	There is already a Service Authorization on file for the person, requested date and service, for a different provider. • If the requested Date of MI or IDD Assessment (for MI or IDD PE Completion) on the PE is incorrect, update it and resubmit. • If the date is correct on the PE, contact HHS Provider Claims Services at (512) 438-2200, Option 1, for assistance.

PS-1005: This authorization request cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective.	PE Completion, or PE Completion Modification	The provider's contract is either not in effect as of the Date of MI or IDD Assessment, or the provider is not authorized to perform that service.
		• Review the contract to determine if the service submitted is authorized for the requested date.
		   – If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit.
		   – If the contract (or service) is not yet in effect, resubmit the rejected transaction once the service is effective in the system.
		• If the date and service are correct on the PE and covered by the contract, contact HHS Provider Claims Services at (512) 438-2200, Option 1, for assistance.

PS-1006: This authorization request cannot be processed because more than one transaction was submitted on the same day, with the same Date of Assessment, for the same service.	PE Completion, or PE Completion Modification	Two transactions for the same person, provider, effective date, and service attempted to process at HHS on the same day. • Validate the effective date on the transactions submitted. • If the effective date is incorrect on one transaction, update the PE and resubmit. In addition, resubmit the other rejected transaction so that both will process. • If one of the transactions was submitted in error, resubmit the needed transaction only.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action

PS-2000: This authorization request cannot be processed because the submitted Provider No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective.	PE Completion, or PE Completion Modification	The provider's contract is either not in effect as of the Date of MI or IDD Assessment, or the provider is not authorized to perform that service.
		• Review the contract to determine if the service submitted is authorized for the requested date.
		   – If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit.
		   – If the contract (or service) is not yet in effect, resubmit the rejected transaction once the service is effective in the system.
		• If the date and service are correct on the PE and covered by the contract, contact HHS Provider Claims Services at (512) 438-2200, Option 1, for assistance.