A close-up photograph of a person's hand pointing at a laptop screen. The background is a blurred city skyline. The hand is in the foreground, and the laptop screen shows a line graph. The overall image has a professional and analytical feel.

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



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

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## LTC Online Portal Changes Addendum

Information included in the *Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR)* has been updated to reflect changes to the LTC Online Portal.

In the chapter “Preadmission Screening and Resident Review (PASRR) Process, the sub-chapter titled “PASRR Evaluation - Section B,” located on pages 34 and 35 of the current user guide, has been updated to include a new selection choice (10. Habilitation Coordination) for field B0500 of Section B of the PASRR Evaluation.

The “Error Messages” chapter found on page 28 and the sub-chapter “Submitting the Completed PASRR Evaluation” on page 38 have been updated with a new demographic error message.

Appendix B and Appendix I of the user guide have also been updated to reflect these same changes.

Click the following links to view the updated sub-chapters and appendices:

[Preadmission Screening and Resident Review \(PASRR\) Process](#)

[Appendix B: Specialized Services Array \(for Reference by LIDDAs\)](#)

[Appendix I: PL1, PE, and PCSP Form Validations](#)

Addendum added December 9, 2021.

For more information, contact the LTC Help Desk at **800-626-4117**, Option 1.

# Contents

<b>LTC Online Portal Changes Addendum</b>	<b>ii</b>
<b>Learning Objectives</b>	<b>1</b>
<b>Medicaid Team</b>	<b>2</b>
<b>Preadmission Screening and Resident Review (PASRR) Process</b>	<b>3</b>
<b>Overview of PASRR Admission Processes</b>	<b>4</b>
Exempted Hospital Discharge Admission Process	4
Expedited Admission Process	6
Preadmission Process	9
Negative PASRR Eligibility Process	10
<b>Process for NF Diversions and Transitions</b>	<b>11</b>
Introduction	11
Transitions	11
Diversions	12
Resident Reviews	14
Resident Reviews Process	14
<b>Medical Necessity (MN) and the MN Process</b>	<b>15</b>
Definition of Medical Necessity	15
General Qualifications for Medical Necessity Determinations	15
Manual Medical Necessity Determination on PASRR Evaluation	16
Request for Fair Hearing	19
Timeframes	19
Hearing	19
MDS set to status PE MN Denied	20
<b>How to Submit a PASRR Level 1 Screening Form</b>	<b>22</b>
PL1 Date of Assessment	24
<b>Certification of the NF's Ability to Serve the Individual</b>	<b>25</b>
Exempted Hospital Discharge, Expedited Admission, and Negative PL1	25
Preadmission	25
<b>PASRR Level 1 History Trail</b>	<b>27</b>
<b>Error Messages</b>	<b>28</b>
<b>PASRR Evaluation</b>	<b>28</b>

Dually Diagnosed Individuals . . . . .	29
<b>Power Search for LA Evaluator. . . . .</b>	<b>30</b>
Power Search . . . . .	30
Power Search by Type of Form . . . . .	30
<b>Steps to Submit a PASRR Evaluation . . . . .</b>	<b>32</b>
PASRR Evaluation - Section A . . . . .	34
<b>PASRR Evaluation - Section B . . . . .</b>	<b>34</b>
Adding a Recommended Specialized Service . . . . .	35
PASRR Evaluation - Section C . . . . .	36
Adding a Recommended Specialized Service . . . . .	36
Deleting a Recommended Specialized Service . . . . .	37
PASRR Evaluation - Section D . . . . .	37
PASRR Evaluation - Section E . . . . .	38
PASRR Evaluation - Section F . . . . .	38
PASRR Evaluation - Authorization . . . . .	38
Submitting the Completed PASRR Evaluation . . . . .	39
<b>PASRR Evaluation - Authorization Section. . . . .</b>	<b>39</b>
Completion Transaction Processing Errors . . . . .	40
PASRR Transaction Identifier (PTID) Status and History . . . . .	41
<b>Using Form Status Inquiry (FSI) to Identify People with Specific PASRR Conditions . . . . .</b>	<b>44</b>
<b>The PASRR Comprehensive Service Plan (PCSP) Form. . . . .</b>	<b>47</b>
The PCSP Form for Nursing Facilities. . . . .	47
The PCSP Form for Local Authorities. . . . .	48
How to Complete and Submit the PCSP Form on the LTC Online Portal . . . . .	49
Completing Required Fields. . . . .	52
PCSP Form Summary Tab . . . . .	53
PCSP Form History Trail . . . . .	53
Adding Notes to the PCSP Form. . . . .	54
Updating an IDT Meeting on the PCSP Form. . . . .	55
Printing the PCSP Form . . . . .	56
PCSP LA Alert . . . . .	57
PCSP NF Alert . . . . .	58
Adding a Meeting on the PCSP Form . . . . .	58
Confirming an IDT Meeting on the PCSP Form. . . . .	59



<b>Authorization Request for PASRR Nursing Facility Specialized Services (NFSS)</b>	<b>61</b>
Completing and Submitting the NFSS Form	62
Important Features and Functions of the NFSS form.	69
History Trail	73
Updating LA's Permissions to View PASRR NFSS Forms	74
Print the PDF Version of the NFSS Form	74
Search for the Nursing Facility by Name	74
Search the Status of an Authorization Request Submitted on the NFSS Form	76
Printing the NFSS Form	76
Letter Search	77
Current Activity	78
Receiving and Viewing NFSS Alerts	78
<b>Validations Requiring Provider Monitoring</b>	<b>80</b>
<b>Alerts</b>	<b>84</b>
Accessing Alerts	84
Creating Alerts	85
Deleting Alerts	87
<b>Updates.</b>	<b>88</b>
PASRR Level 1 Screening and PASRR Evaluation Updates	88
Fields Available for Updating	88
<b>NFSS Form Updates</b>	<b>90</b>
<b>Inactivations.</b>	<b>93</b>
PASRR Level 1 Screening Inactivations.	93
PASRR Evaluation Inactivations.	93
<b>Reminders</b>	<b>94</b>
<b>HIPAA Guidelines and Provider Responsibilities</b>	<b>95</b>
<b>Preventing Medicaid Waste, Abuse, and Fraud</b>	<b>96</b>
<b>How to Report Waste, Abuse, and Fraud</b>	<b>96</b>
<b>Resource Information</b>	<b>97</b>
Types of Calls to Refer to TMHP	97
Types of Emails to Refer to HHS PASRR Unit.	97
Types of Calls to Refer to HHS PCS	98
Types of Calls to Refer to a Local Authority	98
Helpful Contact Information	98

Informational Websites . . . . .	100
<b>Appendix A: Forms . . . . .</b>	<b>102</b>
PASRR Level 1 Screening . . . . .	102
PASRR Evaluation. . . . .	102
Nursing Facility Specialized Services (NFSS) . . . . .	102
PASRR Comprehensive Service Plan (PCSP) Form. . . . .	103
<b>Appendix B: Specialized Services Array (for Reference by LIDDAs). . . . .</b>	<b>104</b>
<b>Appendix C: Resident Review Triggers . . . . .</b>	<b>107</b>
<b>Appendix D: Timers. . . . .</b>	<b>108</b>
<b>Appendix E: Letters. . . . .</b>	<b>110</b>
Approval for MN on PE Letter . . . . .	110
Pending Denial (MN on PE) Letter . . . . .	111
Overturn Approval (MN on PE) Letter . . . . .	112
Overturn Denial (MN on PE) Letter . . . . .	113
NFSS Approval Letter . . . . .	114
NFSS Denial Letter . . . . .	115
PASRR Evaluation - PASRR Negative Letter . . . . .	116
<b>Appendix F: Terms and Abbreviations . . . . .</b>	<b>117</b>
<b>Appendix G: Form and PTID Statuses . . . . .</b>	<b>122</b>
<b>Appendix H: NFSS Form Validations . . . . .</b>	<b>130</b>
<b>Appendix I: PL1, PE, and PCSP Form Validations . . . . .</b>	<b>140</b>
PASRR Level 1 Submission Errors . . . . .	140
PASRR Evaluation Submission Errors. . . . .	144
PCSP Submission Errors . . . . .	147
<b>Appendix J: Completion Transaction Processing Errors for the PE Form . . . . .</b>	<b>151</b>
<b>Appendix K: Alert Descriptions . . . . .</b>	<b>159</b>
<b>Appendix L: Provider Workflow Rejection Messages for the NFSS Form. . . . .</b>	<b>163</b>
<b>Appendix M: NFSS Daily Care Validations Include Medicare Service Authorizations . . . . .</b>	<b>190</b>
NFSS Form Edits . . . . .	190

## 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 completed 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 complete 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 complete 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.

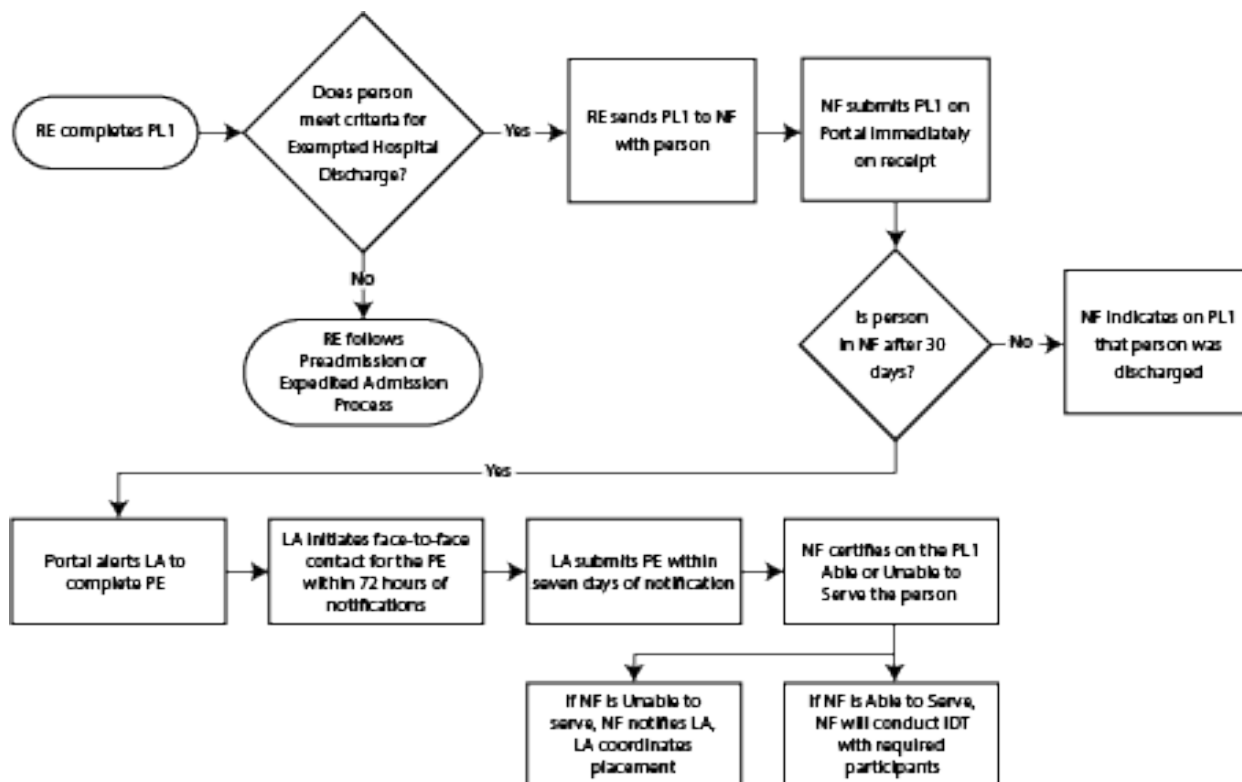
## Overview of PASRR Admission Processes

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



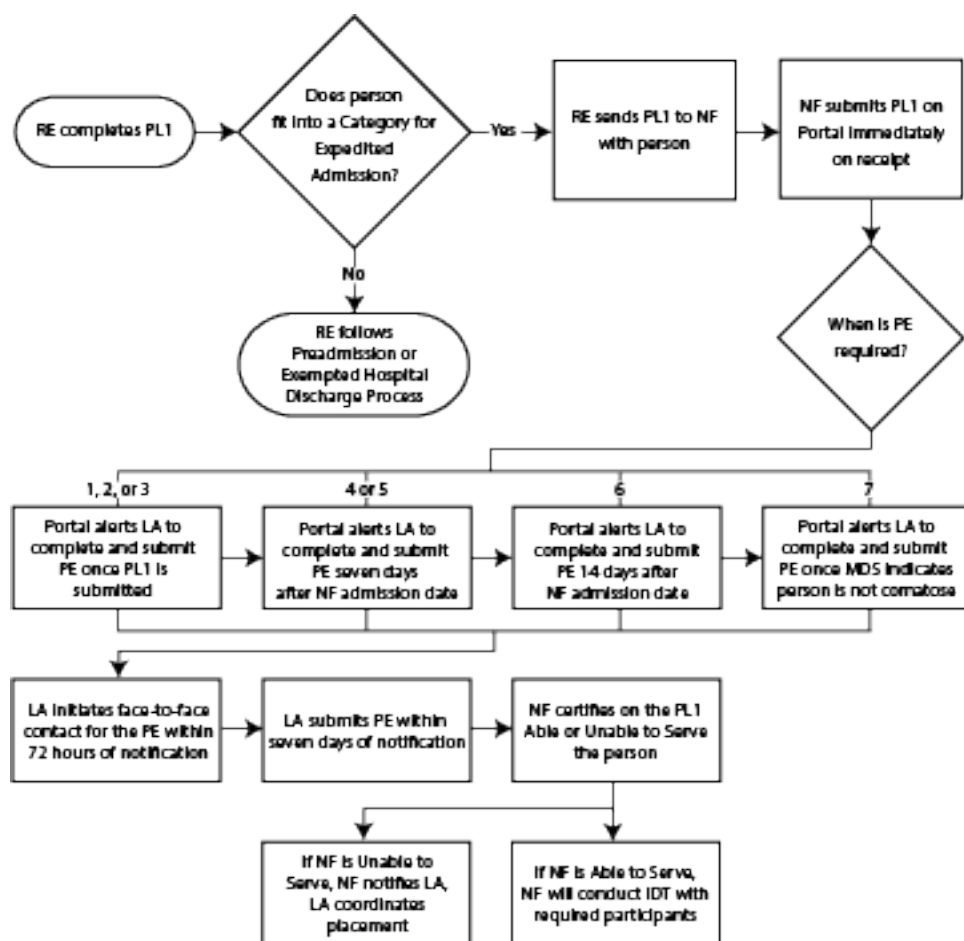
- 1) The Exempted Hospital Discharge process starts when an RE completes the PL1 and determines if the person is eligible for Exempted Hospital Discharge Admission. The criterion for an admission under Exempted Hospital Discharge is the person is not expected to remain in the NF more than 30 calendar 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.*

- 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.
- 5) If the person is still in residence at the NF after 30 calendar days from the admission date, then:
  - a) The LTC Online Portal alerts the LA to complete a PE.
  - b) The LA initiates face-to-face contact for the PE within 72 hours of notification.
- 6) 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.
- 7) 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.
- 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.*

## Expedited Admission Process



- 1) The Expedited Admission process starts when a Referring Entity completes 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.

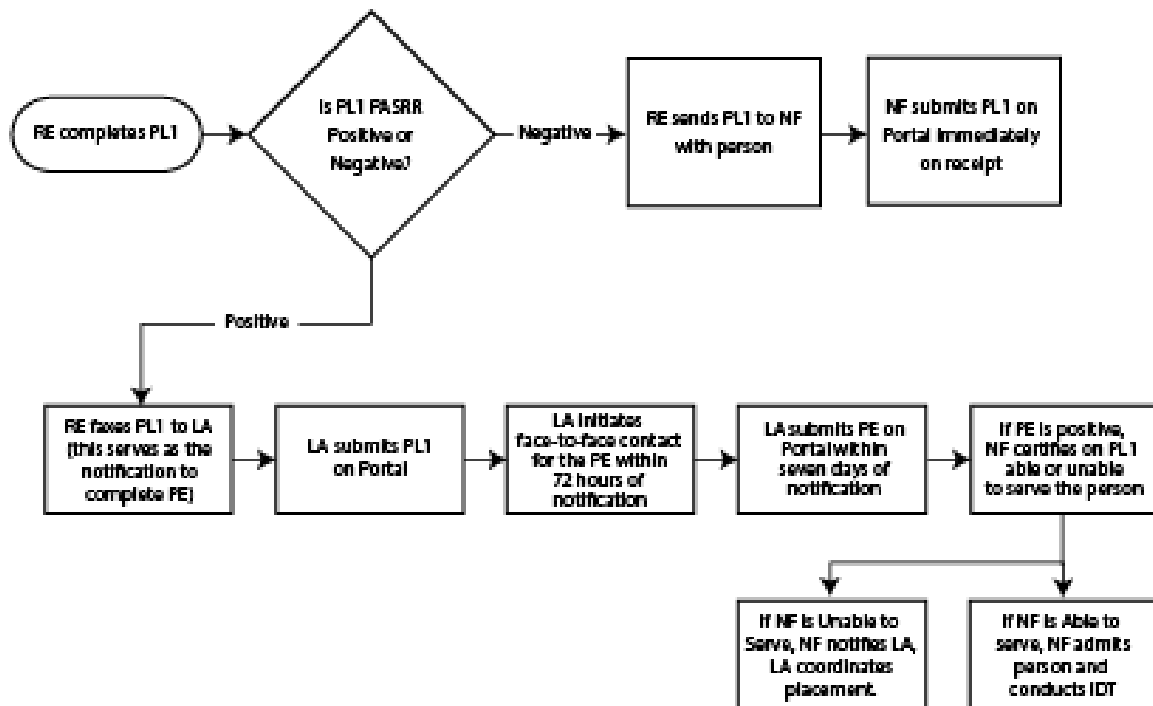
- 2) If the person **does not** meet Expedited Admission or the Exempted Hospital Discharge criteria, then the RE follows the Preadmission process (described in a subsequent diagram).
- 3) If the person **does** meet Expedited Admission criteria, then the RE sends the PL1 Screening Form to the admitting 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. If the MDS LTCMI is rejected because an associated PL1 can't be found, and you know that the associated PL1 contains correct demographic information, then the NF needs to submit a modification of the MDS with correct demographic information to federal CMS.

- 4) The LA is required to complete 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 complete 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 HHSC PASRR Unit to complete the PL1 Screening Form. Only an LA can submit a positive PL1 screening form with the preadmission process. 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). If the MDS LTCMI is rejected because an associated PL1 can't be found, and you know that the associated PL1 contains correct demographic information, then the NF needs to submit a modification of the MDS with correct demographic information to federal CMS.*

- 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.
- 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.

## Negative PASRR Eligibility Process

The RE or the NF, when it is an NF to NF transfer, will complete 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.
- 3) Failure to submit a negative PL1 into the LTC Online Portal will prevent the LTCMI from being accepted.

**Note:** *If the person is PASRR Negative based on a PL1 Screening, a PE is not completed 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>



## Process for NF Diversions and Transitions

### Introduction

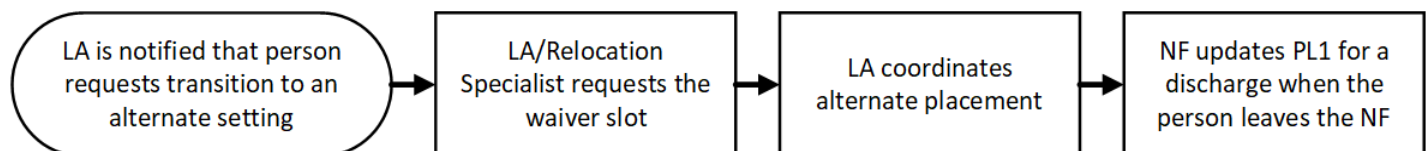
A transition is defined as the process for a person who is positive for ID, DD and/or MI and is currently residing in an NF and wants to move to a community setting. The LA can be notified of the person's desire to move to another setting by HHSC, the NF, the LAR, the person or an alert manually generated on the LTC Online Portal.

A diversion is defined as the process for a person who is positive for ID or DD and is at risk of being admitted to an NF and would rather move to or remain in a community setting. The LIDDA is notified of the person's desire to live in a community setting by the RE completing the Alternate Placement Preferences subsection of the PL1 Screening form, or by the person/LAR during the PASRR evaluation interview.

### Transitions

- 1) The LA (LIDDA, LMHA or LBHA) is notified that a person requests to be transitioned to an alternate setting.
- 2) The LIDDA is responsible for requesting waiver slots from HHSC, for example Home & Community-based Services (HCS) or Texas Home Living (TxHmL), if that is where the person desires to transition to. If the person wants a different waiver, the LA (LIDDA, LMHA or LBHA) would make a referral to the Relocation Specialist.
- 3) The LA (LIDDA, LMHA or LBHA) coordinates alternate placement by working with the Relocation Specialist to develop a transition plan. Refer to the Intellectual and Developmental Disability Preadmission Screening and Resident Review (IDD-PASRR) Handbook or the Preadmission Screening and Resident Review Mental Illness Handbook for instructions on transitions.
- 4) After the person has been discharged from the facility, the NF MUST complete and submit the discharge and the Alternate Placement Disposition section on the PL1 with the Update Form button. Note: If the person desires to move to another NF, the current NF should complete the Alternate Placement Disposition section by selecting "4. Other" in field E0500A and then entering "NF" in field E0500B.

