



# LONG-TERM CARE PROVIDER BULLETIN

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**TEXAS**  
Health and Human  
Services

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## HHSC Implements Employment Readiness

Beginning on January 1, 2025, the Health and Human Services Commission (HHSC) implemented employment readiness to comply with House Bill 4169 (88th Legislature, Regular Session, 2023), which requires HHSC to add a new service similar to prevocational services to the Home and Community-based Services (HCS), Texas Home Living (TxHmL), and Deaf Blind with Multiple Disabilities (DBMD) waivers.

### Service Description

- Employment readiness prepares an individual for employment in the community. A successful outcome or goal of the service is attainment of competitive, integrated employment in the community.
- Employment readiness includes person-centered activities that help an individual develop basic habilitative skills or achieve generalized vocational goals that contribute to employability.
- Employment readiness includes activities for which an individual may be compensated in accordance with applicable laws and regulations.

### Service Limits

The service limit for employment readiness and individualized skills and socialization combined in the HCS and TxHmL Program is:

(1) 1560 hours during an IPC year; (2) six hours per calendar day; and (3) five days per calendar week.

There is no service limit for employment readiness in the DBMD Program.

### Documentation Requirements

- The HHSC Employment First Discovery Tool must be completed in accordance with 26 Texas Administrative Code §284.105 (relating to Uniform Process) and support the provision of employment readiness to an individual before employment readiness is added to the individual's IPC. The HHSC Employment First Discovery Tool must be maintained in the individual's record.
- Documentation is maintained in the individual's record that employment readiness is not available to the individual under a program funded under §110 of the Rehabilitation Act of 1973, or under a program funded under the Individuals with Disabilities Education Act (20 U.S.C. §1401 et seq.).

### Forms

HHSC has created [Form 6506](#) and updated Forms [3608](#), [3617](#), [6500](#), [6500-T](#), [6503](#) and [8582](#) related to the implementation of employment readiness.

### Important Reminders

#### Employment Readiness Activities

Employment readiness is not job-task oriented and does not include job-task specific activities. Examples of job-task specific activities include cleaning and maintenance activities like sweeping and mopping, grounds-keeping activities like mowing or trimming, office support like sorting incoming mails or filing papers, food

preparations such as assembling sandwiches, assembling of products, etc. Employment readiness does not include any tasks or activities that teach or involve a specific job skill.

### **Employment Readiness Settings**

Employment readiness is provided in a setting that complies with the home and community-based settings (HCBS) requirements in accordance with 26 TAC §263.501(d). Like other employment-related services, HHSC assesses a setting where employment readiness is provided for compliance with the federal home and community-based settings requirements before employment readiness can be provided in such setting. Employment services settings and on-site individualized skills and socialization settings that have already been assessed for compliance with the HCBS settings requirements do not need to be reassessed if employment readiness services are provided in the same setting. **A setting must be assessed for compliance with the federal home and community-based settings requirements before employment readiness is provided in such setting.** Information about the employment readiness setting assessments will be published soon.

Employment readiness is not provided in the residence of an individual or another person.

### **Employment Readiness Duration**

Employment readiness is intended to develop skills that contribute to employability and support the goal of competitive, integrated employment in the community. It should be provided over a definite period as determined by the service planning team through an ongoing person-centered planning process, to be reviewed not less than annually or more frequently.

### **Important Updates: Changes to Requirements in the DBMD Rules**

26 TAC §260.341(g), which allows a program provider to only provide employment readiness to an individual if the individual's service planning team does not expect the individual to be competitively employed within one year after the date employment readiness begins, is intended to ensure that the service planning team, based on discussion of the individual's needs and preferences, considers whether employment readiness is the appropriate employment service for an individual. The service planning team should consider whether an individual requires habilitation skills or strengths that are not specific to job tasks to enhance their employability in integrated community settings, or if the individual may benefit more from a more integrated employment service. While the time period of one year will not be enforced, the intent of the rule, which is that the most appropriate employment service be delivered to individuals, remains in effect.

Employment readiness requirements in the DBMD Program rules in 26 TAC §260.341(h), which prohibit the provision of employment readiness to an individual who is receiving supported employment or engaged in competitive employment, will no longer apply.