The process described above is seen in the following diagram:

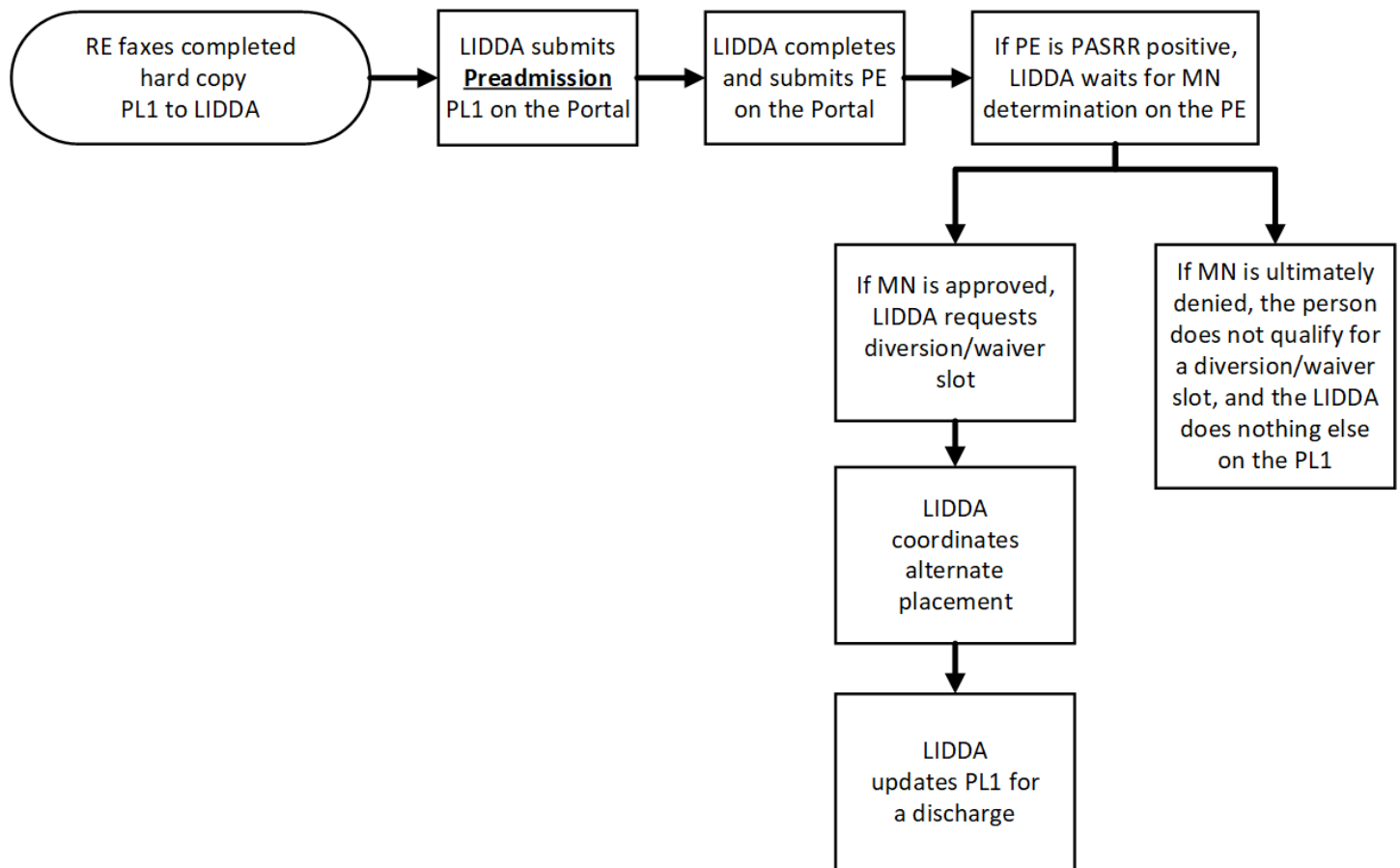


## Diversions

- 1) When the person who is suspected of being PASRR positive for ID and/or DD and is **NOT** a current resident of an NF, the PL1 **MUST** be submitted following the Preadmission Process section of this guide. The RE starts this process by faxing the completed hardcopy PL1 Screening form to the LIDDA.
- 2) The LIDDA submits the Preadmission PL1 Screening form on the LTC Online Portal. (A Preadmission PL1 means that it must be submitted as positive for PASRR eligibility [at least ID/DD for diversions] by selecting “1. Yes” in field C0200 and/or C0300, selecting “0. No” in field F0100. Exempted Hospital Discharge, and selecting “0. Not Expedited Admission” in field F0200. Expedited Admission.)
- 3) The LIDDA initiates a face-to-face contact for the PE within 72 hours of notification by the RE (the date the fax was received).
- 4) The LIDDA completes and submits the PE on the LTC Online Portal within seven calendar days of notification by the RE.
  - a) If the PE is positive for PASRR eligibility, the LIDDA must wait for MN to be determined on the PE.
  - b) If the PE is negative for PASRR eligibility, the LIDDA must stop the process at this point and allow the system to automatically move the PL1 to the **NF Placement Process Exhausted** status when 90 calendar days have passed since the PE was submitted.
- 5) If MN is denied on the PE, the LIDDA will proceed to follow the process outlined in the Medical Necessity (MN) and the MN Process section of this guide.
  - a) If MN is still denied after a fair hearing was conducted, or the opportunity for a fair hearing has expired, the person does not qualify for a diversion/waiver slot. The LIDDA must stop the process at this point and does **NOT** proceed to Step 9. The system will automatically move the PL1 to the **NF Placement Process Exhausted** status when 90 calendar days have passed since the PE was submitted and no NF has admitted the person on the PL1.
  - b) If the MN denial is overturned after a fair hearing was conducted, the LIDDA proceeds to Step 9.
- 6) If MN is approved on the PE, the person qualifies for a diversion/waiver slot.
  - a) The LIDDA requests a diversion/waiver slot as outlined in the *Intellectual and Developmental Disability Preadmission Screening and Resident Review (IDD-PASRR) Handbook*.
  - b) The LIDDA then coordinates alternate placement for the applicable community program.
  - c) The LIDDA **MUST** update the PL1 for a discharge, using the **Update Form** button, after enrollment in the community program but no later than 45 calendar days following the diversion/waiver slot request.

**Note:** For a diversion, “2. ICF/IID,” “3. Own home/family home,” or “4. Other” should **NOT** be selected in field E0500A.

The following diagram illustrates the steps mentioned above:



## Resident Reviews

A Resident Review (RR) is a review of a person'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 completed 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:

- 4) Assess the person's need for continued care in an NF;
- 5) Assess the person's need for NFSS, LIDDA specialized services, and LMHA/LBHA specialized services; and
- 6) Identify alternate placement options.

To complete a RR, the LA will meet face-to-face with the person and complete a new PE form initiated 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 complete 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 complete 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**

26 TAC §554.101 (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.

26 TAC §554.2403(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**

26 TAC §554.2401 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.*

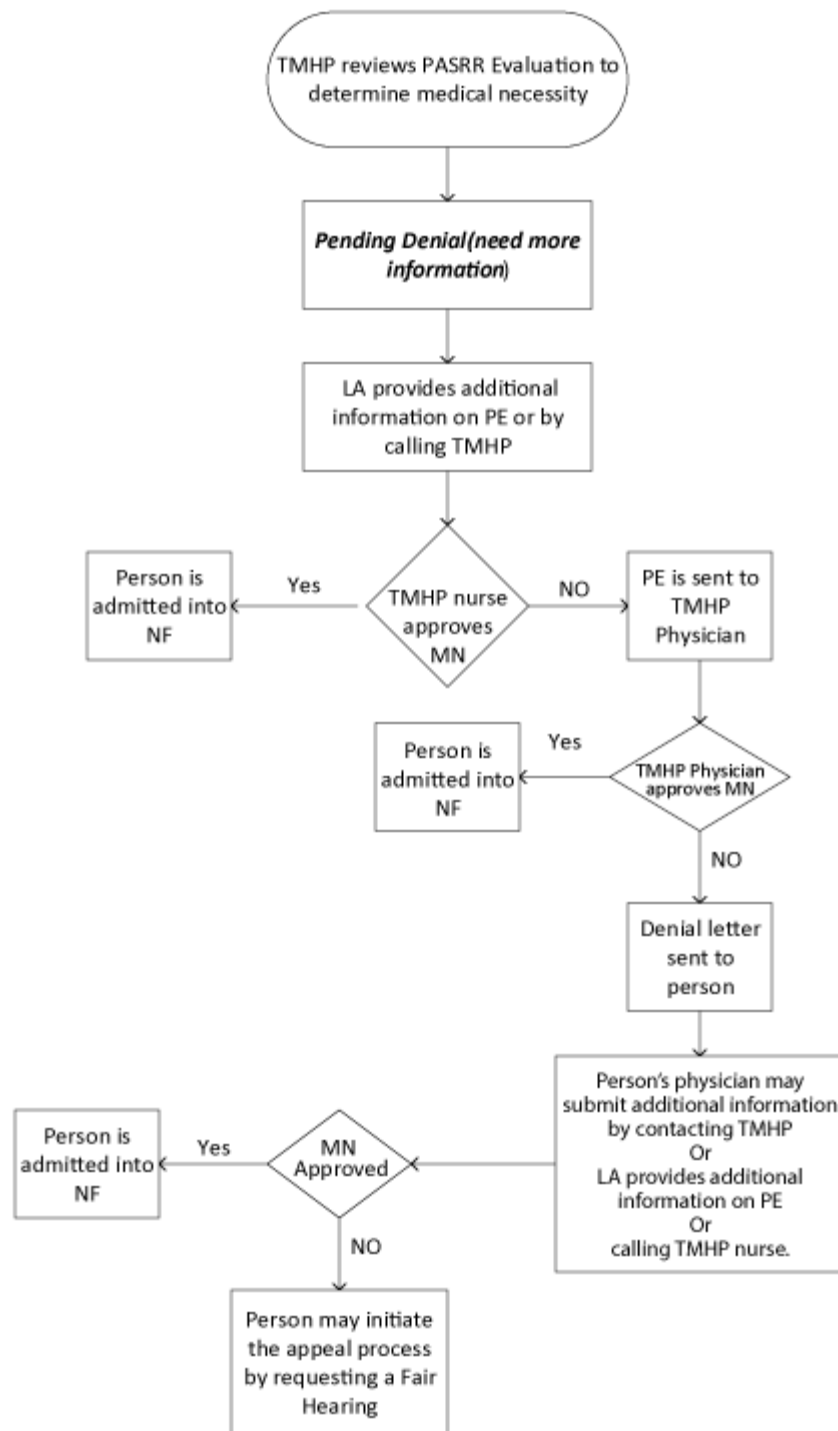
## Manual Medical Necessity Determination on PASRR Evaluation

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 positive Preadmission 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 (26 TAC §554.2407). 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 documented 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 certified mailed 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

When the MDS LTCMI is successfully submitted on the LTC Online Portal, and the positive PE it found was submitted from a Preadmission PL1, then MN will be determined on that PE instead of the MDS. If the Preadmission PE is denied MN, then the MDS is set to the **PE MN Denied** status. When the MDS is in this status, the **Check MN on PE** button will be displayed to the associated NF under the Workflow Actions section of the yellow Form Actions bar on the MDS. The NF should click on this button periodically to check if the MN denial on the PE has been overturned.

- 1) Locate and open the MDS assessment using FSI.
- 2) Click the **Check MN on PE** button on the yellow Form Actions bar.

MINIMUM DATA SET (MDS) – Version 3.0  
RESIDENT ASSESSMENT AND CARE SCREENING  
Nursing Home Comprehensive (NC) Item Set

Current Status: PE MN Denied Name: \_\_\_\_\_ DLN: \_\_\_\_\_ RUG: \_\_\_\_\_

**Form Actions:** Print Correct this form Add Note

**Workflow Actions:** Check MN on PE

Section A.	Section B.	Section C.	Section D.
Section E.	Section F.	Section G.	Section H.
Section I.	Section J.	Section K.	Section L.
Section M.	Section N.	Section O.	Section P.
Section Q.	Section V.	Section X.	Section Z.

Section LTCMI.

- 3) If the MN denial on the PE has been overturned (which means it's now approved for MN), the Change Status page will be displayed. The NF has the option to enter text on this page and it will be added to the History trail in the MDS, after clicking the **Change Status** button.

- Click on the **Change Status** button.

Submit Form
Search
Worklist
Reports
Printable Forms
Alerts
Help

Change Status for form [redacted] to MN Approved **Enter the notes below:**

**Provider Message**  
Text that will be seen by the provider.

**Please select standard message option from the list below.**

W. Medical Necessity Approved for the individual based on PASRR Evaluation. [v]

**Internal System Message**  
Text that will ONLY be seen by internal users.

Text to be added to form history

[text area]

Cancel **Change Status**

- The MDS assessment will be set to status **MN Approved**.

Texas Medicaid & Healthcare Partnership  
TMHP - A STATE MEDICAID CONTRACTOR
Home
TMHP.com
My Account
Logged in as: [redacted]

Submit Form
Search
Worklist
Reports
Printable Forms
Alerts
Help

Return to Search Results

MINIMUM DATA SET (MDS) – Version 3.0  
RESIDENT ASSESSMENT AND CARE SCREENING  
Nursing Home Comprehensive (NC) Item Set

**Current Status:** MN Approved **Name:** [redacted] **DLN:** [redacted] **RUG:** [redacted]

**Form Actions:**  
Print Correct this form Restart Form

Section A. Section B. Section C. Section D. Section E. Section F. Section G. Section H. Section I. Section J. Section K. Section L. Section M. Section N.  
Section O. Section P. Section Q. Section V. Section X. Section Z. Section LTCMI. Section RUG.

- The following note will be posted in the MDS History trail: “Medical Necessity Approved for the individual based on PASRR Evaluation.”

History	
<b>Pending LTCMI</b>	Changed by System on 2/2/2021 12:17:36 PM
<b>Form Submitted</b>	Changed by [redacted] on 2/5/2021 2:12:12 PM
2/5/2021 2:12:12 PM	[redacted] : Internal: Form entered workflow.
2/5/2021 2:12:20 PM	<b>System</b> : Internal: Medical Necessity inherited from PASRR Evaluation DLN [redacted]
2/5/2021 2:12:20 PM	<b>System</b> : External: Medical Necessity inherited from PASRR Evaluation DLN [redacted]
<b>PE MN Denied</b>	Changed by System on 2/5/2021 2:12:20 PM
2/5/2021 2:12:25 PM	<b>System</b> : Internal: Denied MN sent to DADS
3/15/2021 11:56:28 AM	[redacted] : External: Resident is a Paranoid Schizophrenic with DX Amnesia for Long term memory deficits. Resident does not recognize medications and does not understand the importance of Medicine for MH issues. She needs assistance with ADLS. Resident needs to be evaluated by a nurse Q day. She takes Clozaril for Paranoid Schizophrenia and requires weekly CBC. Needs to remain in NH for mh stability and med administration, to prevent rehospitalization.
4/21/2021 11:53:13 AM	<b>System</b> : Internal: Medical Necessity Approved for the individual based on PASRR Evaluation
4/21/2021 11:53:13 AM	<b>System</b> : External: Medical Necessity Approved for the individual based on PASRR Evaluation
<b>MN Approved</b>	Changed by [redacted] on 4/21/2021 11:53:13 AM
4/21/2021 11:53:13 AM	[redacted] : External: W. Medical Necessity Approved for the individual based on PASRR Evaluation.



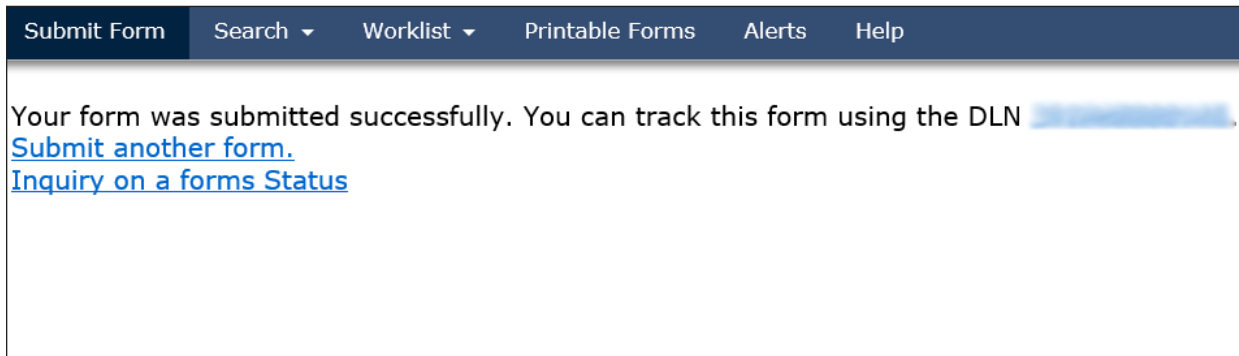
- 4) If the MN denial on the PE has not been overturned, the NF will see the following message: “Medical Necessity (MN) on PE has not been overturned to approved.” The MDS will remain in the **PE MN Denied** status, and the **Check MN on PE** button will still be displayed so that the NF can check again later if the MN denial was overturned on the PE.

The screenshot displays the MDS form interface. At the top, a red dashed box contains a message: "Medical Necessity (MN) on PE has not been overturned to approved." Below this, there is a blue padlock icon and a button labeled "Unlock Form". The main title of the form is "MINIMUM DATA SET (MDS) – Version 3.0", followed by "RESIDENT ASSESSMENT AND CARE SCREENING" and "Nursing Home Comprehensive (NC) Item Set". The current status is "PE MN Denied". Below the status, there are fields for "Name:", "DLN:", and "RUG:". A yellow bar contains two sections of actions: "Form Actions" with buttons for "Print", "Correct this form", and "Add Note"; and "Workflow Actions" with a button for "Check MN on PE". At the bottom, there is a grid of 20 sections labeled from Section A to Section Z, arranged in four columns and five rows.

## 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, 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.



The screenshot shows a web interface with a dark blue header bar containing navigation links: "Submit Form", "Search", "Worklist", "Printable Forms", "Alerts", and "Help". Below the header, a white box contains the following text: "Your form was submitted successfully. You can track this form using the DLN [redacted]". Below this text are two blue hyperlinks: "Submit another form." and "Inquiry on a forms Status".

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.

**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: @'/+,-.

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.

TMHP Texas Medicaid & Healthcare Partnership  
A STATE MEDICAID CONTRACTOR

Home TMHP.com My Account Logged in as: [User]

Submit Form Search Worklist Printable Forms Alerts Help

• The previously submitted PE is positive for ID, DD and MI. Correct the PL1 to include ID, DD and MI and re-submit.

PASRR LEVEL 1 SCREENING

Current Status: Name: [Name] DLN:0 Username: [Username]

Form Actions: [Print] [Save as Draft] [Print IDT]

Section A. Section B. Section C. **Section D.** Section E. Section F. IDT

**Section D. Nursing Facility Choices**

D0100. Nursing Facilities

Enter Provider No. and Vendor No. and click lookup tool to populate NF information.

(Hide NF Information)

• A. Provider No. • B. Vendor No.

C. NPI

D. Facility Name

E. Street Address

F. City  
SAN ANTONIO

G. State  
Texas(TX)

H. Zip Code

I. Phone

• J. NF Contact First Name K. NF Contact Middle Initial L. NF Contact Last Name M. NF Contact Suffix

N. NF is willing and able to serve individual O. NF Admitted the individual P. NF Date of Entry

Q. Comments

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

## PL1 Date of Assessment

Upon submission of a completed PL1 form, if a previous PL1 Screening Form is found with the same Date of Assessment, the new screening form will not be accepted. If a previous PL1 Screening Form is found with the Date of Assessment prior to the Date of Assessment on the new screening form, the new screening form will 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 status **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.

## Exempted Hospital Discharge, Expedited Admission, and Negative PL1

For Exempted Hospital Discharge, Expedited Admission, and Negative PASRR eligibility, there will be only one NF identified in Section D. The NF 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 the person on the PL1 will not be displayed. Therefore, the NF is not required to certify the PL1.

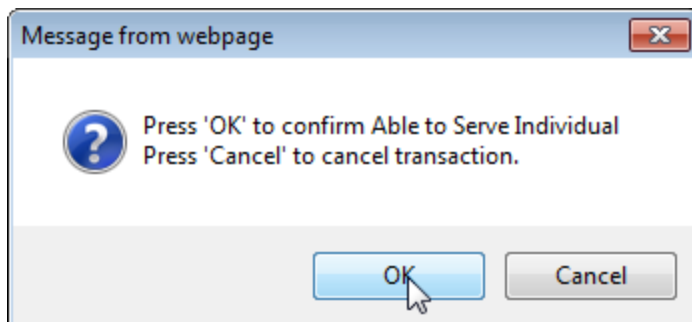
## Preadmission

For a PL1 submitted as a Preadmission admission type, there may be more than one NF identified in Section D. All NFs identified in Section D on a Preadmission PL1 can certify their ability to serve the person on the PL1 as long as none of the NFs have admitted the person yet. If the NF certifies that they are able to serve the individual, then the NF must enter an admission date in Section D by clicking on the **Admitted to NF** button once the person is admitted.

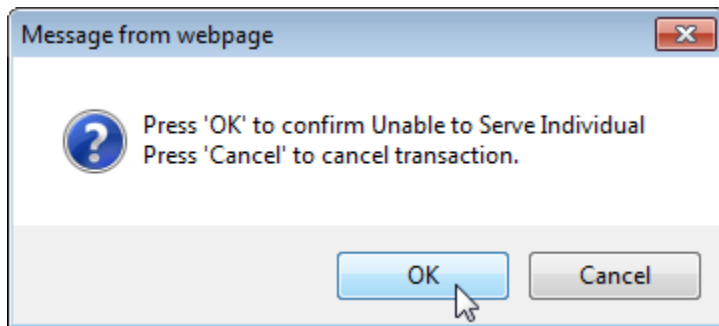
Once a positive PE has been submitted by the LA from a Preadmission PL1, the NF has 90 days to certify **Able to Serve the Individual** or **Unable to Serve the Individual**. If after 90 days, none of the NFs listed on the PL1 Screening Form in Section D have indicated an ability to serve and admitted the person, the PL1 is given a status of **NF Placement Process Exhausted** and no further action can be taken on the form. A new PL1 Screening Form and PE must be submitted by the LA and the certification process starts over.

**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 is not required to certify 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 Online Portal Basics, General Information, 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:

Your form was submitted successfully. You can track this form using the DLN    
[Submit another form.](#)  
[Inquiry on a forms Status](#)

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.

## PASRR Level 1 History Trail

Every PL1 Screening Form successfully submitted on the LTC Online Portal 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.

History	
<b>Form Submitted</b>	Changed by <span style="background-color: #e0e0e0; padding: 0 10px;"> </span> on <b>4/26/2018 7:23:42 AM</b>
4/26/2018 7:23:42 AM	<span style="background-color: #e0e0e0; padding: 0 10px;"> </span> : Internal: Form entered workflow.
<b>Negative PASRR Eligibility</b>	Changed by <b>System</b> on <b>4/26/2018 7:23:42 AM</b>
4/26/2018 7:23:42 AM	<b>System</b> : Internal: This individual is not eligible for PASRR specialized services. There is no indication of MI/IDD.
4/26/2018 7:23:42 AM	<b>System</b> : External: This individual is not eligible for PASRR specialized services. There is no indication of MI/IDD.

## 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.

Form submission errors are generally due to incorrect or mismatching information on the form when compared to either other forms or the source of truth for the data (e.g. State database, CMS, etc.).

Field errors are generally due to a data formatting error in a specific field or not entering data into a required field.

Below is an example of some of the typical form submission error messages (the verbiage in carats [<>] will be substituted by the system with the applicable information):

*"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 <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem."*

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

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 completed with the person and/or the LAR. The PE is always completed 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 the person's PASRR eligibility 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 completed upon request from HHSC or a nursing facility.



A PE is completed regardless of the person's Medicaid status. This includes people who already have Medicaid, are 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. If there are multiple active PL1's for a person at the same nursing facility, then a new PE should be initiated from the active PL1 with the latest assessment date.

Here are a few things to remember:

- PEs are always completed when a PL1 is positive.
- PEs can only be completed 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. 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.

**Note:** *If an LA or NF needs to add a note to the PL1 or PE, refer to the Add Note section of the **LTC User Guide for General Information, Online Portal Basics, and Program Resources**.*

## 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 (PE) and two payments for the PE if completed by separate Local Authorities.

When two Local Authorities are involved, the Local Authority that initiates submitting a PE is responsible for completing common sections of the PE. 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 PE still needs to be completed.

## Power Search for LA Evaluator

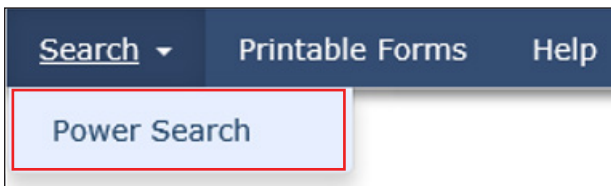
### Power Search

Certain Local Authority (LA) users will have the ability to search and access additional PASRR forms submitted by other LAs and NFs, as well as forms submitted for other programs using the **Power Search** function on the LTC Online Portal to collect historical information and aid with completing and submitting PEs.

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 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 to 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 specified.

### 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.

The screenshot shows the 'Search Criteria' section with a dropdown menu open for 'Form'. The menu lists various form types, with 'MDS 3.0: Minimum Data Set (Comprehensive)' highlighted in red. Other options include 'MDS 2.0: Minimum Data Set (Comprehensive)', 'MDSQTR 2.0: Minimum Data Set (Quarterly)', 'MDSQTR 3.0: Minimum Data Set (Quarterly)', 'NFSS: Authorization Request for PASRR NF Specialized Services', 'PASARR: PASARR Screening', 'PCSP: PASRR Comprehensive Service Plan', 'PE: PASRR Evaluation', and 'PL1: PASRR Level 1 Screening'. The 'Client' section is also visible, showing fields for Last Name, First Name, SSN, Medicaid Number, and Medicare Number. The 'Additional Criteria' section shows checkboxes for '1. Nursing', '3. CBA', and '4. CCLC'.

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.

The screenshot shows the 'Power Search' form with the following fields filled out: 'Form' type is 'MDS 3.0: Minimum Data Set (Comprehensive)', 'DLN' is empty, 'From Date' is 'mm/dd/yyyy', 'To Date' is '7/30/2021', 'Last Name' is empty, 'First Name' is empty, 'SSN' is empty, 'Medicaid Number' is empty, 'Medicare Number' is empty, and 'Date of Birth' is 'mm/dd/yyyy'. The 'Client' section is highlighted with a red box. The 'Vend' section is partially visible on the right.

- 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.

**Search Options**

You may either

Search for forms to view in any order

**Search**

or

Create a list of forms to work in sequence

Work List

You may also optionally save this search for later use

Search Name:

**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.

[Export Data to Excel](#)

Total Record(s): 2

Displayed Record(s): 1 to 2

Locked	DLN	Medicaid	SSN	Name	Vendor Number	Provider Number	Status	Assessment Reason	Assessment Date
<input type="checkbox"/>	<a href="#">[Link]</a>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Processed / Complete	01. Admission assessment (required by day 14)	[Redacted]
<input type="checkbox"/>	<a href="#">[Link]</a>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Processed / Complete	04. Significant change in status assessment	[Redacted]

## Steps to Submit 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](http://www.tmhp.com).

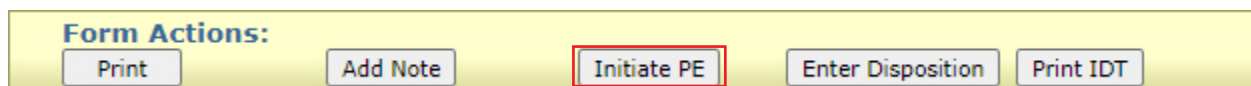
- 2) Click **Programs**.
- 3) Click **Long-Term Care** from the drop-down menu
- 4) Click the **LTC Online Portal** button.
- 5) Enter your user name and password. Click the **OK** button. The FSI page will display by default.
- 6) Type of Form: Choose **PL1: PASRR Level 1 Screening** from the drop-down 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.



The image shows a yellow horizontal bar labeled "Form Actions:". Inside the bar are five buttons: "Print", "Add Note", "Initiate PE", "Enter Disposition", and "Print IDT". The "Initiate PE" button is highlighted with a red rectangular border.

- 13) The Submit Form page will open. The following fields will be auto populated.
  - Type of Form
  - Vendor Number (enabled)
  - Medicaid Number

- 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 people suspected of having ID or DD. This section is only filled out by the LIDDA who completed 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 because they don't have the permission to complete the IDD section on the PE.

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

Below Section B is an area to list the specialized services which will be provided or coordinated by the LIDDA or IDD provider, 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 IDD Providers always has choice 10. Habilitation Coordination selected by default when "1. Yes" is selected in field B0100 and/or B0200. This choice cannot be changed. Field B0600. Recommended Services Provided/Coordinated by the Nursing Facility does not have a default choice. For a list of the specialized services which can be selected, refer to Appendix B.

LIDDA and NF recommended services will auto populate in fields B0500. Recommended Services Provided/Coordinated by IDD Providers and B0600. Recommended Services Provided/Coordinated by Nursing Facility based upon the areas of assistance needed by the person as marked in field B0400. For a table with more information on the auto populate behavior, refer to Appendix B.

The LIDDA may still select options available in B0500 and B0600 independent of the auto population by clicking the **Add Recommended Specialized Service** link. If the LIDDA deselects a response in B0400, the auto populated choice(s) in B0500 and B0600 will also be deselected.

The final services selected in B0600 will be the services NF providers should review when determining whether or not they can meet the needs of the person. NF will have a better understanding of potential services to make sure they can meet the needs of the people and to better prepare for the IDT meeting.


## Adding a Recommended Specialized Service

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

<b>B0500.</b>	<b>Recommended Services Provided/Coordinated by IDD Providers</b>	10. Habilitation Coordination <input type="button" value="v"/> <a href="#">Add Recommended Specialized Service</a>
<b>B0600.</b>	<b>Recommended Services Provided/Coordinated by Nursing Facility</b>	<a href="#">Add Recommended Specialized Service</a>



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

<b>B0500.</b>	<b>Recommended Services Provided/Coordinated by IDD Providers</b>	10. Habilitation Coordination 
<b>B0600.</b>	<b>Recommended Services Provided/Coordinated by Nursing Facility</b>	<div style="border: 1px solid black; padding: 5px;"> 1. Alternate Placement Services  4. Service Coordination (SC)  5. Employment Assistance  6. Supported Employment  7. Day Habilitation  8. Independent Living Skills Training  9. Behavioral Support </div>

## PASRR Evaluation - Section C

Section C contains the Determination of PASRR Eligibility for people suspected of having MI as well as applicable Specialized Services Determination/Recommendations. This section is only filled out by the LMHA/LBHA who completed 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 LIDDA because they don't have permission to complete the MI section on the PE.

**PASRR EVALUATION**

Current Status: Name:   DLN: 0

**Form Actions:**

Section A.

Section B.

Section C.

Section D.

Section E.

Section F.

Authorization

**Section C**  
**TO BE COMPLETED FOR INDIVIDUALS SUSPECTED OF HAVING MENTAL ILLNESS**

**C0050.** I am completing the MI section ☐

**Determination for PASRR Eligibility (MI)**

C0100.

Primary Diagnosis of Dementia

Does this individual have a PRIMARY diagnosis of Dementia?

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 MI diagnosis listed under C0300 and at least one functional limitation listed under C0400 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.

<b>C1000. Recommended Services Provided/Coordinated by Local Authority</b>	<a href="#">Add Recommended Specialized Service</a>
--	---

## 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 five 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 the description for a diagnosis code, enter the diagnosis code and then press the tab key, enter key, or lookup icon. The diagnosis description is auto populated.

When documenting a diagnosis code for an Intellectual Disability (ID) or 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 ID or DD. The date of onset will be one of the determining factors in PASRR eligibility. The ID must have manifested before the age of 18. The related condition/developmental disability must have manifested 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 people with a diagnosis of ID or DD.

PASRR Evaluation				
Current Status: Name: [REDACTED] DLN:0 Username: [REDACTED]				
Form Actions: <a href="#">Print</a> <a href="#">Save as Draft</a>				
<a href="#">Section A.</a> <a href="#">Section B.</a> <a href="#">Section C.</a> <a href="#">Section D.</a> <a href="#">Section E.</a> <a href="#">Section F.</a> <a href="#">Authorization</a>				
<b>Section D</b>				
<b>Nursing Facility Level of Care Assessment</b>				
<b>Evaluation of History and Physical Information</b>				
<b>D0100. Diagnosis</b>	<b>A. Physical/Mental Diagnosis Code</b> <input type="text" value="q900"/> <input type="text" value="f72"/> <input type="text" value="f05"/> <input type="text" value="a78"/> <input type="text" value="f064"/> <a href="#">Add Diagnosis</a>	<b>B. Physical/Mental Diagnosis Description</b> <input type="text" value="TRISOMY 21, NONMOS."/> <input type="text" value="SEVERE INTELLECTUAL"/> <input type="text" value="DELIRIUM DUE TO KNC"/> <input type="text" value="Q FEVER"/> <input type="text" value="ANXIETY DISORDER DL"/>	<b>C. Date of Onset, if known</b> <input type="text" value="7/4/2001"/> <input type="text" value="7/4/2001"/> <input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	<b>D. Primary Diagnosis</b> <input checked="" type="radio"/> <a href="#">Delete Diagnosis</a> <input type="radio"/> <a href="#">Delete Diagnosis</a> <input type="radio"/> <a href="#">Delete Diagnosis</a> <input type="radio"/> <a href="#">Delete Diagnosis</a> <input type="radio"/> <a href="#">Delete Diagnosis</a> <input type="radio"/> <a href="#">Delete Diagnosis</a>

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) are questions regarding the appropriateness of an NF 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 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 should complete the referral fields in the Referrals (F1000) section, found at the bottom of the screen prior to submitting the PE. 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.

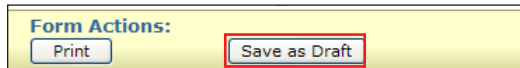
## **PASRR Evaluation - Authorization**

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

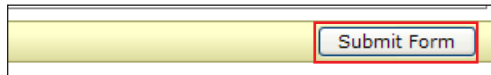
When you have completed all the required fields, you will have two choices:

- 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.

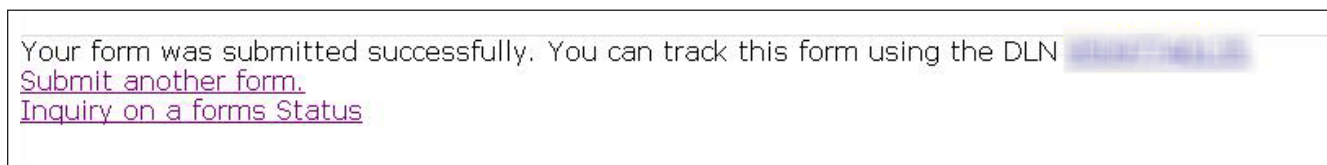
If the PE does not pass form submission validations, the LTC Online Portal will display one or more of the following error messages:

*“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.



If the PE does pass the validations, a DLN is assigned to the PE and the PE DLN will be added to the associated PL1 Screening. The PE will also be updated with the PL1 Screening DLN. By doing so, both the PL1 Screening and the PE are linked together. This allows you to access the PE from the PL1 Screening and the PL1 Screening from the PE.

**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. If the Personal Information is changed after the PE is submitted, then the PL1 will be updated with the new information.*

## 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, and the Completion Transaction is in the status **LA Action Required**, then 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	3/13/2020 3:19:30 PM			
3/13/2020 3:19:30 PM	TMHP : PE Completion Transaction (MI) has been created.			
SAS Request Pending	3/13/2020 3:19:31 PM			
3/13/2020 3:19:31 PM	TMHP : The request is being processed by DADS. Please allow 2-4 business days for the next status change.			
LA Action Required	3/14/2020 5:12:30 AM			
3/14/2020 5:12:30 AM	TMHP : PS-0002: This authorization request cannot be processed because the submitted Medicaid 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 and that it is valid for the LA's contract date range.
- 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) 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 [Appendix G: Form and PTID Statuses](#) in 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**.

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 identifying information for the person now matches between the PE and HHSC, 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 : <b>PS-0005:</b> 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.



<b>PS-0005:</b> 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. <ul style="list-style-type: none"> <li>• If the Medicaid No. is incorrect on the PE, update it and resubmit.</li> <li>• 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.             <ul style="list-style-type: none"> <li>- If the identifying information on the PE is incorrect, update it as needed and resubmit.</li> <li>- 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.</li> </ul> </li> </ul>
---	---------------	--

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. The person or their LAR can contact HHSC and request that identifying information be corrected. Once the problem is resolved at HHSC, 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:
- V. Click the **Change Status** button to accept the change. The status of the Completion Transaction will change to **Submit to SAS** or **SAS Request Pending**, indicating that it has been resubmitted to HHSC.
- VI. Click the **Cancel** button to discard the change.

**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	
<b>PE Completion Transaction Created</b>	<b>7/24/2014 12:58:24 PM</b>
7/24/2014 12:58:24 PM	<b>TMHP</b> : PE Completion Transaction (IDD) has been created.
<b>SAS Request Pending</b>	<b>7/24/2014 12:58:25 PM</b>
7/24/2014 12:58:25 PM	<b>TMHP</b> : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
<b>LA Action Required</b>	<b>7/25/2014 4:43:40 AM</b>
7/25/2014 4:43:40 AM	<b>TMHP</b> : <b>PS-0005</b> : 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.

<b>PS-0005</b> : 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	<p>The individual's Medicaid No. on the PE is not on file.</p> <ul style="list-style-type: none"> <li>• If the Medicaid No. is incorrect on the PE, update it and resubmit.</li> <li>• 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. <ul style="list-style-type: none"> <li>- If the identifying information on the PE is incorrect, update it as needed and resubmit.</li> <li>- 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.</li> </ul> </li> </ul>
--	---------------	---

## 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. Examples of how NFs can use FSI include determining:

- How many people are PASRR positive in preparation for a CHOW?
- Who is eligible for a DME?  
Or
- The people that are PASRR positive for a specific condition when asked by Regulatory staff.

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) 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.

7) Click the **Search** button. The search will return a list of all people currently residing in the NF 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.

**Form Select**

Type of Form MDS 3.0: Minimum Data Set (Comprehensive)  
Vendor Number for Provider Number

**Form Status Inquiry**

DLN  
Last Name  
Form Status  
SSN  
From Date 04/28/2015  
Purpose Code  
Reason for Assessment  
PASRR Eligibility Type 2. MI Only

Medicaid Number  
First Name  
To Date 04/28/2015

Search

**6 record(s) returned.**  
[Export Data to Excel](#)

Last Name	First Name	PASRR Eligibility Type	Medicaid #	SSN	Medicare #	Vendor Number	Provider Number	Admission Date
BAKER	ROCKY	2. MI Only	6143759910	4940274285	4940274285	5087	0000017872	4/14/2014
BATTLE	JOHN	2. MI Only	5118627668	4507430118	4507430118	5087	0000017872	5/31/2014
BROWN	LINDA	2. MI Only	2573879401	4572579440		5087	0000017872	12/11/2011
HIGGINS	RAULPH	2. MI Only	5206932236	4608870008	4608870008	5087	0000017872	5/2/2013
HOBBS	ELIAS	2. MI Only	6178776108	4338303176	4338303176	5087	0000017872	7/17/2013
SMALL	WENDY	2. MI Only	5089999802	4506113678		5087	0000017872	4/23/2014

## The PASRR Comprehensive Service Plan (PCSP) Form

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 submitter 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 NF must submit an IDT meeting on the PCSP form before attempting to resubmit the MDS LTCMI. If the PCSP form is rejected because of an invalid PL1 or PE, a new PL1 and PE must be submitted before submitting the PCSP form and then resubmitting the MDS LTCMI.

## 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.*

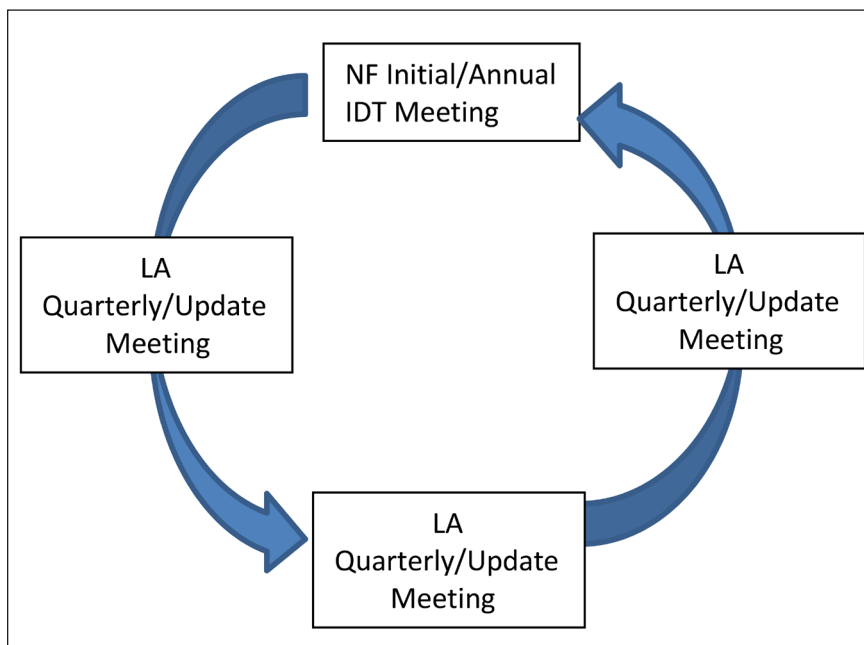
LIDDAs use the PCSP form to record Quarterly Service Planning Team (SPT) meetings and any LA Update meetings in between the Quarterly SPT meetings.

LMHAs/LBHAs use the PCSP form to record MI Quarterly meetings and any LA Update meetings in between the MI Quarterly meetings.

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).

For more information, refer to the *Adding a Meeting on the PCSP Form* section of this User Guide.

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.