### **HCS and TxHmL Rules**

Employment readiness service delivery requirements will be added to Title 26 at the next available opportunity.

### **Questions**

Email [HCS](#), [TxHmL](#), or [DBMD](#) Policy with questions related to employment readiness.

## **Medical Necessity for Preadmission Screening and Resident Review (PASRR) Positive Preadmission Evaluations**

Local Authorities (LAs), including local intellectual and developmental disability authorities, local mental health authorities, and local behavioral health authorities are reminded that medical necessity (MN) is required for an individual to be admitted to a nursing facility (NF).

After the Preadmission PASRR Evaluation (PE) is entered, the LA must check to confirm that their MN was approved. It is important that an individual meets MN because without MN, they cannot be admitted to the nursing facility. For the PASRR preadmission process, the Texas Medicaid & Healthcare Partnership (TMHP) Long Term Care (LTC) Online Portal must review successfully submitted PEs to determine medical necessity for individuals who are PASRR positive. The purpose of preadmissions is to ensure the individual is appropriate for an NF. The NF must decide whether or not they are willing to serve the individual. Before the NF can make this decision, MN must first be met.

For more information refer to the [LTC User Guide for PASRR](#) or contact the TMHP LTC Help Desk at 800-626-4117 and select option 1. ■

## Correction to “Claims Data Export Video for LTC Providers and FMSAs Now Available on YouTube”

This is a correction to the article titled “[Claims Data Export Video for LTC Providers and FMSAs Now Available on YouTube](#),” which was published on [tmhp.com](#) on September 19, 2023.

The article stated that Claims Data Export is a feature of the Long-Term Care (LTC) Online Portal. The article has been corrected to state that it is a feature of TexMedConnect.

The revised article follows below.

An educational video detailing the Claims Data Export feature of TexMedConnect is now available on the Texas Medicaid & Healthcare Partnership’s (TMHP’s) [YouTube channel](#). This video is for LTC providers and financial management services agencies (FMSAs) and covers the following topics:

- Converting a Claims Data Export file to Excel
- Viewing cost reporting information in the Claims Data Export file
- Working with data in the Claims Data Export file

For more information, contact the LTC Help Desk at 800-626-4117 and select option 1.

## Free Online Continuing Nursing Education for Long-Term Care Nurses, Aides, and Administrative Leaders

The Texas Health and Human Services Commission and the University of Texas at Austin School of Nursing are pleased to announce a collaborative effort to improve long-term care in Texas. This partnership includes eight web-based courses delivering best-practices education to providers of long-term care in Texas nursing facilities. The educational modules are:

- Infection Prevention and Control
- Reducing Antipsychotic Use in Long-Term Care Facilities
- Culture Change for Person-Centered Care
- Quality Improvement
- Advanced Geriatric Practice
- Transition to Practice
- Intellectual and Developmental Disabilities
- Mental Health With Aging and Severe Mental Illness

Continuing education credit is free and available for registered nurses, certified nurse aides, and licensed nursing facility administrators.

To register and to find out more, visit the [Johnson-Turpin Center: Continuing Nursing Education | School of Nursing website](#).

## Save the Date! 2025 Quality in Long-Term Care Conference

The 2025 Quality in Long-Term Care Conference (QLTCC) will be held at the Renaissance Austin Hotel from Aug. 27–28, 2025.

This year’s theme is “Blazing a Trail to Quality Improvement in Long-Term Care.”

The QLTCC offers presentations from nationally and internationally recognized experts.

The topics include caring for people with dementia, infection prevention and control, current health care trends, and cutting-edge advances in long-term care, aging, and disabilities. Please be aware that to continue providing quality programming of this caliber, it has become necessary to charge a registration fee. We thank you for your understanding and for your continued support of this program. Continuing education credits will be available for multiple disciplines. Both in-person and virtual options will be available. Registration opens in June 2025. Stay tuned for updates!



[Email UT Steve Hicks School of Social Work](#) for more information about this event.