	DLN	TMHP Received Date	SSN	Medicaid	Medicare #	First Name	Last Name	Status	Provider Number	Vendor Number
<a href="#">View Detail</a>	4400000178	1/10/2019	4400000178	4400000178		JOHNSON	4400000178	Form Inactivated	4400000178	4400000178
<a href="#">View Detail</a>	4400000400	1/11/2019	4400000400	4400000400		WILLIAMS	4400000400	Approved	4400000400	4400000400
<a href="#">View Detail</a>	4400000707	1/14/2019	4400000707	4400000707		JOHNS	4400000707	Negative PASRR Eligibility	4400000707	4400000707
<a href="#">View Detail</a>	4400000808	1/14/2019	4400000808	4400000808	4400000808	JOHN	4400000808	Positive PASRR Eligibility	4400000808	4400000808
<a href="#">View Detail</a>	4400000808	1/14/2019	4400000808	4400000808	4400000808	JOHN	4400000808	Negative PASRR Eligibility	4400000808	4400000808
<a href="#">View Detail</a>	4400000808	1/15/2019	4400000808	4400000808	4400000808	JOHNSON	4400000808	Negative PASRR Eligibility	4400000808	4400000808
<a href="#">View Detail</a>	4400000808	1/16/2019	4400000808	4400000808	4400000808	JOHNSON	4400000808	Negative PASRR Eligibility	4400000808	4400000808
<a href="#">View Detail</a>	4400000700	1/16/2019	4400000700	4400000700		JOHNS	4400000700	Form Inactivated	4400000700	4400000700
<a href="#">View Detail</a>	4400000808	1/17/2019	4400000808	4400000808		JOHNS	4400000808	Negative PASRR Eligibility	4400000808	4400000808

Figure – View Detail Screen



**PASRR Evaluation**

**Current Status:** Positive PASRR Eligibility **Name:** [REDACTED] **DLN:** [REDACTED] **Username:** [REDACTED]  
**PL1:** [REDACTED]

**Form Actions:**

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 annual IDT meeting must be submitted on a new PCSP form initiated from the PE and will generate a new DLN for the next year. The LTC Online Portal will not allow the submission of another PCSP form that is indicated as a 1. Initial IDT/SPT meeting initiated from the same PE for the same provider number if an initial IDT meeting already exists on a PCSP DLN.
  - The LA will not need to initiate a new PCSP form because they will simply add their Quarterly/LA Update meeting to the existing PCSP DLN that contains the IDT meeting using the **Add Meeting** button.
- 10) Click the **Enter Form** button.

**Initiate Form**

**Form Information**

Type of Form  
 PCSP: PASRR Comprehensive Service Plan [v]

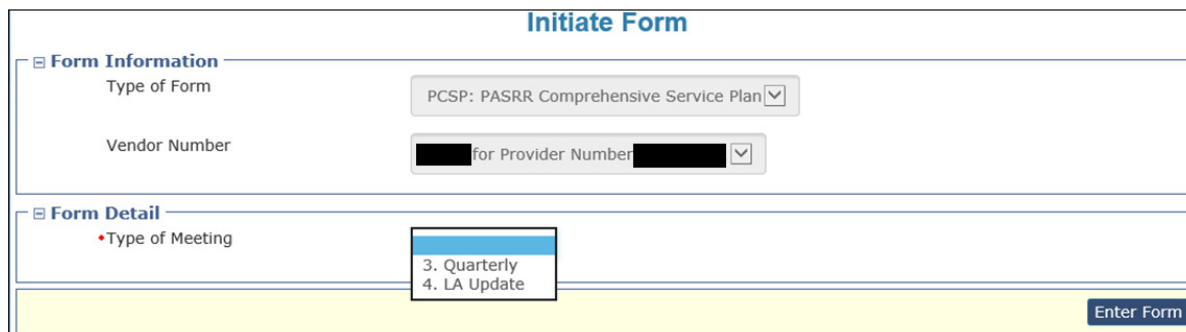
Vendor Number  
 [REDACTED] for Provider Number [REDACTED] [v]

**Form Detail**

• Type of Meeting

1. Initial IDT/SPT  
 2. Annual IDT/SPT

Figure – PCSP Form Initiated



The screenshot shows the 'Initiate Form' interface. It has two main sections: 'Form Information' and 'Form Detail'. In the 'Form Information' section, 'Type of Form' is set to 'PCSP: PASRR Comprehensive Service Plan' and 'Vendor Number' is a dropdown menu. In the 'Form Detail' section, 'Type of Meeting' is a dropdown menu with options '3. Quarterly' and '4. LA Update'. An 'Enter Form' button is located at the bottom right.

Figure - Initiate Form

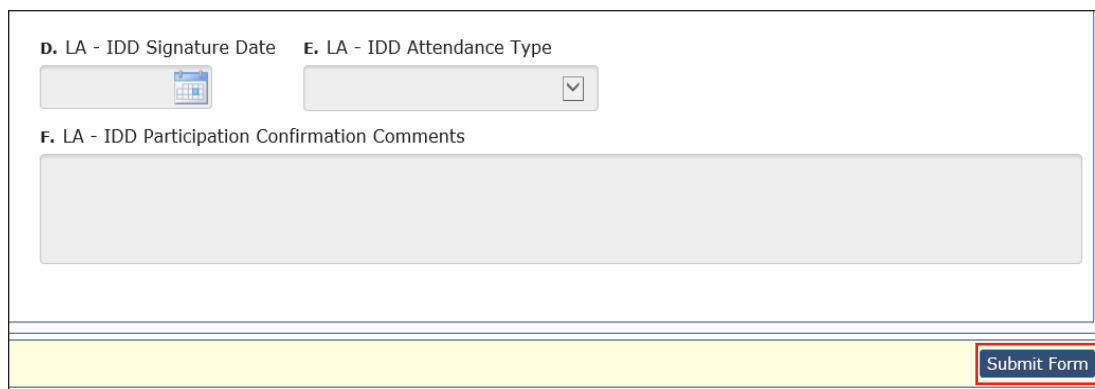
- 11) The PCSP form will display. Enter all the required field information denoted by red dots. For more information, refer to the Completing Required Fields section of this User Guide.



The screenshot shows the 'PCSP: PASRR Comprehensive Service Plan' form. At the top, it displays 'Current Status: Unsubmitted', 'Name', 'DLN: 0', and 'Username'. Below this is a 'Form Actions' bar with 'Save as Draft' and 'Print' buttons. The main form area has two tabs: 'PCSP' (highlighted with a red box) and 'Summary'. Under the 'PCSP' tab, there is a 'Submitter Information' section with fields for 'A0100. Name' and 'A0200. Address'.

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.



The screenshot shows the bottom section of the PCSP form. It includes fields for 'D. LA - IDD Signature Date' (with a calendar icon), 'E. LA - IDD Attendance Type' (with a dropdown menu), and 'F. LA - IDD Participation Confirmation Comments' (with a large text area). A 'Submit Form' button is highlighted with a red box at the bottom right.

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. Nursing Facility Specialized Services, A2900. Durable Medical Equipment (DME), and A3000. IDD Specialized Services when the value in field A2400. Individual is PASRR positive for: is 1. IDD only.
- Field A2700A. Nursing Facility Specialized Services Indication is only required to be completed if the value in field A2400 is
  - 1. IDD only; or
  - 3. IDD and MI.
- In field A2500A. Participant Type, the Habilitation Coordinator is one of the options for 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. Participant Type 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 the submitter will receive an error message 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, a DLN will be assigned. 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.

**PCSP: PASRR Comprehensive Service Plan**

Current Status: Form Completed    Name: [REDACTED]    DLN: [REDACTED]    Username: [REDACTED]

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

[PCSP](#)   [Summary](#)

PCSP

☐ **Submitter Information**

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

[PCSP](#)   [Summary](#)

**Summary**

☐ **Participants Information**

**B0100. Meeting Participation**

Show  entries

	A. Participant Type	B. Attendance Type	C. Title	D. Other	E. Full Name	F. Type of Meeting	G. Date of Meeting
1	1. Individual	1. Yes - Attended in person	1. Diversion Coordinator		[REDACTED]	1. Initial IDT/SPT	9/10/2018
2	2. LA - IDD	2. Yes - Attended via phone	2. Habilitation Coordinator		t1	1. Initial IDT/SPT	9/10/2018

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, submission of added meetings, updates to the form, and alerts.

☐ **History**

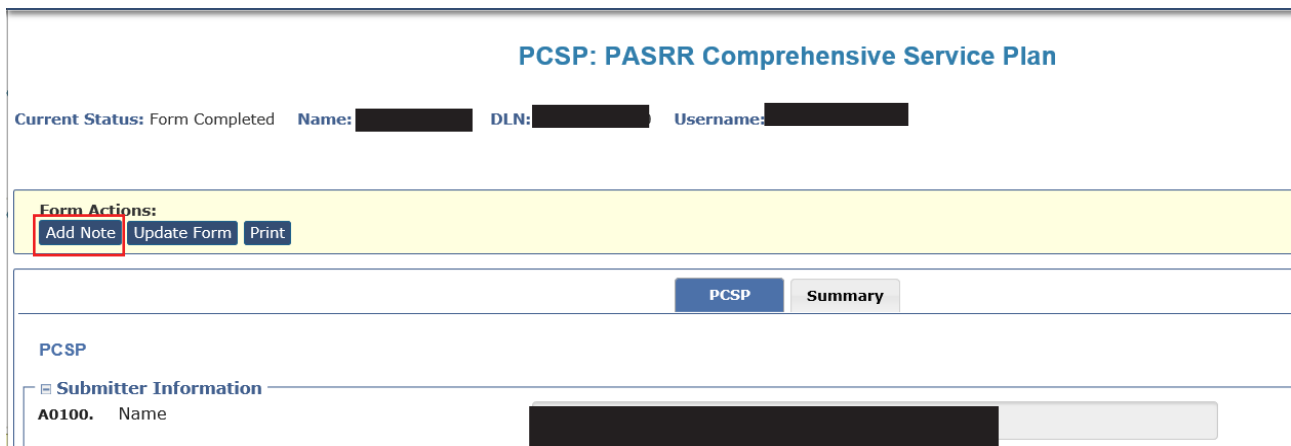
Form Completed	
4/1/2021 12:52:50 PM	TMHP : This form was submitted from [REDACTED]
4/1/2021 12:52:50 PM	TMHP : Medicaid Eligibility found for the person for the Date of Meeting or later.
4/1/2021 12:52:50 PM	TMHP : An alert was created and submitted to the [REDACTED]
4/1/2021 1:03:10 PM	TMHP : The system has accepted IDD Specialized Services and Participation Confirmation of Initial/Annual Meeting.

Figure – PCSP Form History Trail

## Adding Notes to the PCSP Form

To add a note to the form History:

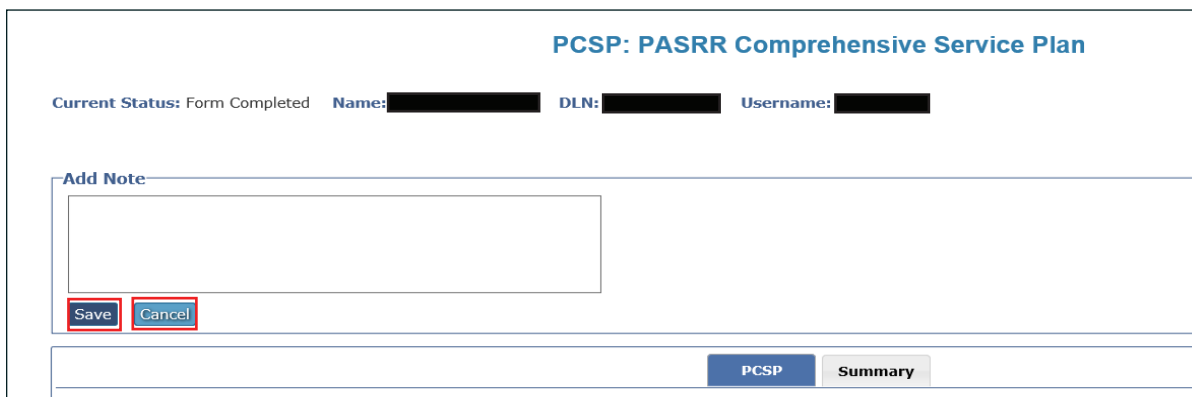
- 1) Click the **Add Note** button in the yellow Form Actions bar.



The screenshot shows the top portion of the 'PCSP: PASRR Comprehensive Service Plan' form. At the top, it displays 'Current Status: Form Completed' and fields for 'Name:', 'DLN:', and 'Username:'. Below this is a yellow 'Form Actions' bar containing three buttons: 'Add Note' (highlighted with a red box), 'Update Form', and 'Print'. Underneath the bar are two tabs: 'PCSP' (active) and 'Summary'. A section titled 'PCSP' contains a sub-section 'Submitter Information' with a label 'A0100. Name' followed by a redacted text box.

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.



This screenshot shows the 'Add Note' section of the form. It features a large text input box for entering the note. Below the text box are two buttons: 'Save' (highlighted with a red box) and 'Cancel' (also highlighted with a red box). The rest of the form header, including the title 'PCSP: PASRR Comprehensive Service Plan', status, and tabs, is consistent with the previous figure.

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 to make corrections. NFs can make corrections to the IDT meeting on the PCSP form as long as:

- It is within 30 days from when the meeting was submitted or updated, and
- The LA has not confirmed the IDT meeting.

The NF can update the IDT meeting to make corrections by clicking on the **Update Form** button.

The NF updates the meeting as follows:

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

The screenshot shows the top portion of the 'PCSP: PASRR Comprehensive Service Plan' form. At the top, it displays 'Current Status: Form Completed' and fields for 'Name', 'DLN', and 'Username'. Below this is a yellow 'Form Actions' bar containing three buttons: 'Add Note', 'Update Form' (which is highlighted with a red box), and 'Print'. At the bottom of the form, there are two tabs: 'PCSP' and 'Summary'.

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.

This screenshot shows the bottom portion of the PCSP form. It includes fields for 'D. LA - IDD Signature Date' (with a calendar icon), 'E. LA - IDD Attendance Type' (with a dropdown arrow), and 'F. LA - IDD Participation Confirmation Comments' (with a large text area). A yellow bar at the bottom right contains the 'Submit Form' button, which is highlighted with a red box. Below this is a 'History' section with a table of form completion events.

History	
Form Completed	7/7/2021 9:55:58 AM
7/7/2021 9:55:58 AM	TMHP : This form was submitted from [redacted]
7/7/2021 9:55:58 AM	TMHP : Medicaid Eligibility found for the person for the Date of Meeting or later.
7/7/2021 9:55:59 AM	TMHP : An alert was created and submitted to the LA - IDD/LA - MI for confirmation of IDT.

Figure – Submit Form

History	
Form Completed	Changed by portal4335 on 1/28/2019 11:05:47 AM
1/28/2019 11:05:47 AM	portal4335 : Internal: This form was submitted from PE: [REDACTED]
1/28/2019 11:05:47 AM	portal4335 : External: This form was submitted from PE: [REDACTED]
1/28/2019 11:05:47 AM	System : Internal: An alert was created and submitted to the LA - IDD/LA - MI for confirmation of IDT.
1/28/2019 11:05:47 AM	System : External: An alert was created and submitted to the LA - IDD/LA - MI for confirmation of IDT.
1/29/2019 11:20:30 AM	portal4335 : Internal: The following fields on the form have been updated: Field: A0800. Date of Meeting Old Value: 1/18/2019 New Value: 1/28/2019
	Field: A3000F. Habilitation Coordination Old Value: 3. Ongoing New Value: 7. Not Needed Field: A2800A. Individual/LAR Refused all Services Old Value: FALSE New Value: TRUE Field: A2800B. Customized Manual Wheelchair (CMWC) Old Value: 7. Not Needed New Value: 1. Individual/LAR Refused Field: A2800D. Specialized Assessment Occupational Therapy (OT) Old Value: 7. Not Needed New Value: 1. Individual/LAR Refused Field: A2800E. Specialized Assessment Physical Therapy (PT) Old Value: 7. Not Needed New Value: 1. Individual/LAR Refused Field: A2800F. Specialized Assessment Speech Therapy (ST) Old Value: 7. Not Needed New Value: 1. Individual/LAR Refused Field: A2800G. Specialized Occupational Therapy (OT) Old Value: 4. Discontinued New Value: 1. Individual/LAR Refused Field: A2800H. Specialized Physical Therapy (PT) Old Value: 4. Discontinued New Value: 1. Individual/LAR Refused Field: A2800I. Specialized Speech Therapy (ST) Old Value: 4. Discontinued New Value: 1. Individual/LAR Refused Field: A2500C.3 Title Old Value: 12. Speech Therapist New Value: 13. Other Field: A2500C.4 Title Old Value: 2. Habilitation Coordinator New Value: 11. Service Coordinator

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.


<b>PCSP: PASRR Comprehensive Service Plan</b>			
Current Status: Form Completed	Name: [REDACTED]	DLN: [REDACTED]	Username: [REDACTED]
			
<b>Form Actions:</b> Add Note   Update Form <b>Print</b>			
PCSP		Summary	
PCSP			

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.



**PCSP: PASRR Comprehensive Service Plan**

Current Status: Form Completed    Name: [REDACTED]    DLN: [REDACTED]    Username: [REDACTED]
  
Unlock Form

**Print**

	A. Submitted Date	B. Date of Meeting	C. Type of Meeting	
1	7/7/2021 9:55:58 AM	7/1/2021	1. Initial IDT/SPT	

Cancel

PCSP
Summary

[PCSP](#)

**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.

[Submit Form](#)    [Search](#)    [Worklist](#)    [Printable Forms](#)    [Alerts](#)    [Help](#)

Alerts

Delete Alert

Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	<a href="#">Confirm IDT</a>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1/15/2019	MI only
<input type="checkbox"/>	<span style="border: 1px solid red; padding: 1px;">Confirm IDT</span>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1/15/2019	MI only
<input type="checkbox"/>	<a href="#">Confirm IDT</a>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1/13/2019	IDD only

**Figure – Alerts**

[Return To Alerts Page](#)

**Subject: Confirm IDT**

**Sent: 10/18/2018 9:36:59 PM**

The NF has submitted a New or Updated IDT meeting on the LTC Online Portal for an individual for which your LA - IDD/LA - MI is responsible. Please check the IDT Meeting information on the PCSP form for accuracy and confirm.

Admitting Nursing Facility: [REDACTED]  
NPI No.: [REDACTED]  
Vendor No.: [REDACTED]  
Provider No.: [REDACTED]  
Individual: [REDACTED]  
Medicaid No.: [REDACTED]  
Social Security No.: [REDACTED]  
Medicare No.: [REDACTED]  
PASRR Comprehensive Service Plan DLN: [REDACTED]

**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. This alert will be sent to the NF so the SPT or LA Update meeting can be printed through the PCSP form and specialized services can be updated on the person's comprehensive care plan by the NF.

Submit Form Search Worklist Printable Forms Alerts Help										
Alerts										
Create Alert Delete Alert										
Incoming Alerts										
Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	PL1 needs Certification – First Notification			+					1/8/2019	MI only
<input type="checkbox"/>	Quarterly/Update Meeting Submission								1/8/2019	IDD and MI

Figure – Alerts

Return To Alerts Page

**Subject: Quarterly/Update Meeting Submission**
**Sent: 1/8/2019 1:32:29 PM**

A Quarterly or LA Update meeting has been submitted on the LTC Online Portal for an individual in your facility. A copy of the SPT Meeting on the PCSP form must be printed and revised services included in the Individual Comprehensive Care Plan.

Admitting Nursing Facility: [REDACTED]  
 NPI No.: [REDACTED]  
 Vendor No.: [REDACTED]  
 Provider No.: [REDACTED]  
 Individual: [REDACTED]  
 Medicaid No.: [REDACTED]  
 Social Security No.: [REDACTED]  
 Medicare No.: [REDACTED]  
 PASRR Comprehensive Service Plan DLN: [REDACTED]

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.

**PCSP: PASRR Comprehensive Service Plan**

Current Status: Form Completed    Name: [REDACTED]    DLN: [REDACTED]    Username: [REDACTED]



**Form Actions:**

[Add Note](#) [Add Meeting](#) [Print](#)

[PCSP](#)   [Summary](#)

**PCSP**

**Submitter Information**

A0100. Name [REDACTED]


**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.

## Confirming an IDT Meeting on the PCSP Form

Submit Form   Search   Worklist   Printable Forms   Alerts   Help

**PCSP: PASRR Comprehensive Service Plan**

Current Status: Form Completed    Name: [REDACTED]    DLN: [REDACTED]    Username: [REDACTED]



**Form Actions:**

[Add Note](#) [Confirm IDT](#) [Print](#)

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 it is not more than 30 days since the meeting was submitted or updated, the LA has not confirmed the IDT meeting, or a Quarterly or LA Update meeting has not been added to the form. 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.

**Local Authority Confirmation**

**A3400. LA - MI Specialized Services and Participation Confirmation**

**A. I am Confirming the MI section**  
☐

**B. All MI Specialized Services selected were agreed to by the IDT**

**C. LA - MI Specialized Services Comments**

**D. LA - MI Signature Date** **E. LA - MI Attendance Type**

**F. LA - MI Participation Confirmation Comments**

**A3500. LA - IDD Specialized Services and Participation Confirmation**

**A. I am Confirming the IDD section**  
☐

**B. All IDD Specialized Services selected were agreed to by the IDT**

**C. LA - IDD Specialized Services Comments**

**D. LA - IDD Signature Date** **E. LA - IDD Attendance Type**

**F. LA - IDD Participation Confirmation Comments**

- 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

The nursing facility (NF) must ensure that an active NF or hospice daily care, or Medicare service authorization for co-insurance 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.

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 submitter (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 there is an active service authorization for NF daily care, Hospice daily care, or Medicare coinsurance 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. The following error message is one example:

The screenshot displays the 'Authorization Request for PASRR NF Specialized Services (NFSS)' form in the LTC Online Portal. The top navigation bar includes links for 'Submit Form', 'Search', 'Worklist', 'Printable Forms', 'Alerts', and 'Help'. The form title is 'Authorization Request for PASRR NF Specialized Services (NFSS)'. Below the title, the 'Current Status' is 'Unsubmitted', and there are input fields for 'Name:', 'DLN:', and 'Username:'. A red error message box states: 'This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.' Below the error message, there is a 'Form Actions' section with 'Print' and 'Save as Draft' buttons. At the bottom, a grid of buttons allows navigation between different sections: 'Resident/NF', 'CMWC/DME Assessment' (highlighted), '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', and 'Auth Summary'.