## Reminder for RUG Training Requirements

Providers are reminded that Resource Utilization Group (RUG) training is required for registered nurses (RNs) who sign assessments as complete. RNs must successfully complete the required RUG training to be permitted to submit Minimum Data Set (MDS) and Medical Necessity and Level of Care (MN/LOC) Assessments on the Long-Term Care Online Portal. Training is valid for two years and must be renewed by completing the online RUG training offered by Texas State University.

It can take from two to seven business days to process and report completion of RUG training from Texas State University to the Texas Medicaid & Healthcare Partnership (TMHP), depending on the current volume of enrollments and completions.

To register for the RUG training or for more information, visit [distancelearning.txst.edu/continuing-education/rugs-training.html](https://distancelearning.txst.edu/continuing-education/rugs-training.html).

## Computer-Based Training in the TMHP Learning Management System

The following long-term care (LTC)-specific computer-based training (CBT) courses are currently available on the Texas Medicaid & Healthcare Partnership (TMHP) Learning Management System (LMS):

- LTC Online Portal Basics—This interactive CBT provides a basic overview of the LTC Online Portal, including information about creating an administrator account and an overview of the features of

the blue navigational bar and the yellow Form Actions bar. Demonstrations and simulations appear throughout the CBT to provide opportunities for an interactive experience.

- **TexMedConnect for Long-Term Care (LTC) Providers**—This CBT demonstrates effective navigation and use of the LTC TexMedConnect web application. Providers will learn how to:
  - Log in to TexMedConnect.
  - Verify a client’s eligibility.
  - Enter, save, and adjust different types of claims.
  - Export Claim Data.
  - Find the status of a claim.
  - View Remittance and Status (R&S) Reports.

The TMHP LMS can be accessed through the [TMHP website](#) or directly at [learn.tmhp.com](https://learn.tmhp.com).

Providers must create an account to access the training materials on the LMS. To create an account, click **Don’t have an account? Sign up here** on the LMS home page.

For questions about the LTC training CBTs and webinars, call the TMHP Contact Center at 800-626-4117 or 800-727-5436. For LMS login or access issues, email TMHP LMS support at [TMHPTrainingSupport@tmhp.com](mailto:TMHPTrainingSupport@tmhp.com).

## **Webinars and CBTs Available for Nursing Facility, Hospice, Community Services Waiver Programs Providers, HCS and TxHmL Program Providers, Local Authorities, and MCOs**

Long-term care (LTC) training sessions are available in webinar or computer-based training (CBT) format. LTC providers can take advantage of live, online training webinars as well as replays and recordings of those webinars that cover topics relevant to tasks performed on the LTC Online Portal. These webinars target nursing facility (NF) and hospice providers, Community Services Waiver Program providers, Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers, local authorities involved in NF PASRR, and managed care organizations (MCOs).

The webinars that are currently offered include:

- [LTC Nursing Facility Forms 3618/3619 and MDS/LTCMI CBT](#) – Provides information on sequencing of documents, provider workflow process and rejection message, correcting and inactivating forms, and the purpose of the forms.
- [LTC Nursing Facility PASRR Webinar, Part 1](#) – Provides information on the PASRR process, identifying the PCSP form, demonstrating how to request authorization to deliver specialized services using the NFSS form, and more.
- [LTC Nursing Facility PASRR Webinar, Part 2](#) – Provides information on medical necessity, fair hearings, validations requiring provider monitoring, system and manual alerts, updating the PL1 screening form, inactivating PL1 forms, and more.



- [LTC Hospice Forms 3071/3074 CBT](#) – Provides information on the sequencing of documents, the purpose of the forms, how to fill out and submit the forms, effective dates, and form pairing.
- [LTC Online Portal Training for HCS and TxHmL Waiver Programs Webinar](#) – Provides information on the features and navigation of the LTC Online Portal, management of waiver program assessments and forms in the LTC Online Portal, and the purpose and workflow of the forms.

For a list of webinar or CBT descriptions, upcoming broadcast dates, registration links, recordings of past webinars, and Q&A documents, visit the TMHP Learning Management System (LMS) at [learn.tmhp.com](https://learn.tmhp.com). ■

## Coming Soon: LTCOP Transitioning from RUG Methodology to PDPM LTC for Nursing Facility Waivers

On September 1, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal will transition from the current Resource Utilization Group (RUG) methodology system to the Patient Driven Payment Model (PDPM) Long-Term Care model for nursing facility daily care. This new methodology aims to enhance care quality by using patient-driven data to calculate daily rates. Nursing Facility Waivers in the Medicaid program will also transition to PDPM LTC.

More information about this upcoming change will be available in future articles on the TMHP [LTC web page](#).

For more information, call the TMHP LTC Help Desk at 800-626-4117 and select option 1.

## Correction to “LTC Dashboard Data Export Report Column Names”

This is a communication to Home and Community-based Services and Texas Home Living program providers and local intellectual and developmental disability authorities regarding the Excel Export Reports on the Long-Term Care (LTC) Dashboard.

On June 21, 2024, two mislabeled column names were corrected on several LTC Dashboard Data Export Reports:

- Column O – Previously mislabeled as “Medicaid Eligibility End Date” is now correctly labeled as “Last Billed Date”
- Column P – Previously mislabeled as “Last Billed Date” is now correctly labeled as “Medicaid Eligibility End Date”

The corrected column names are reflected on the following LTC Dashboard Data Export Reports:

### *Past Due*

- Medicaid Eligibility
- LOC/LON Assignment
- Individual Plan of Care

### *Due*

- Medicaid Eligibility due in 90 days
- LOC/LON Assignment due in 60 days
- Individual Plan of Care due in 60 days

### *Exceptions*

- Suspension Over 30 days

- Pending Termination Over 60 days
- NO Billed Services. Over 60 days

*Other Dashboard Data*

- Individual by Program
- Individual by LA
- Individual by WCA
- Individual by Status

For more information, contact the LTC Help Desk at 800-626-4117 and select option 1.

## **Submitting HCS and TxHmL Individual Movement Forms**

The Texas Health and Human Services Commission reminds Home and Community-Based Services Waiver (HCS) and Texas Home Living Waiver (TxHmL) providers to refrain from submitting the following Individual Movement Forms (IMTs) through the Long-Term Care (LTC) Online Portal:

- IMT-Local Authority Reassignment
- IMT-Service Coordinator Update

These specific purpose codes are designated for LIDDA-use only and should not be submitted by HCS and TxHmL providers for any reason.

HCS and TxHmL providers can only submit the IMT for purpose codes “IMT-Suspension” and “IMT-Individual Update.” See the “Individual Movement Form” section in the LTC HCS and TxHmL Waiver Programs Provider User Guide for details.

## **Questions**

For issues encountered while submitting the IMT on the TMHP LTC Online Portal, call TMHP at 800-626-4117. Select option 1 and then option 1.

## **Certification of an NF’s Ability to Serve the Individual**

The Texas Health and Human Services Commission (HHSC) and the Preadmission Screening and Resident Review (PASRR) unit would like to remind nursing facility (NF) providers of the requirement to certify on all PASRR Level 1 (PL1) Screening Forms their ability to serve individuals with a positive PASRR Evaluation (PE).

After a PL1 Screening Form is submitted and the local authority (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 must manually check the associated PE to see whether it is positive.

NFs can search for positive PEs 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.

**Note:** NFs cannot certify their ability to serve the individual on converted PL1 Screening Forms. If a certification on a converted PL1 Screening Form is required because a new PE is requested, the NF must submit a new PL1 Screening Form for the person. This LA can then initiate a new PE, which will allow the NF to certify on the new PL1 Screening Form.

## **PASRR Preadmission Process for NF Providers**

The Preadmission admission type is used when there is an NF admission from a referring entity (RE) in the community (such as from home, a group home, psychiatric hospital, jail, etc.) and if an individual is suspected of having MI, ID, or DD. If the RE is a family member, they may request assistance from the NF to complete the PL1 Screening Form. It is important that the NF follow the proper preadmission process.

The LA—and not the NF—is responsible for submitting positive Preadmission PL1 Screening Forms. The NF cannot submit positive Preadmission PL1 Screening Forms after submission of a positive Preadmission PE. **The NF is not allowed to admit the person until they have reviewed the PE, confirmed that Medical Necessity has been approved, and certified on the PL1 Screening Form that they are willing and able to serve the individual.** If the Preadmission PL1 Screening Form is negative (there is no suspicion of MI, ID, or DD), the NF follows the negative PASRR admission process.