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.

The screenshot shows the 'Form Status Inquiry' screen. At the top, there is a navigation bar with 'Submit Form', 'Search', 'Worklist', 'Printable Forms', 'Alerts', and 'Help'. Below this, the 'Form Status Inquiry' button is highlighted with a red box. The 'Form Select' section contains a 'Type of Form' dropdown and a 'Vendor Number' dropdown. The 'Form Status Inquiry' section includes fields for DLN, Last Name, First Name, Form Status, SSN, CARE ID, From Date, and To Date. A 'Search' button is located at the bottom right.

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

The screenshot shows the 'Form Status Inquiry' screen with 'PL1: PASRR Level 1 Screening' selected in the 'Type of Form' dropdown. The 'Form Status Inquiry' section includes fields for DLN, Last Name, First Name, Form Status, SSN, From Date, To Date, Mental Illness, Intellectual Disability, Developmental Disability, PASRR Eligibility, and Discharged/Deceased. A 'Search' button is located at the bottom right.

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.

Submit Form
Search
Worklist
Printable Forms
Alerts
Help

### Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Unsubmitted    Name:    DLN: 0    Username:

**Form Actions:**  
Save as Draft

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

**Resident/NF**

Resident Information

**A0100.** Resident's Name

A. First Name

B. Middle Initial

C. Last Name

D. Suffix

**A0200.** Social Security and Medicare Numbers

A. Social Security No.

B. Medicare No.

**A0300.** Medicaid No.

A. Birth Date

B. Age at Time of Submission

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. After 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.

**Type of Service Requested**

**\*A2000.** Request Type  
Select from only 1 category CMWC, DME, or Habilitative Therapies  
1. Customized Manual Wheel Chair (CMWC) ▼

**\*A2100.** CMWC Service Type  
▼

**A2200.** DME Service Type  
1. CMWC Assessment Only  
2. CMWC

**A2210.** Requested DME item  
Select all that apply  
☐ A. Gait Trainer  
☐ B. Orthotic Device  
☐ C. Positioning Wedge  
☐ D. Prosthetic Device  
☐ E. Special Needs Car Seat or Travel Restraint  
☐ F. Specialized or Treated Pressure-Reducing Support Surface Mattress  
☐ G. Standing Board/Frame

**A2300.** Habilitative Therapies  
Select all that apply  
☐ A. Occupational Therapy (OT)  
☐ B. Physical Therapy (PT)  
☐ C. Speech Therapy (ST)

**Submit Form**

- 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.

**Type of Service Requested**

**\*A2000.** Request Type  
Select from only 1 category CMWC, DME, or Habilitative Therapies  
2. Durable Medical Equipment (DME) ▼

**A2100.** CMWC Service Type  
▼

**\*A2200.** DME Service Type  
▼

**A2210.** Requested DME item  
1. DME Assessment Only  
2. DME  
☐ A. Gait Trainer  
☐ B. Orthotic Device  
☐ C. Positioning Wedge  
☐ D. Prosthetic Device  
☐ E. Special Needs Car Seat or Travel Restraint  
☐ F. Specialized or Treated Pressure-Reducing Support Surface Mattress  
☐ G. Standing Board/Frame

**A2300.** Habilitative Therapies  
Select all that apply  
☐ A. Occupational Therapy (OT)  
☐ B. Physical Therapy (PT)  
☐ C. Speech Therapy (ST)

**Submit Form**

- 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.

**Type of Service Requested**

**\*A2000. Request Type** Select from only 1 category CMWC, DME, or Habilitative Therapies  
 3. Habilitative Therapies

**A2100. CMWC Service Type**

**A2200. DME Service Type**

**A2210. Requested DME Item** Select all that apply

- ☐ A. Gait Trainer
- ☐ B. Orthotic Device
- ☐ C. Positioning Wedge
- ☐ D. Prosthetic Device
- ☐ E. Special Needs Car Seat or Travel Restraint
- ☐ F. Specialized or Treated Pressure-Reducing Support Surface Mattress
- ☐ G. Standing Board/Frame

**\*A2300. Habilitative Therapies** Select all that apply

- ☐ A. Occupational Therapy (OT)
- ☐ B. Physical Therapy (PT)
- ☐ C. Speech Therapy (ST)

**Submit Form**

- 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>.

**Authorization Request for PASRR NF Specialized Services (NFSS)**

Current Status: Unsubmitted Name: ALBERT PARR DLN: 0 Username: [redacted]

**Form Actions:**  
 Save as Draft

**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

**Resident/NF**

**Resident Information**

**A0100. Resident's Name**

A. First Name B. Middle Initial C. Last Name D. Suffix

ALBERT [redacted] PARR [redacted] [redacted]

- 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.)

The screenshot displays the 'Authorization' section of the NFSS form. The form is titled 'Authorization' and includes a sub-section 'B5000. Assessment'. The fields are as follows:

- A. PTID**: A text box for entering the PTID number.
- B. Status**: A text box for entering the status of the PTID.
- C. Action**: A drop-down menu for selecting an action.
- D. Reason Code**: A section with two radio button options:
  - 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item.
  - 2. Other
- E. If Other**: A large text box for providing additional information if the 'Other' reason code is selected.
- F. Date of Assessment**: A text box for entering the date of the assessment.

The form is part of a larger interface with a top navigation bar (Submit Form, Search, Worklist, Printable Forms, Alerts, Help) and a bottom navigation bar (Confirm, Submit Form).

- 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. 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.



- 4) 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.
  - a) 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.
  - b) 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.
- 5) Submitters have the ability to add notes on the NFSS form on the LTC Online Portal. The NFSS form allows the submitter 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.

**Authorization Request for PASRR NF Specialized Services (NFSS)**

Current Status: Applied Income Confirmed    Name: [Redacted]    DLN: [Redacted]

Username: [Redacted]

**Form Actions:**  
 Print    Add Note

Resident/NF	<b>CMWC/DME Assessment</b>	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	

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

**Successful Attachments**

**PTID Actions:**  
**Add Note**

**Authorization**

**B5000. Assessment**

**A. PTID**

**B. Status**

*Provider Action Required*

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

**ST Assessment** **ST Service** **Auth Summary**

**ST Assessment**

**Authorization Type**  
**E6100. Speech Therapy Authorization Type:**

**Therapist Identifying Information**  
**E6200. Therapist's Name**

**A. First Name**  **B. Last Name**

- 7) 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. 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.

**PTID Actions:**  
**Populate**

**Authorization**

**C6000. CMWC Request**

**A. PTID**  **B. Status**  **C. Action**

- 8) The PTID Actions **Update** button, located above the Authorization section, allows the submitter 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.

**PTID Actions:**  
**Update** **Add Note**

**Authorization**

**G3000. Physical Therapy Assessment**

**A. PTID**  **B. Status**  **C. Action**

## 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 request successfully submitted with an NFSS form. The PTID History is similar to the Form History, but is created to track each assessment or service request associated with the form as it moves through all the required statuses. Once an NFSS form is submitted, the submitter can check both the Form History and the PTID History by referring to the bottom of the assessment or service tab on 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	
<b>PTID Submitted</b>	<b>3/29/2018 3:00:33 PM</b>
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.
<b>Pending State Review</b>	<b>3/29/2018 3:00:41 PM</b>
3/29/2018 3:00:41 PM	TMHP : The Service has been sent for State review.
<b>Pending Denial</b>	<b>5/15/2018 11:13:41 AM</b>
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	
<b>Form Submitted</b>	<b>3/29/2018 3:00:34 PM</b>
3/29/2018 3:00:34 PM	TMHP : This form was submitted from PL1: <input type="text"/>
3/29/2018 3:00:34 PM	TMHP : The PE associated with this form is <input type="text"/>
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.
<b>Medicaid ID Pending</b>	<b>3/29/2018 3:00:36 PM</b>
3/29/2018 3:00:36 PM	TMHP : Medicaid ID request submitted
<b>ID Confirmed</b>	<b>3/29/2018 3:00:37 PM</b>
3/29/2018 3:00:37 PM	TMHP : Medicaid ID <input type="text"/> confirmed for this client
<b>Pending Medicaid Eligibility</b>	<b>3/29/2018 3:00:37 PM</b>
3/29/2018 3:00:37 PM	TMHP : Medicaid Eligibility request sent
<b>Medicaid Eligibility Confirmed</b>	<b>3/29/2018 3:00:38 PM</b>
3/29/2018 3:00:38 PM	TMHP : Medicaid eligibility confirmed for this client
<b>Pending Applied Income</b>	<b>3/29/2018 3:00:38 PM</b>
3/29/2018 3:00:38 PM	TMHP : Applied Income requested
<b>Applied Income Confirmed</b>	<b>3/29/2018 3:00:39 PM</b>
3/29/2018 3:00:39 PM	TMHP : Applied Income confirmed

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.

## Updating LA's Permissions to View PASRR NFSS Forms

TMHP LTC Online 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.

H1700 Submitter <a href="#">More Info</a>	PSS Access <a href="#">More Info</a>	SKSAI Submitter <a href="#">More Info</a>	SKSAI Viewer <a href="#">More Info</a>	SKISP Submitter <a href="#">More Info</a>	SKISP Viewer <a href="#">More Info</a>	NFSS Viewer <a href="#">More Info</a>	NFSS Submitter <a href="#">More Info</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Print the PDF Version of the NFSS Form

NFs can find blank PDF copies of the NFSS by clicking on the specific form at [www.tmhp.com/programs/ltc/forms](http://www.tmhp.com/programs/ltc/forms) or the Printable Forms page if they are logged onto the LTC Online Portal.

## 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.

The screenshot shows the TMHP LTC Online Portal interface. At the top, there is a header with the TMHP logo and text: "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR". To the right of the header, there are links for "Home :: TMHP.com :: My Account" and a "Logged in as:" field. Below the header is a navigation bar with links: "Submit Form", "Search", "Worklist", "Printable Forms", "Alerts", and "Help". The "Search" dropdown menu is open, showing options: "Form Status Inquiry" (highlighted with a red box), "Letters", and "Vendors". Below the navigation bar, the main content area displays "Form Status Inquiry" in large blue text. On the left side of the main content area, there is a "Form Select" dropdown menu.

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

The screenshot shows the TMHP Vendors search interface. At the top, there is a navigation bar with links for Home, TMHP.com, My Account, and a logged-in user. Below this is a menu bar with options: Submit Form, Search (selected), Worklist, Printable Forms, Alerts, and Help. The main heading is 'Vendors'. Underneath, there is a 'Vendor Search' section with three input fields: Vendor Number, Provider Number, and Vendor Name. The Vendor Name field is highlighted with a red box. At the bottom right of the search section, there is a 'Search' button, also highlighted with a red box.

3) For additional detail, click the **View** link.

The screenshot shows the TMHP Vendors search results page. The top navigation and menu bars are identical to the previous screenshot. The main heading is 'Vendors'. Below it, the 'Vendor Search' section shows the same input fields. A yellow bar at the bottom of the search section contains a 'Search' button. Below the search section, it states '1 record(s) returned.' and displays a table with the following columns: Provider Number, Vendor Number, and Vendor Name. The first row of the table has a 'View' link in the first column, which is highlighted with a red box.

Provider Number	Vendor Number	Vendor Name
<a href="#">View</a>		

## 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.

Submit Form Search Worklist Printable Forms Alerts Help

232 record(s) returned.  
[Export Data to Excel](#)

	PTID	DLN	TMHP Received Date	Type of Service Request	Therapy Authorization Type	SSN	Medicaid #	Medicare #	First Name	Last Name	Status	PTID Status	NF Vendor No.	NF Provider No.
<a href="#">View Detail</a>			4/3/2018	CMWC Assessment							Applied Income Confirmed	Documented/Complete	4579	
<a href="#">View Detail</a>			4/3/2018	CMWC							Applied Income Confirmed	Denied	4579	
<a href="#">View Detail</a>			4/3/2018	CMWC Assessment							Applied Income Confirmed	Denied	5638	
<a href="#">View Detail</a>			4/3/2018	CMWC							Applied Income Confirmed	Denied	5638	
<a href="#">View Detail</a>			4/3/2018	OT Assessment	2. New						Applied Income Confirmed	Documented/Complete	5337	
<a href="#">View Detail</a>			4/3/2018	OT Service	2. New						Applied Income Confirmed	Processed/Complete	5337	
<a href="#">View Detail</a>			4/4/2018	OT Assessment	2. New						Applied Income Confirmed	Processed/Complete	5723	
<a href="#">View Detail</a>			4/4/2018	OT Service	2. New						Applied Income Confirmed	Processed/Complete	5723	
<a href="#">View Detail</a>			4/4/2018	PT Assessment	2. New						Applied Income Confirmed	Processed/Complete	5723	
<a href="#">View Detail</a>			4/4/2018	PT Service	2. New						Applied	Processed/Complete	5723	

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.

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
 TMHP A STATE MEDICAID CONTRACTOR

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

Submit Form Search Worklist Printable Forms Alerts Help

### Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Applied Income Confirmed Name: DLN:

Username:

[Unlock Form](#)

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



## 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.

The screenshot shows the 'Form Status Inquiry' page. At the top, there is a blue navigation bar with 'Submit Form', 'Search', 'Worklist', 'Printable Forms', 'Alerts', and 'Help'. The 'Search' dropdown menu is open, showing 'Form Status Inquiry', 'Letters' (highlighted with a red box), and 'Vendors'. Below the menu, there are input fields for 'Type of Form', 'Vendor Number', 'DLN', 'Medicaid Number', 'Last Name', 'First Name', 'Form Status', 'SSN', 'CARE ID', 'From Date', and 'To Date'.

The screenshot shows the 'Letters' page. At the top, there is a blue navigation bar with 'Submit Form', 'Search', 'Worklist', 'Printable Forms', 'Alerts', and 'Help'. The 'Search' dropdown menu is open, showing 'Letters' (highlighted with a red box). Below the menu, there is a red banner with the text: "Both (From Date and To Date) and (Provider/Vendor Number) are required and must include one of the following criteria: Medicaid Number - Social Security Number - Last Name and First Name." Below the banner, there are two sections: 'Generate Letter' and 'Letter Search'. The 'Letter Search' section has input fields for 'Referenced DLN', 'Vendor Number', 'Medicaid Number', 'Last Name', 'First Name', 'SSN', 'Care ID', 'Transaction Date', 'Letter Status', 'From Date', and 'To Date'. The 'From Date' and 'To Date' fields are highlighted with red boxes. Below the search fields, there is a 'Search Options' section with two buttons: 'Search' and 'Worklist'.



## Current Activity

Using the Current Activity function, LAs and NFs will be able to view the NFSS forms when the form status has changed within the last 14 days. The Current Activity page will not display any NFSS forms if only the PTID status has changed within the last 14 days.

The screenshot shows the 'Current Activity' dropdown menu in the TMHP portal. The menu is open, showing 'Current Activity' and 'Drafts' options. The background shows the 'Form Status Inquiry' page with fields for Type of Form, Vendor Number, DLN, Medicaid Number, Last Name, and First Name.

## Receiving and Viewing NFSS Alerts

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

The screenshot shows the 'Alerts' page in the TMHP portal. It displays a table of incoming alerts. The last row, 'NFSS Request - Denied', is highlighted with a red border.

Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	LA Action Required - Review PASRR Evaluation								2/23/2018	IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								2/22/2018	IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								2/22/2018	IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								2/22/2018	IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								2/21/2018	IDD
<input type="checkbox"/>	NFSS Request - Denied								2/20/2018	1. Customized Manual Wheel Chair (CMWC)

[Return To Alerts Page](#)

**Subject: NFSS Request - Denied**      **Sent: 2/20/2018 8:42:13 AM**

A requested specialized service for the resident listed below has been denied.

Nursing Facility: [REDACTED]  
Vendor No.: [REDACTED]  
Provider No.: [REDACTED]  
Individual: [REDACTED]  
Medicaid No.: [REDACTED]  
Social Security No.: [REDACTED]  
NFSS DLN: 1 [REDACTED]  
NFSS PTID: 1 [REDACTED] 8

## 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:
  - **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:
  - **ID Confirmed** – If confirmed, it continues to next validation.
  - **Medicaid ID Pending** – In this status, validation attempts will occur nightly until eligibility is found, the request is canceled, or until 30 days have expired, whichever comes first.
  - **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.
    - 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 30 days have 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 30 days 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 30 days have 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 30 days and failed, so the request was canceled.

**Note:** *An Applied Income check will be invoked for all NFSS forms submitted on the LTC Online Portal. NFSS form validations (Medicaid ID, Medicaid Eligibility, and Applied income) are all confirmed during a 30-calendar-day period, not 30 days each.*

- 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.

The example below shows an NFSS form that flows successfully:

History	
<b>Form Submitted</b>	8/24/2017 3:43:51 PM
8/24/2017 3:43:51 PM	TMHP : This form was submitted from PL1: [REDACTED]
8/24/2017 3:43:51 PM	TMHP : The PE associated with this form is [REDACTED]
<b>Medicaid ID Pending</b>	8/24/2017 3:43:53 PM
8/24/2017 3:43:53 PM	TMHP : Medicaid ID request submitted
<b>ID Confirmed</b>	8/24/2017 3:43:54 PM
8/24/2017 3:43:54 PM	TMHP : Medicaid ID [REDACTED] confirmed for this client
<b>Pending Medicaid Eligibility</b>	8/24/2017 3:43:54 PM
8/24/2017 3:43:54 PM	TMHP : Medicaid Eligibility request sent
<b>Medicaid Eligibility Confirmed</b>	8/24/2017 3:43:55 PM
8/24/2017 3:43:55 PM	TMHP : Medicaid eligibility confirmed for this client
<b>Pending Applied Income</b>	8/24/2017 3:43:55 PM
8/24/2017 3:43:55 PM	TMHP : Applied Income requested
<b>Applied Income Confirmed</b>	8/24/2017 3:43:55 PM
8/24/2017 3:43:55 PM	TMHP : Applied Income confirmed

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

<b>ID Invalid</b>	6/1/2018 12:55:02 PM
6/1/2018 12:55:02 PM	TMHP : Medicaid ID is not valid

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

PTID History	
<b>PTID Submitted</b>	4/11/2018 2:00:04 PM
4/11/2018 2:00:04 PM	[REDACTED] : PTID entered workflow.
<b>Pending State Review</b>	4/11/2018 2:26:30 PM
<b>Approved</b>	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.
<b>SAS Request Pending</b>	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	
<b>Form Submitted</b>	4/11/2018 2:00:04 PM
4/11/2018 2:00:04 PM	[REDACTED] : This form was submitted from PL1: [REDACTED]
4/11/2018 2:00:04 PM	[REDACTED] : The PE associated with this form is [REDACTED]
4/11/2018 2:00:04 PM	[REDACTED] : IDT not found.
<b>Medicaid ID Pending</b>	4/11/2018 2:00:09 PM
4/11/2018 2:00:09 PM	TMHP : Medicaid ID request submitted
<b>ID Confirmed</b>	4/11/2018 2:00:16 PM
4/11/2018 2:00:16 PM	TMHP : Medicaid ID [REDACTED] confirmed for this client
<b>Pending Medicaid Eligibility</b>	4/11/2018 2:00:16 PM
4/11/2018 2:00:16 PM	TMHP : Medicaid Eligibility request sent
<b>ME Check Inactive</b>	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	
<b>PTID Submitted</b>	<b>8/24/2017 3:43:50 PM</b>
8/24/2017 3:43:50 PM	<b>TMHP :</b> PTID entered workflow.
8/24/2017 3:43:50 PM	<b>TMHP :</b> therapy signature log.pdf added as an attachment.
8/24/2017 3:43:52 PM	<b>TMHP :</b> No previous Occupational Therapy for this resident and contract number can be found within the last year to populate the Occupational Therapy data.
<b>Pending State Review</b>	<b>8/24/2017 3:43:57 PM</b>
8/24/2017 3:43:57 PM	<b>TMHP :</b> The Service has been sent for State review.
<b>Approved</b>	<b>8/24/2017 4:04:53 PM</b>
8/24/2017 4:04:53 PM	<b>TMHP :</b> The request for therapy services has been approved by the State PASRR reviewer.
<b>SAS Request Pending</b>	<b>8/24/2017 4:04:53 PM</b>
8/24/2017 4:04:53 PM	<b>TMHP :</b> The request is being processed by DADS. Please allow 2-4 business days for the next status change.
<b>Processed/Complete</b>	<b>8/25/2017 5:11:21 AM</b>
8/25/2017 5:11:21 AM	<b>TMHP :</b> GN-9003: Processed at HHSC.
8/25/2017 5:11:21 AM	<b>TMHP :</b> SAS Change Request completed successfully.
8/25/2017 5:11:22 AM	<b>TMHP :</b> Approval alert sent.

## Alerts

Alerts are notices in the LTC Online Portal to perform an action related to a PL1 Screening, a PE, a PCSP, or an NFSS form. A notification is normally generated as an automatic Alert in the LTC Online Portal when an action needs to take place. A notification can also be generated manually in the LTC Online Portal from HHS or the NF.

HHSC PASRR Unit employees use the Create Alert page to send alerts to NFs or LAs when they need 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 the deadline associated with the Alert. Refer to [Appendix K](#) for a description of all PASRR alerts.

## Accessing Alerts

Follow the steps below to access the Alerts screen.

- 1) Go to [www.tmhp.com](http://www.tmhp.com).
- 2) Click **Programs**.
- 3) Click **Long-Term Care** from the drop-down menu.
- 4) Click the **LTC Online Portal** button.
- 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.