For questions about this information, email the PASRR Unit at [PASRR.Support@hhs.texas.gov](mailto:PASRR.Support@hhs.texas.gov).

## **Changes to LTC Online Portal MDS 3.0 Available on the LTC Online Portal October 2, 2024**

The federal Centers for Medicare & Medicaid Services (CMS) implemented changes to the Minimum Data Set (MDS) 3.0 effective October 1, 2024. The Texas Health and Human Services Commission (HHSC) worked with the Texas Medicaid & Healthcare Partnership (TMHP) to enable systems to intake and store these changes prior to the effective date.

Updates to the Long-Term Care (LTC) Online Portal to display the relevant revisions of the MDS 3.0 Comprehensive and Quarterly assessments with an Assessment Reference Date (ARD, A2300) of October 1, 2024, or later were available October 2, 2024. Updated versions of the viewable and printable PDFs are now available.

This use of the ARD does not alter the HHSC-LTC use of the Entry Date (A1600) as the effective date of MDS 3.0 Admission assessments and the Date Signed as Complete (Z0500b) as the effective date of all other MDS 3.0 assessments.

Items required for calculating the Resource Utilization Group (RUG) remain present on the LTC Online Portal in Section RUG.

The following MDS 3.0 Comprehensive and Quarterly assessment fields were added, deleted, or modified:

New Items	Modified Items	Deleted Items
<b>Section B</b>		
	B1300	
<b>Section GG</b>		
	GG0130, GG0170	
<b>Section N</b>		
N0415K		
<b>Section O</b>		
O0350	O0300A1	

For more information, call the LTC Help Desk at 800-626-4117 and select option 1.

## PASRR Level 1 Screening Form Discharge Process Reminder

The Texas Health and Human Services Commission (HHSC) and the Preadmission Screening and Resident Review (PASRR) unit would like to remind nursing facility (NF) providers to discharge individuals on the PASRR Level 1 (PL1) Screening Form when an individual is deceased or has been discharged.

The instructions to inactivate the **old** PASRR Level 1 Screening Form (prior to June 30, 2023) are as follows:

- Locate the PL1 Screening Form using the **Document Locator Number (DLN)** provided.
- Once the PL1 Screening Form is pulled up, click **Update Form** at the top of the form.
- Navigate to **Section B**, locate **Field B0650: Individual is deceased or has been discharged** and **Field B0655: Deceased/Discharged Date**, and fill them out accordingly.
- If the individual was discharged, **Section E: Alternate Placement Disposition** must be filled out before you submit the form.
- Once all has been completed, click **Submit Form** at the bottom of the screen, and the PL1 Screening Form will be inactivated.

The instructions to inactivate the **new** PASRR Level 1 Screening Form (after June 30, 2023) are below:

- Locate the PL1 Screening Form using the **Document Locator Number (DLN)** provided.
- Once the PL1 Screening Form is pulled up, click **Update Form** at the top of the form.
- Navigate to the **Discharge** tab, locate **Field H0100: Individual is deceased or has been discharged?** and **Field H0150: Deceased/Discharged Date**, and fill them out accordingly.
- If the individual was discharged, the **Alternate Placement Disposition** (located on the Discharge tab) must be filled out before you submit the form.
- Once all the steps have been completed, click **Submit Form** at the bottom of the screen, and the PL1 Screening Form will be inactivated.

For questions, email the PASRR Unit at [PASRR.Support@hhs.texas.gov](mailto:PASRR.Support@hhs.texas.gov).

## **Reminder for HCS and TxHmL Providers Entering IPC Revisions to Add Individual Skills and Socialization**

This notice is a reminder for Home and Community-based Services (HCS), Texas Home Living (TxHmL) program providers, and local intellectual and developmental disability authorities (LIDDAs) that are submitting an Individual Plan of Care (IPC) revision to add Individualized Skills and Socialization (ISS) on the IPC plan year.

When entering IPC revisions and updating the effective date in field 12a, providers must click the search icon located next to the date field. This will allow the individual's data to refresh and autofill from the web service based on the new effective date. Failure to perform this step will delay the form processing.