Submit Form   Search   Worklist   Printable Forms   Alerts   Help										
Alerts										
Create Alert   Delete Alert										
Incoming Alerts										
Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	<a href="#">PL1 needs Certification - First Notification</a>			+					5/10/2018	IDO only
<input type="checkbox"/>	<a href="#">NFSS Request - Denied</a>								4/18/2018	3. Habilitative Therapies
Outgoing Alerts										
Select	Alert Subject	Recipient Vendor No.	Recipient Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	<a href="#">Conduct PASRR Evaluation - First Notification</a>			+					5/14/2018	MI and IDO
<input type="checkbox"/>	<a href="#">Conduct PASRR Evaluation - Second Notification</a>			N					4/18/2018	MI
<input type="checkbox"/>	<a href="#">NFSS Request - Denied</a>								4/18/2018	3. Habilitative Therapies
<input type="checkbox"/>	<a href="#">NFSS Request - Denied</a>								4/18/2018	3. Habilitative Therapies

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.



Alerts										
Alerts										
Incoming Alerts										
Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	NFSS Request - Pending Denial								5/15/2018	1. Customized Manual Wheel Chair (CMWC)
<input type="checkbox"/>	PL1 needs Certification - First Notification								5/10/2018	IDD only
<input type="checkbox"/>	NFSS Request - Denied								4/18/2018	3. Habilitative Therapies
Outgoing Alerts										
Select	Alert Subject	Recipient Vendor No.	Recipient Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	NFSS Request - Pending Denial								5/15/2018	1. Customized Manual Wheel Chair (CMWC)
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification								5/14/2018	MI and IDD
<input type="checkbox"/>	Conduct PASRR Evaluation - Second Notification								4/18/2018	MI
<input type="checkbox"/>	NFSS Request - Denied								4/18/2018	3. Habilitative Therapies
<input type="checkbox"/>	NFSS Request - Denied								4/18/2018	3. Habilitative Therapies

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

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

Return To Alerts Page

**Subject: PL1 needs Certification - First Notification**
**Sent: 5/10/2018 10:07:45 AM**

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.

Nursing Facility: [REDACTED]  
Vendor No.: [REDACTED]  
Provider No.: [REDACTED]  
Individual: [REDACTED]  
Medicaid No.: + [REDACTED]  
Social Security No.: [REDACTED]  
PASRR Evaluation DLN: [REDACTED]  
PASRR Condition: IDD only

## 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

Follow the steps below to create Alerts.

- 1) Click the **Alerts** link located on the blue navigational bar. The Alerts screen displays.
- 2) Click the **Create Alert** button.

Submit Form Search Worklist Printable Forms **Alerts** Help

Alerts

Return To Alerts Page Send Alert

**Create Alert**

• Vendor/Provider No.

• Alert Subject

Alternate Subject

Alternate Subject Details

• PL1 Screening DLN

• PE DLN

NFSS DLN

NFSS PTID

PCSP DLN

**Send Alert To:**

• Vendor No.

• Provider No.

NPI/API

LA or Facility Name

Street Address

City

State

Zip Code

**Person's Information:**

Please enter one of the following valid field combinations:  
 Medicaid Number and Last Name  
 or Medicare Number and Last Name  
 or Social Security Number AND Last Name

Last Name

Medicaid No.

Social Security No.

Medicare No.

- 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 instruction for valid field combinations for Medicare No. and Last Name in the Person's Information section is actually not valid. 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.

The screenshot shows the 'Alerts' tab in the application. At the top, there is a navigation bar with 'Submit Form', 'Search', 'Worklist', 'Printable Forms', 'Alerts', and 'Help'. Below this, there are two buttons: 'Create Alert' and 'Delete Alert'. The 'Delete Alert' button is highlighted with a red rectangle. Below the buttons, there are two sections: 'Incoming Alerts' and 'Outgoing Alerts'. Each section contains a table with columns for 'Select', 'Alert Subject', and various identification numbers. In the 'Incoming Alerts' section, there is one row with the subject 'PL1 needs certification'. In the 'Outgoing Alerts' section, there are three rows, all with the subject 'Conduct PASRR Evaluation - First Notification'. At the bottom of the 'Outgoing Alerts' section, there are four small buttons labeled '1', '2', '3', and '4'.

Incoming Alerts							
Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name
<input type="checkbox"/>	<a href="#">PL1 needs certification</a>						

Outgoing Alerts					
Select	Alert Subject	Recipient Vendor No.	Recipient Provider No.	Medicaid No.	Social Security No.
<input type="checkbox"/>					
<input type="checkbox"/>	<a href="#">Conduct PASRR Evaluation - First Notification</a>				
<input type="checkbox"/>	<a href="#">Conduct PASRR Evaluation - First Notification</a>				

1 2 3 4

- 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.

## 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

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. 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. 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.

### Fields Available for Updating

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 it for death/discharge. To avoid this issue, the admitting NF must enter an NF Date of Entry in Section D by clicking on the **Admitted to NF** button 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. This will cause the PL1 and PE to have different information for the person. If the LA notices that changes are necessary on the PL1, they should contact the PL1 submitter to make the necessary changes before attempting to submit a PE again.

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 does not change the PL1 status. However, updating fields B0650 (Individual is deceased or has been discharged?) and B0655 (Deceased/Discharge Date) will set the status to **PL1 Inactive**. Fields B0650 and B0655 are the only PL1 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

Field No. and Name	Field No. and Name	Field No. and Name	Field No. and Name
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	

A submitted PE can be updated unless one of the MI/IDD Completion PTIDs is 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. Forms in **Form Inactivated** status can only be updated if one of the PTIDs is in status **LA Action Required**.

Fields updated on a submitted 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. 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. The following fields on the PE can be updated by an LA.

### 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)

A History note, detailing the changed fields, is added to both the PL1 and the PE when a submitted PE is updated. When the PL1 is updated that has no associated PE, 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**.

### 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.

## NFSS Form Updates

A successfully submitted NFSS form can be updated by the NF using the **Update** button. This button will appear on the yellow PTID Action bar in the PTID Authorization section 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**

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, acknowledgement, and receipt certification pages, etc.) can still be uploaded and attached to the applicable tab on the NFSS form.

### 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.

PTID Actions:			
Update Add Note			
Authorization	A. PTID	B. Status	C. Action
G3000. Physical Therapy Assessment	PTID	Pending State Review	▼

- 12) Complete only the fields needing updates.

Submit Form Search Worklist Printable Forms Alerts Help

### Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Applied Income Confirmed Name: DLN: Username: Unlock Form

Form Actions: Print Add Note

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

CMWC Request

**Current Seating Equipment**

C0100. Current Seating System

A. Does the resident have a current seating system?

1. Yes ☒

B. Describe the resident's current seating system, including the mobility base and age of the system/base.

standard facility owned wheelchair with elevating footrests and standard cushion

C. Describe wheelchair type:

standard facility owned wheelchair with elevating footrests and standard cushion



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

**PTID Actions:**  
[Update](#) [Add Note](#)

**Authorization**  
**G2000.** Occupational Therapy

**A. PTID**

**B. Status**  
Pending MD/DO License Verification

**C. Action**

**D. Reason Code**  
☐ 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item  
☐ 2. The therapy assessment indicates the resident will not benefit from therapy at this time  
☐ 3. Other

**E. If Other**

**F. Date of Assessment**  
07/14/2021

**G. Begin Date**

**H. End Date**

**I. Units Per Week**

[Confirm](#)

**PTID History**

<b>Pending Submission</b>	Changed by <b>System</b> on <b>7/20/2021 4:17:41 PM</b>
<b>PTID Submitted</b>	Changed by <b>System</b> on <b>7/20/2021 4:19:20 PM</b>
7/20/2021 4:19:20 PM	<b>System</b> : Internal: PTID entered workflow.
7/20/2021 4:19:20 PM	<b>System</b> : External: PTID entered workflow.
<b>Pending MD/DO License Verification</b>	Changed by <b>System</b> on <b>7/20/2021 4:19:32 PM</b>
7/20/2021 4:19:32 PM	<b>System</b> : Internal: Physician Out of State License AND License Number NOT blank.
7/20/2021 4:19:32 PM	<b>System</b> : External: Physician Out of State License AND License Number NOT blank.

[Submit Form](#)

**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. When a person passes away or is discharged from the facility, the NF must update the PL1, using the **Update Form** button, to inactivate the form by completing fields B0650 and B0655 in Section B of the PL1. Failure to inactivate the PL1 will cause the LTC Online Portal to search for an IDT meeting within the last 12 months and will prevent submission of the LTCMI when it does not find the IDT meeting. It is strongly recommended that the NF inactivate the PL1 as soon as possible after a person's death or discharge.

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 two conditions are met:

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

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 it for death/discharge. To avoid this issue, the admitting NF must enter an NF Date of Entry in Section D by clicking on the **Admitted to NF** button after certifying that they can serve the person.

**Note:** Any NFSS forms associated to the inactive PL1 will not be inactivated by the system. If an inactivation is needed for an NFSS form, contact the HHSC PASRR Unit for assistance.

### PASRR Evaluation Inactivations

A PE will be inactivated by the system when a subsequent PE is submitted or when the initiating PL1 is inactivated. Any PCSP forms associated to the inactive PE will not be inactivated.

## 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/programs/ltc](http://www.tmhp.com/programs/ltc) 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 completed 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.
- When sending an email to the [PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us) mailbox to report issues/concerns with a submitted PASRR form, providers must not include information specific to a person. Use the DLN for a form associated with the person in the LTC Online Portal.

## **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 is defined by CMS as: “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](mailto: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://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr>

## 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 complete 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/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/contact-program-staff>

## 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
<b>Health and Human Services (HHS).....</b>	<b>512-438-3011</b>
Complaint & Incident Intake .....	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).....	<a href="mailto:hospice@hhs.state.tx.us">hospice@hhs.state.tx.us</a>
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
Long-Term Care Regulatory 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
<b>Health and Human Services (HHS)</b>	
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](http://www.tmhp.com)

- HIPAA information: [www.tmhp.com/hipaa-privacy-statement](http://www.tmhp.com/hipaa-privacy-statement)
- Long-Term Care Division: [www.tmhp.com/programs/ltc](http://www.tmhp.com/programs/ltc)
- NF LTCMI and PASRR information is also available at: [www.tmhp.com/programs/ltc](http://www.tmhp.com/programs/ltc)
- Long-Term Care Provider News Archives: [www.tmhp.com/news?program\\_id=56](http://www.tmhp.com/news?program_id=56)

**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:

- Complaint & Incident Intake (includes information about how to make a complaint): <https://hhs.texas.gov/about-hhs/your-rights/complaint-incident-intake>
- 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](http://www.txvendordrug.com/downloads/index.asp)

**Other Resources:**

- [LTC User Guide for Online Portal Basics, General Information, and Program Resources](#) - for detailed information on how to use the LTC Online Portal, including:
  - Options on the blue navigational bar such as: Submit Form, Search (including Individual Search), Worklist, Printable Forms, Alerts, Help, and Dashboard
  - Dashboard is accessible only for HCS/Texas Home Living (TxHmL) providers.
- Centers for Medicare & Medicaid Services: [www.cms.gov](http://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](http://www.sos.state.tx.us/tac/index.shtml)
- Texas State RUG Training:  
[www.txstate.edu/continuinged/CE-Online/RUG-Training](http://www.txstate.edu/continuinged/CE-Online/RUG-Training)
- Federal MDS 3.0 site: [www.cms.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://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 F and an IDT tab. The PASRR Level 1 Screening form can be found online at: [www.tmhp.com/programs/ltc/forms](http://www.tmhp.com/programs/ltc/forms)

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: [www.tmhp.com/programs/ltc/forms](http://www.tmhp.com/programs/ltc/forms)

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: [www.tmhp.com/programs/ltc/forms](http://www.tmhp.com/programs/ltc/forms)

- **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: [www.tmhp.com/programs/ltc/forms](http://www.tmhp.com/programs/ltc/forms)

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 LIDDAs)**

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

### **LIDDA Provided/Coordinated Specialized Services Choices:**

- 1) Alternate Placement Assistance
- 2) Determination of Intellectual Disability (DMR, This option was redefined and cannot be selected after 6/24/2016)
- 3) Vocational Training (This option was redefined and cannot be selected after 6/24/2016)
- 4) Service Coordination (SC)
- 5) Employment Assistance
- 6) Supported Employment
- 7) Day Habilitation
- 8) Independent Living Skills Training
- 9) Behavioral Support
- 10) Habilitation Coordination (Default value which is automatically added by the LTC Online Portal and is not selectable by the user)

### **Nursing Facility Provided/Coordinated Specialized Services Choices:**

- 1) Specialized Physical Therapy (PT)
- 2) Specialized Occupational Therapy (OT)
- 3) Specialized 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”)**

<b>Field Name</b>	<b>Auto Populates</b>
B0100. To your knowledge, does the individual have an Intellectual Disability which manifested before the age of 18? (e.g. Mental Retardation)	PE B0500 10. Habilitation Coordination (if “1. Yes” is selected in field B0100)
B0200. To your knowledge, does the individual have a Developmental Disability other than an Intellectual Disability that manifested before the age of 22? (e.g. autism, cerebral palsy, spina bifida)	PE B0500 10. Habilitation Coordination (if “1. Yes” is selected in field B0200)
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



Field Name	Auto Populates
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.	<ul style="list-style-type: none"> <li>• If the change in condition indicated on the MDS during the MDS LTCMI submission affects PASRR eligibility, then convene the face-to-face Interview with the person within 72 hours of notification.</li> <li>• Complete and submit a new PASRR Evaluation within seven days of notification.</li> </ul>
An MDS form indicating that the person is no longer comatose is submitted.	<ul style="list-style-type: none"> <li>• Convene the face-to-face Interview with the person within 72 hours of notification.</li> <li>• Complete and submit a new PASRR Evaluation within seven days of notification.</li> </ul>
A person was admitted under Expedited Admission and the Expedited Admission timer has expired (see Appendix D).	<ul style="list-style-type: none"> <li>• Convene the face-to-face Interview with the person within 72 hours of notification.</li> <li>• Complete and submit a new PASRR Evaluation within seven days of notification.</li> </ul>
A person was admitted under Exempted Hospital Discharge and the person has stayed more than 30 days.	<ul style="list-style-type: none"> <li>• Convene the face-to-face Interview with the person within 72 hours of notification.</li> <li>• Complete and submit a new PASRR Evaluation within seven days of notification.</li> </ul>
Nursing facility or HHS requests a review.	<ul style="list-style-type: none"> <li>• Convene the face-to-face Interview with the person within 72 hours of notification.</li> <li>• Complete and submit a new PASRR Evaluation within seven days of notification.</li> </ul>
When the PASRR Level 1 Screening and PASRR Evaluation are systematically updated for a person who is newly identified as Medicaid eligible.	<ul style="list-style-type: none"> <li>• Review the PASRR Evaluation to ensure that the PASRR eligibility and specialized services are still accurate.</li> <li>• If the PASRR Evaluation is no longer accurate, then convene another face-to-face interview with the person within 72 hours of notification, and complete and submit the new PASRR Evaluation within seven days of notification.</li> </ul>

## Appendix D: Timers

Description	Length
Exempted Hospital Discharge exceeds 30 days	PASRR Evaluation completed 30 days from nursing facility admission date.
Expedited Admission - Category 4 or 5	PASRR Evaluation completed seven days from nursing facility admission date.
Expedited Admission - Category 1, 2, or 3	PASRR Evaluation must be completed within 72 hours notification by nursing facility or LTC Online Portal Alert..
Expedited Admission - Category 6	PASRR Evaluation must be completed 14 days from nursing facility admission date.
Expedited Admission - Category 7	PASRR Evaluation completed within seven days from notification.
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.
<b>NF Placement Process Exhausted</b> (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.
<b>MI Check Inactive</b> (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.
<b>ME Check Inactive</b> (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.
<b>AI Check Inactive</b> (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.

Description	Length
<b>Denied</b> (NFSS PTID Status)	PTID will move from <b>Pending Denial</b> to <b>Denied</b> 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.
<b>Item Not Received</b> (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."
<b>FH Expired</b> (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



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 51<sup>st</sup> Street, Suite 104W, Austin, TX 78751.

[www.tmhp.com](http://www.tmhp.com)

## Pending Denial (MN on PE) Letter



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

DLN: «DLN»

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.

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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 51<sup>st</sup> Street, Suite 104W, Austin, TX 78751.

[www.tmhp.com](http://www.tmhp.com)

## Overtake Approval (MN on PE) Letter



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 51<sup>st</sup> Street, Suite 104W, Austin, TX 78751.

[www.tmhp.com](http://www.tmhp.com)



## Overtake Denial (MN on PE) Letter



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

March 23, 2021

DLN: [REDACTED]

Dear [REDACTED],

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 Title 26 *Texas Administrative Code*, Chapter 554 Subchapter Y §554.2407, 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 51<sup>st</sup> Street, Suite 104W, Austin, TX 78751.

[www.tmhp.com](http://www.tmhp.com)

## NFSS Approval Letter



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

HHSC IDD PASRR Unit

Mail Code:

P.O. Box

May 13, 2020

Dear [REDACTED]:

[REDACTED] 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 [REDACTED]. Refer to this letter with the Document Locator Number (DLN) [REDACTED].

Resident Name: [REDACTED]

DLN: [REDACTED]

Nursing Facility: [REDACTED]

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.tmhpc.com

L00154

## NFSS Denial Letter



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

February 19, 2020

FirstName LastName  
1234 Any St  
Any Town, TX XXXXX0000

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

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) XXXXXXXXXXXXX.

Resident Name: FirstName LastName

DLN: XXXXXXXXXXXXX

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.

www.tmhp.com

L00154

## PASRR Evaluation - PASRR Negative Letter



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

**January 01, 2021**

**DLN:** [REDACTED]

Dear [REDACTED],

This letter is to inform you of the results of a recent Preadmission Screening and Resident Review (PASRR) Evaluation which was initiated based on a PASRR screening form that indicated you might have a qualifying Mental Illness (MI) or an Intellectual Disability or Developmental Disability (IDD). Your PASRR evaluation was performed by:

**Evaluator Name:** [REDACTED]  
**Evaluator Position/Title-MI Assessment:** PASRR HC  
**Phone Number:** [REDACTED]  
**Date of Assessment (for Mental Illness):** Jan 01, 2021

**Evaluator Name:**  
**Evaluator Position/Title-IDD Assessment:**  
**Phone Number:**  
**Date of Assessment (for Intellectual or Developmental Disability):**

Based on the evaluation, it has been determined that you are not eligible for specialized services because you do not have a qualifying diagnosis of mental illness, intellectual disability, or developmental disability as required by 42 CFR §438. Please note that the information in this letter does not affect your eligibility for nursing facility services.

If you disagree with the results of the PASRR Evaluation and wish to request a fair hearing, or if you have additional documentation for the Evaluator to consider or questions, please contact the evaluator(s) at the Local Authority at the number listed above, where included.

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.

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 51<sup>st</sup> Street, Suite 104W, Austin, TX 78751.

[www.tmhp.com](http://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.
Complete	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.
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
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.

<b>Term/Abbreviation</b>	<b>Description</b>
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
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
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 people 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.

Term/Abbreviation	Description
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
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 <b>Awaiting LTC Medicaid Information</b> .
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



<b>Term/Abbreviation</b>	<b>Description</b>
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.
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 PASRR Specialized Services (PSS) Form, and it clarifies the specialized services identification process.
PTID	PASRR Transaction Identifier
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.

Term/Abbreviation	Description
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.
Referring Entity (RE)	An entity such as a hospital discharge planner, physician's office, LAR, family member, or Intermediate Care Facility for Individuals with an Intellectual or Developmental Disability (ICF/IDD), 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 <b>Submit Form</b> button on the PL1, PE, or NFSS form during the original creation and submission of the applicable form.
TAC	Texas Administrative Code
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 <a href="http://www.tmhp.com">www.tmhp.com</a> .

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

<b>PASRR Level 1 Screening Status</b>	<b>Description</b>
<b><i>Awaiting PE</i></b>	A PL1 Screening Form has been submitted, but the PE for this person has not been submitted yet.
<b><i>Comatose - Awaiting Change in Condition</i></b>	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.
<b><i>Form Inactivated</i></b>	The status of a previous PASRR Level 1 Screening when a new PASRR Level 1 Screening is successfully submitted.
<b><i>Form Submitted</i></b>	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.
<b><i>Individual Chose Alternate Setting</i></b>	The person has chosen to live in an Alternate Setting and will not be admitted to a nursing facility.
<b><i>Individual Placed in NF - PE Confirmed</i></b>	The person has been admitted to a nursing facility and a PASRR Evaluation has been successfully submitted for the person. If the PE is positive for PASRR eligibility, the NF must certify <b>Able to Serve the Individual</b> or <b>Unable to Serve the Individual</b> on the PL1. Refer to the Certification of the NF's Ability to Serve the Individual section of this User Guide for instructions.
<b><i>Individual Placed in NF</i></b>	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.
<b><i>Individual Placed in NF - Exempted Hospital Discharge</i></b>	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.

<b>PASRR Level 1 Screening Status</b>	<b>Description</b>
<b><i>Individual Placed in NF - Expedited Admission</i></b>	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.
<b><i>Negative PASRR Eligibility</i></b>	The PASRR Level 1 Screening submitted on the LTC Online Portal has determined the person is PASRR Negative.
<b><i>NF Placement Process Exhausted</i></b>	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.
<b><i>Pending Placement</i></b>	The person has not been placed in an NF yet. On the Preadmission PL1 Screening Form, NF Choices section, no NF has indicated Admitted To, nor has the person been placed in an alternate setting.
<b><i>Pending Placement in NF - PE Confirmed</i></b>	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 <b>Able to Serve the Individual</b> or <b>Unable to Serve the Individual</b> button on the PL1. The admitting NF must also enter the date they admitted the person by clicking on the <b>Admitted to NF</b> button and completing the required information.
<b><i>PL1 Inactive</i></b>	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 <b>Form Inactivated</b> .

PASRR Evaluation Status	Description
<b>Appealed</b>	<ul style="list-style-type: none"> <li>• <b>Appealed Doctor Review</b> – Additional information has been submitted after the PASRR Evaluation has had a Fair Hearing requested and is currently being reviewed by a TMHP physician.</li> <li>• <b>FH Doctor Appeal Denied</b> – 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.</li> <li>• <b>Pending Fair Hearing</b> – Fair Hearing has been requested by the resident/NF.</li> </ul>
<b>Approved</b>	The information submitted on the PASRR Evaluation meets the criteria to approve MN.
<b>Denied</b>	<ul style="list-style-type: none"> <li>• <b>Doctor Overturn Denied</b> – Additional information has been submitted after the PASRR Evaluation has been placed in a status of <b>MN Denied</b> and a TMHP physician has determined the additional information still does not support MN.</li> <li>• <b>FH Appeal Denied</b> – The PASRR Evaluation MN denial has been upheld by the Fair Hearing Officer.</li> <li>• <b>MN Denied</b> – 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.</li> <li>• <b>Overturn Doctor Review Expired</b> – 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.</li> </ul>
<b>Form Inactivated</b>	The PASRR evaluation has been inactivated. If an inactive PE has a PTID in <b>LA Action Required</b> status, the PE can still be updated.
<b>Form Submitted</b>	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.

<b>PASRR Evaluation Status</b>	<b>Description</b>
<b><i>Negative PASRR Eligibility</i></b>	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.
<b><i>Overtured Doctor Review</i></b>	Positive preadmission evaluation was denied MN and provider supplied more information. The evaluation is undergoing additional review by a TMHP physician. It can still be approved or denied at this point.
<b><i>Pending Denial (need more information)</i></b>	<ul style="list-style-type: none"> <li>• <b><i>Pending Denial</i></b> – 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.</li> <li>• <b><i>Pending Doctor Review</i></b> – The PASRR Evaluation is currently being reviewed by a TMHP physician to determine if the submitted information meets the criteria for MN determination.</li> </ul>
<b><i>Pending Review</i></b>	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.
<b><i>Pending Form Completion</i></b>	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).
<b><i>Pending PASRR Eligibility</i></b>	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.
<b><i>Positive PASRR Eligibility</i></b>	The PASRR Evaluation indicates the person meets the requirements for PASRR services and it was initiated from an Exempted Hospital Discharge, Expedited Admission or Negative PL1.

<b>PASRR Comprehensive Service Plan Status</b>	<b>Description</b>
<b><i>Form Completed</i></b>	The PCSP form has been submitted successfully on the LTC Online Portal.
<b>PASRR Nursing Facility Specialized Services Status</b>	<b>Description</b>
<b><i>AI Check Inactive</i></b>	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.
<b><i>AI Confirmed</i></b>	AI is confirmed on an NFSS form.
<b><i>AI Pending</i></b>	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.
<b><i>ID Confirmed</i></b>	Medicaid ID is confirmed on the NFSS form.
<b><i>ID Invalid</i></b>	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.
<b><i>Incomplete</i></b>	Indicates an incomplete Electronic Data Interchange form submission on an NFSS request. After five days in <b><i>Pending Submission</i></b> status, the status will be systematically set to <b><i>Incomplete</i></b> if the X12 275 file has not been received.
<b><i>ME Check Inactive</i></b>	Medicaid Eligibility (ME) validation on the NFSS form was attempted nightly for 30 days and failed, or the request was canceled.
<b><i>ME Pending</i></b>	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.
<b><i>Med ID Check Inactive</i></b>	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.



<b>PASRR Nursing Facility Specialized Services Status</b>	<b>Description</b>
<b><i>Medicaid ID Pending</i></b>	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 <b><i>Med ID Check Inactive</i></b> .
<b><i>Pending Submission</i></b>	Incomplete Electronic Data Interchange 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 and associated statuses for the PE are located on the Authorization tab, with the PTID statuses shown in the PTID Status columns (H0100B and H0200B). The IDD PTID Status and the MI PTID Status are shown separately. For the NFSS, the PTID and the associated statuses are located in the A. PTID and B. PTID Status columns in the Auth Summary tab and in the Authorization section of the assessment and service tabs on the NFSS form

<b>PTID Transaction Status</b>	<b>Description</b>
<b><i>Approved (NFSS Only)</i></b>	PTID is Approved by HHS PASRR Reviewer.
<b><i>Coach Pending More Info</i></b>	PCS is waiting for additional information from the Provider.
<b><i>Coach Review</i></b>	PTID is under review by a PCS Coach.
<b><i>Documented / Complete (NFSS Only)</i></b>	Assessment PTID has successfully completed processing.
<b><i>Denial Overturned (NFSS Only)</i></b>	Denial of the PTID has been overturned or PTID is approved at Fair Hearing.
<b><i>Denial Upheld (NFSS Only)</i></b>	Denial of the PTID has been upheld or PTID is Denied at Fair Hearing.
<b><i>Denied (NFSS Only)</i></b>	PTID has been denied by HHS PASRR Reviewer.
<b><i>Denied No FH (NFSS Only)</i></b>	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.
<b><i>FH Expired (NFSS Only)</i></b>	Time period for requesting a Fair Hearing has expired.

<b>PTID Transaction Status</b>	<b>Description</b>
<b><i>Inactivated (NFSS Only)</i></b>	PTID is Inactivated by HHS PASRR Reviewer.
<b><i>Invalid / Complete</i></b>	HHS processing deemed this PASRR Evaluation invalid. See the History trail for details. For NFSS this means PTID is marked Invalid for processing.
<b><i>Item Not Received (NFSS Only)</i></b>	CMWC or DME item has not been certified by an NF in 365 days.
<b><i>Item Transferred (NFSS Only)</i></b>	Requested CMWC or DME Item has been transferred to another nursing facility.
<b><i>LA Action Required (PE Only)</i></b>	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.
<b><i>Out of State MD/DO License Invalid (NFSS Only)</i></b>	Out of State MD/DO License is confirmed to be invalid.
<b><i>Out of State MD/DO License Valid (NFSS Only)</i></b>	Out of State MD/DO License is confirmed to be valid.
<b><i>Out of State Therapist License Invalid (NFSS Only)</i></b>	Therapist on the PTID is not licensed in Texas.
<b><i>PCS Documented / Complete (NFSS Only)</i></b>	PCS has successfully completed processing the Assessment PTID.
<b><i>PCS Processed / Complete</i></b>	PTID has been successfully processed by PCS.
<b><i>Pending Denial (NFSS Only)</i></b>	PTID is pending additional information for approval.
<b><i>Pending Fair Hearing (NFSS Only)</i></b>	Fair Hearing has been requested by the person/LAR
<b><i>Pending MD/DO License Verification (NFSS Only)</i></b>	Out of state MD/DO credentials are pending verification.
<b><i>Pending More Info</i></b>	PCS is awaiting additional information from the Provider.
<b><i>Pending NF Receipt (NFSS Only)</i></b>	CMWC or DME is pending receipt and certification by the NF.
<b><i>Pending State Confirmation (NFSS Only)</i></b>	PTID is pending confirmation by HHS PASRR Reviewer.
<b><i>Pending State Review (NFSS Only)</i></b>	PTID is pending review by HHS PASRR Reviewer.
<b><i>Processed / Complete</i></b>	PTID has successfully completed processing.

<b>PTID Transaction Status</b>	<b>Description</b>
<b><i>Provider Action Required (NFSS Only)</i></b>	PTID requires action by the provider.
<b><i>PTID Submitted (NFSS Only)</i></b>	NFSS PTID is successfully submitted on the LTC Online Portal.
<b><i>Recert - Reference Only (NFSS Only)</i></b>	This status indicates the assessment PTID for a therapy recertification has completed its processing.
<b><i>SAS Request Pending</i></b>	The NFSS form or PE has passed all validations (Medicaid ID, Medicaid Eligibility, Applied Income, etc.) and will be sent to the HHSC SAS system for processing.
<b><i>Submit to SAS</i></b>	PTID information is <b><i>Submitted</i></b> to HHSC SAS system.
<b><i>Submitted to PASRR Unit (NFSS Only)</i></b>	PTID is Submitted to HHS PASRR Unit for review and completion.
<b><i>Submitted to PCS</i></b>	PTID is Submitted to HHS PCS for review and completion.

## Appendix H: NFSS Form Validations

Based on information entered in certain fields and on the sequence in which the form is being initiated or submitted, validations 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.

System Validation Name (Invoked at time of the NFSS form initiation)	System Message	System Message Resolution (Assistance for resolving error)
Age	Resident must be at least 21 years of age to qualify for NF PASRR Specialized Services.  Click <b>OK</b> to return to PL1	The NFSS submitter must wait until the person is at least 21 years old before attempting to submit the NFSS form again.
Valid Medicaid ID	Resident's Medicaid No. is not valid.  Click <b>OK</b> to return to PL1	The NFSS submitter must validate the person's Medicaid number that is on file at HHSC by calling 211.
Valid Resident	Resident's identifying information is not valid. Please review Resident's identifying information for Last Name, SSN and Birth Date.  Click <b>OK</b> to return to PL1	After returning to the PL1, the NFSS submitter must validate the person's last name, Social Security number and date of birth that are on file at HHSC.

System Validation Name (Invoked at time of NFSS form submission)	System Message	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 that the NFSS form is associated with an active PL1 form, which means that the PL1 cannot be in any one of the following form statuses: <b><i>PL1 Inactive, Form Inactivated, Individual Chose Alternate Setting, or NF Placement Process Exhausted</i></b>
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 that the NFSS form is associated with an active PE form which is PASRR positive for ID or DD.
IDT Submitted Validation (Warning Only)	IDT not found.  Click <b>OK</b> to continue with submission or <b>Cancel</b> to return to the form.	The associated IDT was not found in the database linked to a PCSP or the Initiating PL1. If you proceed with form submission, the system will insert the following note in the form History: IDT not found.

System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
IDT Date Validation (Warning Only)	<p>One of the following warning messages will be displayed depending on the NFSS request type:</p> <p>Requests for CMWC/DME specialized services must be initiated within 30 calendar days of IDT date per §19.2704.</p> <p>Requests for Occupation Therapy specialized services must be initiated within 30 calendar days of IDT date per §19.2704.</p> <p>Requests for Physical Therapy specialized services must be initiated within 30 calendar days of IDT date per §19.2704.</p> <p>Requests for Speech Therapy specialized services must be initiated within 30 calendar days of IDT date per §19.2704.</p> <p>All of the above warning messages will include the following actions:</p> <p>Click <b>OK</b> to continue with submission or <b>Cancel</b> to return to the form.</p>	<p>If you proceed with form submission, the system will insert one of the following notes in the form History depending on the NFSS request type:</p> <p>NFSS Form request for CMWC/DME was not submitted within 30 calendar days of the IDT meeting.</p> <p>NFSS Form for Occupational Therapy was not submitted within 30 calendar days of the IDT meeting.</p> <p>NFSS Form for Physical Therapy was not submitted within 30 calendar days of the IDT meeting.</p> <p>NFSS Form for Speech Therapy was not submitted within 30 calendar days of the IDT meeting.</p>

<b>System Validation Name (Invoked at time of NFSS form submission)</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
Physician License Validation	<p>One of the following error messages will be displayed depending on the NFSS request type:</p> <p>Referring Physician's License No. is not valid.</p> <p>Physical Therapy Referring Physician's License No. is not valid.</p> <p>Occupational Therapy Referring Physician's License No. is not valid.</p> <p>Speech Therapy Referring Physician's License No. is not valid.</p>	The NFSS submitter must validate the Physician's License on the NFSS form by verifying the License No., License Issuance Date, Signature Date, and License Expiration Date.
NF Contract Validation	<p>One of the following error messages will be displayed depending on the NFSS request type:</p> <p>NF Contract No. is not valid for the Date of Assessment.</p> <p>NF Contract No. not valid for the Occupational Therapy Date of Assessment.</p> <p>NF Contract No. not valid for the Physical Therapy Date of Assessment.</p> <p>NF Contract No. not valid for the Speech Therapy Date of Assessment.</p>	The NFSS submitter must validate the nursing facility's provider number (aka contract number) on the NFSS form and that the assessment date falls within the contract date range. If either of these conditions is no longer valid, then a new PL1 and PE may need to be submitted with a valid NF provider number and NF contract date range.

<b>System Validation Name (Invoked at time of NFSS form submission)</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
Recert Therapy NF Contract Validation	NF Contract No. is not valid for today's date.	The NFSS submitter must validate the NF's provider number (aka contract number) on the NFSS form and that the attempted date of NFSS submission falls within the contract date range. If either of these conditions is no longer valid, then a new PL1 and PE may need to be submitted with a valid NF provider number and NF contract date range.



System Validation Name (Invoked at time of NFSS form submission)	System Message	System Message Resolution (Assistance for resolving error)
Assessment Duplicate Check Validations	<p>One of the following warning messages will be displayed depending on the NFSS request type:</p> <p>A previously approved assessment has been identified.</p> <p>A previously approved Occupational Therapy Assessment for the same Vendor No., Individual, and Date has been identified.</p> <p>A previously approved Physical Therapy Assessment for the same Vendor No., Individual, and Date has been identified.</p> <p>A previously approved Speech Therapy Assessment for the same Vendor No., Individual, and Date has been identified.</p> <p>All of the above warning messages will include the following actions:</p> <p>Click <b>OK</b> to submit or <b>Cancel</b> to return to the form.</p>	<p>This warning message indicates that the system found another NFSS form previously approved for the same NF vendor number, same Medicaid number, same NFSS request type, and same assessment date. The new NFSS form will be submitted on the LTC Online Portal if the NFSS submitter clicks on the <b>OK</b> button.</p>

<b>System Validation Name (Invoked at time of NFSS form submission)</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
Daily Care Check Validation	<p>This is the error message for a CMWC or DME assessment:</p> <p>This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the CMWC/CME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>This is the error message for a CMWC or DME item:</p> <p>This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>(Continued on the next page.)</p>	<p>The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS-LTCMI to establish the necessary service authorization.</p>

<b>System Validation Name (Invoked at time of NFSS form submission)</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
Daily Care Check Validation	<p>These are the error messages for the therapy assessments:</p> <p>The Occupational Therapy (OT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the OT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>(Continued on the next page.)</p>	<p>The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS/LTCMI to establish the necessary service authorization.</p>

<b>System Validation Name (Invoked at time of NFSS form submission)</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
Daily Care Check Validation	<p>The Physical Therapy (PT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the PT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>The Speech Therapy (ST) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the ST assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p>(Continued on the next page.)</p>	<p>The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS/LTCMI to establish the necessary service authorization.</p>

<b>System Validation Name (Invoked at time of NFSS form submission)</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
Daily Care Check Validation	<p>This is the error message for the therapy service:</p> <p>This Therapy request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p>	<p>The system will not allow the NFSS form to be submitted on the LTC Online Portal. The NFSS submitter must submit their 3618, 3619, and/or MDS/LTCMI to establish the necessary service authorization.</p>

## Appendix I: PL1, PE, and PCSP Form Validations

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

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
PL1_PASRRConditionCheck	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."	<p>The new PL1's PASRR eligibility doesn't match the previous positive PE's PASRR eligibility. The PL1 submitter must update the PASRR eligibility on the new PL1 to include the PASRR eligibility of the PE indicated in the error message. The PE submitted from the new PL1 will confirm or deny the PASRR eligibility selected on the new PL1.</p> <p>The &lt;PASRR Condition(s) of Latest PE&gt; verbiage in this error message will be substituted by the system with the actual PASRR condition(s) that was indicated on the latest PE as positive for PASRR eligibility (ex. ID, DD and/or MI). All applicable PASRR conditions will be documented in this one error message.</p>

<b>System Validation Name</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
Individual Info Validation	Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.	Refer to the message for guidance.  The <field name> verbiage in this error message will be substituted by the system with the actual field name that contains the incorrect information (ex. Last Name, Social Security No., or Birth Date). If more than one of these fields contain incorrect information, you will see a separate error message for each one.
Submitter Contract Validation	Submitter Contract number not valid for the PL1 Date of Assessment.	Verify that the assessment date is within the submitter's contract date range. If it is not, then the contract date range will need to be updated.
NF Choice Contract Validation	NF Choice Contract number [contract number/vendor number] is not found for the PL1 Date of Assessment.	Verify that the assessment date is within the contract date range of the NF that is listed on the PL1 Section D tab. If it is not, then the contract date range will need to be updated.
LA MI Contract Validation	LA - MI Contract No. is not valid for the PL1 Date of Assessment.	Verify that the assessment date is within the LIDDA's contract date range. If it is not, then the contract date range will need to be updated.
LA IDD Contract Validation	LA - IDD Contract No. is not valid for the PL1 Date of Assessment.	Verify that the assessment date is within the LMHA/LBHA's contract date range. If it is not, then the contract date range will need to be updated.

<b>System Validation Name</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
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.	The LA cannot submit a PL1 with more than one NF choice on the Section D tab unless it's submitted with the preadmission process.
Duplicate Validation and Cross Demographic Information Validation	This form is a duplicate of a previously submitted form. Please revise and submit.	The new PL1 cannot be submitted because there is another PL1 already submitted with the same assessment date for the same person. If the assessment occurred on the same date as the previous PL1, another PL1 is not required. A PE will confirm PASRR eligibility if there's an issue with the PASRR eligibility on the previous PL1.



System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Inactivate Previous PL1 and PE Validation	<p>Another Active PL1 and Active PE exists for this individual. The PL1 and PE on record will be inactivated if you click <b>OK</b> and proceed with this PL1 submission. To Revise and resubmit this PL1, click the <b>Cancel</b> button.</p> <p>OR</p> <p>Another Active PL1 exists for this client. The PL1 on record will be inactivated if you click <b>OK</b> to proceed with this PL1 submission. To revise this PL1, click the <b>Cancel</b> button.</p>	These are warning messages to indicate that the PL1 submitter will inactivate the previous PL1 (and also an associated PE if one exists) if the <b>OK</b> button is clicked.
LA Contract County Validation	The Section A County is not valid for the Contract No./ Vendor No., on the Date of Assessment.	When an LA is submitting a PL1, the system validates that the assessment date falls within the LA's contract date range for the county that is documented. The LA must verify their contract date range and county.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
NF PL1 Positive Validation	Nursing Facilities cannot submit a Preadmission PL1 with Positive PASRR Eligibility. Please update the form and resubmit.	<ul style="list-style-type: none"> <li>The NF needs to change the admission type to Exempted Hospital Discharge or Expedited Admission if the person is suspected of being positive for PASRR eligibility.</li> <li>If this PL1 truly needs to be submitted with the preadmission process, then only the LA can submit the PL1. Therefore, the NF should contact the LA to submit the PL1 on the LTC Online Portal for the person.</li> </ul>

## PASRR Evaluation Submission Errors

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Individual Information Validation	Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.	<p>Refer to the message for guidance.</p> <p>The &lt;field name&gt; verbiage in this error message will be substituted by the system with the actual field name that contains the incorrect information (ex. Last Name, Social Security No., or Birth Date). If more than one of these fields contain incorrect information, you will see a separate error message for each one.</p>

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Submitter Contract Validation	Submitter Contract number not valid for the PE Date of Assessment.	Verify that the assessment date is within the submitter's contract date range. If it is not, then the contract date range will need to be updated.
LA IDD Contract Validation	LA - IDD Contract No. is not valid for the Date of IDD Assessment.	Verify that the assessment date is within the LIDDA's contract date range. If it is not, then the contract date range will need to be updated.
LA MI Contract Validation	The LA – MI Contract No. is not valid for the Date of MI Assessment.	Verify that the assessment date is within the LMHA/LBHA's contract date range. If it is not, then the contract date range will need to be updated.
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. Click <b>OK</b> to proceed with this submission. To revise, click the <b>Cancel</b> button.	Refer to the message for guidance.
Duplicate Validation	This form is a duplicate of a previously submitted form. Please revise and submit.	The new PE cannot be submitted because there is another PE already submitted with the same assessment date for the same person. If corrections are required, submit another PE.
Invalid Date of Assessment Validation	The submitted date of assessment is earlier than the date of assessment that is currently on file.	If the assessment date was entered in error, the PE submitter must change the assessment date on the new PE to be the same or later than the assessment date on the previous PE.

<b>System Validation Name</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
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.	An LA can't change the assessment type to dual PASRR eligibility on the previous PE if it was submitted with a single PASRR eligibility. A new PE must be submitted with a dual diagnosis (e.g. IDD and MI), and then indicate if one of them is negative where applicable.
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.	The PE submitter selected "3. IDD and MI" in field A0600 on the new PE.  The Section B must be completed if field B0050 is checked.  The Section C tab must be completed if field C0050 is checked.
PL1 and PE Assessment Date Validation	MI and IDD Date of Assessment must be on or after the PL1 Date of Assessment	The PE's assessment date cannot be before the initiating PL1's assessment date. The PE submitter must enter an assessment date on the PE that is the same or later than the PL1's assessment date.
PE Resident Review Check	A Resident Review cannot be conducted for this individual. The individual no longer resides in this Nursing Facility.	This message indicates that the PL1 was updated for a discharge or decrease of the person. Therefore, a PE cannot be conducted or submitted on the LTC Online Portal for this person.