Contact the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Help Desk at 800-626-4117 or 800-727-5436 for assistance with submitting forms.

## **Coronavirus (COVID-19)**

For updated information, visit the [COVID-19 web page](#) on the Texas Medicaid & Healthcare Partnership (TMHP) website.

## **Eligibility Information Available for Long-Term Care Providers and LIDDAs**

As a reminder, long-term care providers and LIDDAs that are seeking eligibility information can pull Medicaid Eligibility and Service Authorization Verification (MESAV) using any of the following field combinations through TexMedConnect. This service can be accessed 24 hours a day, 7 days a week.

- Medicaid/Client No. and Last Name
- Medicaid/Client No. and Date of Birth
- Medicaid/Client No. and Social Security Number
- Social Security Number and Last Name
- Social Security Number and Date of Birth (DOB)
- Last Name, First Name, and DOB

MESAV can provide the Medicaid eligibility Program Type, Coverage Code, and Medicaid Recertification Due Date to help providers ensure appropriate and continued Medicaid eligibility for long-term care services.

Listed below are the most common eligibility types that are valid for hospice and most other long-term care programs:

Program Type	Coverage Code
Type 12, 11	P
Type 13, 51	R
Type 01, 03, 07, 08, 09, 10, 14, 15, 18, 19, 20, 21, 22, 29, 37, 40, 43, 44, 45, 46, 47, 48, 55, 61, 63, 67	R or P

**Note:** The Medicaid recertification review due date is not available for all long-term care (LTC) clients, including children who are enrolled in foster care and Medicaid clients who are enrolled through Social Security (Coverage Code R, Program Type 13).

For a list of acceptable Medicaid Coverage Codes and Program Types for Home and Community-based Services (HCS) or Texas Home Living (TxHmL) enrollment, please refer to the following resource: [15500 Chart of Acceptable Types of Medicaid for HCS and TxHmL](#)

**Note:** Medicaid Buy-In for Children (Program Type 88) is allowable for TxHmL ONLY.

For more information on TexMedConnect and using MESAV, call the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care Help Desk at 800-626-4117 and select option 1.

## Proper Handling of Medicaid Overpayments by LTC Fee-for-Service Providers

It is important for providers to follow the proper procedures when they discover a Medicaid overpayment. The correct way to refund money to the Texas Health and Human Services Commission (HHSC) for a long-term care (LTC) fee-for-service (FFS) Medicaid overpayment always starts with a claim adjustment.

Claim adjustments that have been processed to Approved-to-pay (A) status will automatically refund money to HHSC by reducing payments for future billing. Claims that process to Transferred (T) status will require repayment by personal or company check or through a claim adjustment. If the adjustment claim has been processed to T status or the provider is no longer submitting new LTC FFS claims to offset the negative balance, then the provider should call HHSC Provider Recoupments and Holds to determine the appropriate method for refunding the money. Providers should always contact HHSC Provider Recoupments and Holds before submitting a check for an overpayment.

Things to remember:

- To return an LTC FFS Medicaid overpayment to HHSC, providers should always submit an adjustment claim in TexMedConnect or through their third-party submitter. Providers should not use TMHP Form F0079 Texas Medicaid Refund Information Form to report LTC FFS overpayments. This form is exclusively used for acute-care claims.
- LTC FFS claim adjustments must include a negative claim detail to offset the original paid claim and a new claim detail to repay the claim at the correct (lower) amount. The net total of the adjustment claim must be negative.

- If they are submitted properly, LTC FFS claim adjustments to return money to HHSC will not be denied by the one-year claim filing deadline edit [Explanation of Benefits (EOB) F0250].

Some examples of overpayments that require a claim adjustment include:

- Original paid claims that were billed with too many units of service.
- Original paid claims that did not properly report LTC-relevant Other Insurance payments or coverage.
- Original paid claims that were billed with the wrong revenue code or Healthcare Common Procedure Coding System (HCPCS) code.

## Contact Information

Entity	What they can do...
TMHP LTC Help Desk 800-626-4117, option 1	Help file an adjustment claim Help providers understand their Remittance and Status (R&S) Reports
HHSC Provider Recoupments and Holds 512-438-2200, option 3	Help facilitate payment to HHSC for outstanding negative balances (A or T claims)

## Using “Submit Form” and “Use as Template” Options on IPC Renewals

Due to the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) rate changes effective September 1, 2023, providers and local intellectual and developmental disability authorities (LIDDAs) are advised to use the **Submit Form** option on Individual Plan of Care (IPC) renewals.

### When to Use “Submit Form” Instead of “Use as Template”

Use **Submit Form** instead of **Use as Template** under these conditions:

- Rate changes or enhancements have been implemented.
- A provider or financial management services agency (FMSA) has been removed, added, or changed.
- The form is not autofilling with the most current information, and all other forms (e.g., transfers or individual updates) are correctly processed and in Processed/Complete status.

### Complete Related Forms Prior to Selecting Use as Template

Before using the **Use as Template** option, ensure that all related forms are correctly processed and marked as Processed/Complete. For more information, contact the LTC Help Desk at 800-626-4117 and select option 1.



## Long-Term Care and 1915c Waiver Program Home Pages on TMHP.com

The Long-term care (LTC) and 1915c Waiver Program have their own dedicated sections on [tmhp.com](https://www.tmhp.com). The content found under the Long-Term Care and 1915c Waiver Program at tmhp.com is up-to-date and includes resources such as news articles, LTC Provider Bulletins, user guides, and webinar information and registration.

Users can also find links to the different Texas Medicaid & Healthcare Partnership (TMHP) applications such as TexMedConnect, the LTC Online Portal, the Learning Management System (LMS) and do a full search of [tmhp.com](https://www.tmhp.com).

To locate the Long-Term Care page or the 1915c Waiver Program page, click **Programs** at the top of [tmhp.com](https://www.tmhp.com), and then select **Long-Term Care (LTC)** or **1915c Waiver Programs** from the drop-down box.

The Long-Term Care and 1915c Waiver Program home pages feature recent news articles by category and news articles that have been posted within the last seven days. At the top of the Long-Term Care home page, there is a link to the LTC Online Portal. A link to TexMedConnect can be found on the home page of [tmhp.com](https://www.tmhp.com). Both links require a username and password.

On the left-hand side, there are links to:

- [Provider Bulletins](#) with links to recent Long-Term Care Provider Bulletins.
- [Provider Education](#), which includes a link to the LMS, where providers can find multimedia training content, recorded webinars and associated question-and-answer (Q&A) documents, user guides, and the TMHP YouTube channel.
- [Reference Material](#), including general information, user guides, and frequently asked questions.
- [Forms](#) and form instructions, including the various downloadable forms needed by long-term care providers.

Providers are encouraged to frequently visit [tmhp.com](https://www.tmhp.com) for the latest news and information.

## Provider Resources Guide

The [Long-Term Care \(LTC\) Provider Resources Guide](#) is available on the Texas Medicaid & Healthcare Partnership (TMHP) website. The *Provider Resources Guide* includes information on how to request assistance from the TMHP provider relations representatives. ■

## Acronyms in This Issue

Acronym	Definition
ARD	Assessment Reference Date
CBT	Computer-Based Training
CMS	Centers for Medicare & Medicaid Services
DOB	Date of Birth
EOB	Explanation of Benefits
FFS	Fee-for-Service
FMSA	financial management services agency
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-based Services
HHSC	Texas Health and Human Services Commission
IPC	Individual Plan of Care
ISS	Individualized Skills and Socialization
LIDDAs	Local Intellectual and Developmental Disability Authorities
LMS	Learning Management System
LTC	Long-Term Care
MCO	Managed Care Organization
MDS	Minimum Data Set
MESAV	Medicaid Eligibility and Service Authorization Verification
MN/LOC	Medical Necessity and Level of Care
NF	Nursing Facility
PASRR	Preadmission Screening and Resident Review
PDPM	Patient Driven Payment Model
Q&A	Question-and-Answer
R&S	Remittance and Status
RNs	Registered Nurses
RUG	Resource Utilization Group
TMHP	Texas Medicaid & Healthcare Partnership
TxHmL	Texas Home Living