## PCSP Submission Errors

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
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.	<p>A PL1 associated to the PCSP is invalid when the PL1 form status is in either <b>NF Placement Processe Exhausted</b> or <b>Individual Chose Alternate Setting</b>.</p> <p>A PL1 associated to the PCSP can be inactive as long as the meeting date on the PCSP form is before the date of inactivation, discharge or decease on the PL1.</p>
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.	A PE is not valid when it is inactive and the meeting date on the PCSP is later than the PE's inactivation date. If the meeting actually occurred before or on the date that the PE was inactivated, then the PCSP submitter should enter the correct meeting date on the PCSP form.
One Initial per PE Validation	An Initial IDT/SPT meeting has already been submitted for this PE.	Only one Initial IDT/SPT meeting can be initiated from a PE. If this is the next annual meeting, then the PCSP submitter must select the Annual IDT/SPT meeting type.
Annual time from Initial/ Annual Validation	11 months have not passed since the individual's last Initial OR Annual IDT/SPT meeting was convened.	The next Annual IDT/SPT meeting cannot be convened until at least 334 days have passed since the last Initial or Annual IDT/SPT meeting was convened.

<b>System Validation Name</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
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.	Refer to the message for guidance.
NF Info matches Associated PL1 Validation	The NF information on the PCSP does not match the NF on the PL1.	If an LA is submitting a new PCSP form, they must enter the NF information that matches what is documented on the associated PL1.
Individual info Validation	Individual's identifying information is not valid. Please review Individual's identifying information for <field name> to correct on this form. If this form cannot be corrected, please contact the TMHP LTC Help Desk to report this problem.	Refer to the message for guidance.  The <field name> verbiage in this error message will be substituted by the system with the actual field name that contains the incorrect information (ex. Last Name, Social Security No., or Birth Date). If more than one of these fields contain incorrect information, you will see a separate error message for each one.
NF Contract Validation	NF Provider No. is not valid for the Date of Meeting.	The meeting date does not fall within the NF's contract date range. The NF's contract may need to be updated to be valid for the meeting date.
LA - MI Contract Validation	LA - MI Provider No. is not valid for the Date of Meeting.	The meeting date does not fall within the LA-MI's contract date range. The LA-MI's contract may need to be updated to be valid for the meeting date.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
LA - DD Contract Validation	LA - IDD Provider No. is not valid for the Date of Meeting.	The meeting date does not fall within the LA-IDD's contract date range. The LA-IDD's contract may need to be updated to be valid for the meeting date.
Meeting Date Sequencing on PCSP	Another IDT/SPT meeting with a date on or later than this IDT/SPT meeting already exists.	Meetings cannot be submitted on the PCSP form out of date sequence. If a meeting actually occurred before the latest meeting submitted on the PCSP form, then contact <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> for assistance.
Required participant Validation	<p>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.</p> <p>OR</p> <p>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.</p> <p>OR</p> <p>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.</p>	The meeting submitter must add the missing participants to the Participants Information section on the PCSP form. Make sure that the correct participant type is selected in field A2500A of the applicable row so the system can pass the validation.

System Validation Name	System Message	System Message Resolution (Assistance for resolving error)
Date Validation of PCSP with PE	IDT/SPT meeting date cannot be earlier than the PE Assessment Date.	The meeting submitter must enter a meeting date on or after the PE's 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.	If the new meeting was convened more than 365 days from the last Initial or Annual IDT/SPT meeting date on the selected PCSP DLN, then the meeting submitter must find a more recent PCSP form submitted on the LTC Online Portal to add the new meeting to.
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.	This validation is to ensure that the LA is only submitting a Quarterly or LA Update meeting type, and the NF is only submitting an Initial or Annual IDT/SPT meeting type.
Medicaid Eligibility Validation	<p>Medicaid Eligibility not found for the person for the Date of Meeting or later.</p> <p>OR</p> <p>Medicaid Eligibility is unable to be determined.</p> <p>Both of these messages include the following options: Please click on <b>Cancel</b> to return to the meeting without submitting or click <b>OK</b> to continue with the meeting submission.</p>	The purpose of this validation is to explain why the PASRR specialized services that are selected on the PCSP form may not be delivered using Medicaid funding. Other funding sources will be required to deliver the PASRR specialized services if Medicaid eligibility is not found or cannot be determined.



## Appendix J: Completion Transaction Processing Errors for the PE Form

The PTID Messages and Suggested Actions table provides information about the PTID Messages you will see in the PE 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 individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	<p>The person's identifying information on the PE does not match the identifying information on file.</p> <ul style="list-style-type: none"> <li>• If a Medicaid No. was submitted, it does not match the last name on file. Update the information as needed, and resubmit.</li> <li>• If a Medicaid No. was not submitted but a Social Security No. was submitted, the Social Security No. does not match the last name on file. Update the information as needed, and resubmit.</li> <li>• 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.</li> <li>• If the information that was submitted on the PE is correct for the applicable scenario above, contact HHSC at 211 to verify whether the identifying information on the PE matches the information that is on file at HHSC for this person. <ul style="list-style-type: none"> <li>– If the identifying information on the PE is incorrect, update it as needed, and resubmit.</li> <li>– If the identifying information on file at HHSC is incorrect, contact the person or 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.</li> </ul> </li> </ul>

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-0002: This authorization request cannot be processed because the submitted Medicaid No. matches a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>The person's identifying information on the PE does not match the identifying information on file for the submitted Medicaid No.</p> <ul style="list-style-type: none"> <li>• If the Medicaid No. that was submitted does not match the First and Last Name on file, update the information as needed, and resubmit.</li> <li>• If the Medicaid No. that was 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.</li> <li>• If the Medicaid No. that was submitted matches the First and Last Name on file but the Medicare No. that was submitted does not match the Medicare No. on file, update the information as needed, and resubmit.</li> <li>• If the Medicaid No. that was submitted matches the First and Last Name, but the Birth Date that was submitted does not match the Birth Date on file, update the information as needed, and resubmit.</li> <li>• If the above information is all correct on the PE, contact HHSC at 211 to verify whether the identifying information on the PE matches the information that is on file at HHSC for this person. <ul style="list-style-type: none"> <li>– If the identifying information on the PE is incorrect, update it as needed and resubmit.</li> <li>– If the identifying information that is on file at HHSC is incorrect, contact the person or 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.</li> </ul> </li> </ul>

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 individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	<p>A Medicaid No. was not submitted and the person's Social Security No. on the PE matches more than one person on file.</p> <ul style="list-style-type: none"> <li>• If the Social Security No., First Name, or Last Name are incorrect on the PE, update the information as needed, and resubmit.</li> <li>• If the Social Security No., First Name, and Last Name are correct on the PE, contact HHSC at 211 to verify whether the identifying information on the PE matches the information on file at HHSC for this person. <ul style="list-style-type: none"> <li>– If the identifying information on the PE is incorrect, update it as needed, and resubmit.</li> <li>– If the identifying information on file at HHSC is incorrect, contact the person or their 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.</li> </ul> </li> </ul>
PS-0004: This authorization request cannot be processed because the submitted Medicare No. and Birth Date match a different individual. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	<p>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.</p> <ul style="list-style-type: none"> <li>• If the Birth Date, Medicare No., First Name, or Last Name are incorrect on the PE, update the information as needed, and resubmit.</li> <li>• If the Birth Date, Medicare No., First Name and Last Name are correct on the PE, contact HHSC at 211 to verify whether the identifying information on the PE matches the information on file at HHSC for this person. <ul style="list-style-type: none"> <li>– If the identifying information on the PE is incorrect, update it as needed and resubmit.</li> <li>– If the identifying information on file at HHSC is incorrect, contact the person or their 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.</li> </ul> </li> </ul>

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
<p>PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC at 211 for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>The person's Medicaid No. on the PE is not on file.</p> <ul style="list-style-type: none"> <li>• If the Medicaid No. is incorrect on the PE, update it and resubmit.</li> <li>• If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify whether the Medicaid No. on the PE matches the Medicaid No. on file at HHSC for this person.</li> <li>– If the identifying information on the PE is incorrect, update it as needed, and resubmit.</li> <li>– If the identifying information on file at HHSC is incorrect, contact the person or their 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.</li> </ul>

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 at 211 for assistance in determining the correct identifying information for this individual.	PE Completion	<p>A Medicaid No. was not submitted and the person's identifying information on the PE is not on file.</p> <ul style="list-style-type: none"> <li>• If a Social Security No. was submitted: <ul style="list-style-type: none"> <li>– There are multiple records on file for the Social Security No., First Name, and Last Name that were submitted on the PE, but none of them match the Birth Date that was submitted.</li> <li>– If the Social Security No., Name, or Birth Date on the PE are incorrect, update the information as needed, and resubmit.</li> </ul> </li> <li>• If a Medicare No. was submitted: <ul style="list-style-type: none"> <li>– There are multiple records on file for the Medicare No., First Name, Last Name, and Birth Date that were submitted on the PE.</li> <li>– If the Medicare No., Name, or Birth Date on the PE are incorrect, update the information as needed, and resubmit.</li> </ul> </li> <li>• If the identifying information on the PE is correct, contact HHSC at 211 to verify that the identifying information on the PE matches the information on file at HHSC for this person. <ul style="list-style-type: none"> <li>– If the identifying information on the PE is incorrect, update it as needed and resubmit.</li> <li>– If the identifying information on file at HHSC is incorrect, contact the person or their 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.</li> </ul> </li> </ul>

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
PS-1000: This authorization request cannot be processed because another LA has a PE Completion authorization for this individual and requested date. Contact HHSC LTC Provider Claims Services for assistance, if needed.	PE Completion	<p>There is already a Service Authorization on file for the person, date, and service but for a different provider.</p> <ul style="list-style-type: none"> <li>– If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit.</li> <li>– If the date is correct on the PE, contact HHS Provider Claims Services at 512-438-2200, Option 1, for assistance.</li> </ul>
PS-1002: This authorization request modification cannot be processed because the individual's identifying information has been changed on the Portal since the authorization was created at HHSC.	PE Completion Modification	<p>The person's Medicaid No., Social Security No., Medicare No., Birth Date, and Name are not allowed now to be modified that a Service Authorization has been created at HHS. Contact HHS Provider Claims Services at 512-438-2200, Option 1, for assistance.</p>
PS-1004: This authorization request modification cannot be processed because another LA has a PE Completion authorization for this individual and requested date. Contact HHSC LTC Provider Claims Services for assistance, if needed.	PE Completion Modification	<p>There is already a Service Authorization on file for the person on the requested date for the same service but for a different provider.</p> <ul style="list-style-type: none"> <li>• If the requested Date of MI or IDD Assessment (for MI or IDD PE Completion) on the PE is incorrect, update it and resubmit.</li> <li>• If the date is correct on the PE, contact HHS Provider Claims Services at 512-438-2200, Option 1, for assistance.</li> </ul>

Provider Message (Displayed in History)	Form/ Transaction	Suggested Action
PS-1005: This authorization request cannot be processed because the submitted Contract 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	<p>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.</p> <ul style="list-style-type: none"> <li>• Review the contract to determine whether the submitted service is authorized for the requested date.</li> <li>• If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit.</li> <li>• If the contract or service is not yet in effect, resubmit the rejected transaction after the service is effective in the system.</li> <li>• 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.</li> </ul>
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	<p>HHS attempted to process two transactions for the same person, provider, effective date, and service on the same day.</p> <ul style="list-style-type: none"> <li>• Validate the effective date on the transactions submitted.</li> <li>• 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 be processed.</li> <li>• If one of the transactions was submitted in error, only resubmit the necessary transaction.</li> </ul>

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	<p>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.</p> <ul style="list-style-type: none"><li>• Review the contract to determine whether the service that was submitted is authorized for the requested date.</li><li>• If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit.</li><li>• If the contract or service is not yet in effect, resubmit the rejected transaction after the service is effective in the system.</li><li>• 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.</li></ul>



## Appendix K: Alert Descriptions

Alert	Communication to the Local Authority (Incoming Alerts)
Change in comatose condition - Conduct PE	An MDS Assessment does not confirm comatose as indicated on the PL1 Screening. The LA should conduct the PE.
Change of condition - Conduct PE	An MDS SCSA indicates potentially PASRR positive eligibility. The LA should conduct the PE
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
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.
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 - First Notification (Pending NF Placement)	An individual exhibiting signs of MI and/or IDD is pending placement and PASRR Evaluation has not been completed. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 calendar days of this notification.
Conduct PASRR Evaluation - Second Notification	This is the second notice that an individual exhibiting signs of MI and/or IDD and requires a PASRR Evaluation. A PASRR Evaluation must be successfully submitted on the TMHP LTC Online Portal within 7 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 for a PL1 that was submitted with the Preadmission process. If the LA has already completed the PASRR Evaluation but has not entered it on the LTC Online Portal, the LA should submit the PASRR Evaluation immediately.

Alert	Communication to the Local Authority (Incoming Alerts)
Conduct PL1 Screening	A PASRR Level 1 Screening for the individual is required. Please conduct the PASRR Level 1 Screening and submit on the TMHP Online Portal within 7 days of this notification. This alert can only be generated manually using the <b>Create Alert</b> button on the Alerts page. The NF can send it to the LA, or the PASRR Unit can send it to the NF or the LA.
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.
Individual Changed from Non-Medicaid to Medicaid	A PASRR Positive Individual was converted from Non-Medicaid to Medicaid on the PE by the system. Open the PE DLN to determine if an LA Update meeting needs to be convened and added to a PCSP form for any PASRR specialized services that can now be provided because a Medicaid number has been assigned.
LA Action Required - Review PASRR Evaluation	The PASRR Evaluation Completion payment authorization request failed to process. Refer to the error code and description in the PE PTID Completion history of the Authorization section for details.
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.

Alert	Communication to the Nursing Facility (Incoming Alerts)
Conduct PL1 Screening	A PASRR Level 1 Screening for the individual is required. Please conduct the PASRR Level 1 Screening and submit on the TMHP Online Portal within 7 days of this notification. This alert can only be generated manually using the <b>Create Alert</b> button on the Alerts page. The NF can send it to the LA, or the PASRR Unit can send it to the NF or the LA.
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.

Alert	Communication to the Nursing Facility (Incoming Alerts)
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 <b>Pending State Review</b> before the due date, or the request will be denied and a new request will need to be submitted.
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 <b>Able to Serve the Individual</b> or <b>Unable to Serve the Individual</b> by clicking the corresponding button on the yellow Form Actions tool bar and confirming the selection on the pop up screen by clicking <b>OK</b> . 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 <b>Able to Serve the Individual</b> or <b>Unable to Serve the Individual</b> by clicking the corresponding button on the yellow Form Actions tool bar and confirming the selection on the pop up screen by clicking <b>OK</b> . The nursing facility also needs to schedule and conduct the IDT meeting.
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 <b>Provider Action Required</b> status, the provider must take action before that particular form or PTID can continue.)
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 the SPT, MI Quarterly and LA Update meetings 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 (Incoming Alerts)
NF Unable to Serve	<p>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 also 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.</p>

## Appendix L: Provider Workflow Rejection Messages for the NFSS Form

Below are the SAS rejection messages that providers will receive if an error occurs during the nightly batch processing. The message numbers are in alphanumeric order.

The table contains three columns:

- 1) **Provider Message.** This is the system message that is displayed in the Form and PTID History trail.
- 2) **Form/Assessment.** Lists the forms or assessments that can receive this message.
- 3) **Suggested Action.** Specific instructions for resolving the issue that is listed in the system message.

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	<p>The recipient's applied income is not available to the authorization system.</p> <ul style="list-style-type: none"> <li>• Pull a Medicaid Eligibility and Service Authorization Verification (MESAV) for the recipient that covers the date that was requested on the form or assessment. <b>Note:</b> If the recipient does not already have Service Authorizations for your contract, this information will not be available on the MESAV.</li> <li>• If the MESAV does not show an Applied Income for the dates of the form or assessment, contact the HHSC Eligibility Worker to update the Applied Income records.</li> <li>• After the Applied Income has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, monitor the MESAV for updated Applied Income.</li> <li>• If the MESAV does show an Applied Income for the dates of the form or assessment, resubmit the rejected form or assessment.</li> </ul>

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	<p>The recipient's Medicaid eligibility is not available to the authorization system.</p> <ul style="list-style-type: none"> <li>• Pull a MESAV for the recipient covering the date requested on the form or assessment. <b>Note:</b> If the recipient does not already have Service Authorizations for your contract, this information will not be available on the MESAV.</li> <li>• If the MESAV does not show Long-Term Care Financial Eligibility for the dates on the form or assessment, contact the HHS Eligibility Worker or Supplemental Security Income (SSI) office to update the Financial Eligibility records.</li> <li>• After the Financial Eligibility has been updated, resubmit the rejected form or assessment. If the recipient is already established in your facility, monitor the MESAV for updated Financial Eligibility.</li> <li>• If the MESAV does show Financial Eligibility for the dates on the form or assessment, resubmit the rejected form or assessment.</li> </ul>
GN-9248: This form cannot be processed due to one or more invalid Diagnosis Codes. Correct the Diagnosis Codes and resubmit.	MDS, NFSS	<p>The submitted Primary <i>International Classification of Diseases</i> (ICD) Diagnosis Code is not valid.</p> <ul style="list-style-type: none"> <li>• Modify the Primary Diagnosis Code on the LTCMI section as needed, and resubmit the rejected assessment.</li> <li>• If the Primary Diagnosis Code on the LTCMI section is valid, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.</li> </ul>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
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	<p>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.</p> <ul style="list-style-type: none"> <li>• Review the facility contract to determine whether the contract is in effect and authorizes the type of services covered by the form or assessment.</li> <li>• If the effective date of the form or assessment is wrong, modify the form or assessment, and resubmit the rejected form or assessment.</li> <li>• If the contract is not yet in effect, resubmit the rejected form or assessment after the service code is effective in the system. For 3619 admissions, resubmit the rejected form after the Medicare contract is effective in the system.</li> </ul>
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)	<p>The Therapy Date of Assessment is outside the provider's contract dates.</p> <ul style="list-style-type: none"> <li>• Confirm the Date of Assessment for the rejected therapy assessment, and submit a correction of the date as needed.</li> <li>• If the date is correct but the form is under the incorrect contract, contact the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a>, and request that the form be inactivated, and submit a new NFSS form with the proper contract.</li> <li>• If there is not an active contract for the Date of Assessment, the submission must be held until the contract has been approved.</li> </ul>
PS-3002: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Assessment)	<p>This therapy service cannot be processed because the submitted Provider Number is not valid as of the therapy Begin Date. The submission cannot be processed until the contract has been approved. Email the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> if further assistance is required.</p>



Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
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)	<p>The CMWC/DME Date of Assessment is outside the provider's contract dates.</p> <ul style="list-style-type: none"> <li>• Confirm the Date of Assessment for the rejected CMWC/DME assessment, and submit a correction of the date as needed.</li> <li>• If the date is correct but the form is under the incorrect contract, contact the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a>, and request that the form be inactivated, and submit a new NFSS form with the proper contract.</li> <li>• If there is not an active contract for the Date of Assessment, the submission cannot be processed until the contract has been approved.</li> </ul>
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)	<p>The CMWC/DME Therapist's Certification Date is outside the provider's contract dates.</p> <ul style="list-style-type: none"> <li>• Confirm the Therapist's Certification Date for the rejected CMWC/DME item, and submit a correction of the date as needed.</li> <li>• If the date is correct but the form is under the incorrect contract, contact the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a>, and request that the form be inactivated, and submit a new NFSS form with the proper contract.</li> <li>• If there is not an active contract for the Therapist's Certification Date, the submission cannot be processed until the contract has been approved.</li> </ul>



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)	<p>The therapy Date of Assessment is outside the provider's contract dates for the requested service.</p> <ul style="list-style-type: none"> <li>• Confirm the therapy Date of Assessment, and submit a correction of the date as needed.</li> <li>• If the requested service is not active on the contract for the Date of Assessment, contact the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a>, and request assistance. The submission cannot be processed until the contract has been updated to include the requested service.</li> </ul>
PS-3006: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	<p>This therapy service cannot be processed because the submitted service is not valid for the Contract Number as of the therapy Begin Date. If the requested service is not active on the contract, contact the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a>, and request assistance. The submission cannot be processed until the contract has been updated to include the requested service.</p>
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)	<p>The CMWC/DME Date of Assessment is outside the provider's contract dates for the requested service.</p> <ul style="list-style-type: none"> <li>• Confirm the CMWC/DME Date of Assessment, and submit a correction of the date as needed.</li> <li>• If the requested service is not active on the contract for the Date of Assessment, contact the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a>, and request assistance. The submission cannot be processed until the contract has been updated to include the requested service.</li> </ul>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>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.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>The CMWC/DME Therapist's Certification Date is outside the provider's contract dates for the requested item.</p> <ul style="list-style-type: none"> <li>• Confirm the CMWC/DME Therapist's Certification Date, and submit a correction of the date as needed.</li> <li>• If the requested item is not active on the contract for the Therapist's Certification Date, contact the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a>, and request assistance. The submission cannot be processed until the contract has been updated to include the requested item.</li> </ul>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3009: This therapy assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Contract No. as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (Therapy Assessment)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the therapy Date of Assessment.</p> <ul style="list-style-type: none"> <li>• Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF.</li> <li>• If the individual has elected Hospice services in the NF setting, confirm with the Hospice Provider that the NF Room and Board Service Authorization is present and covers the therapy Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized.</li> <li>• If a covering NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization is found and the Date of Assessment is incorrect, update it, and resubmit.</li> <li>• If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment.</li> <li>• If the 3618 or 3619 admission has not been processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission.</li> <li>• If the 3618/3619 has been processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it.</li> <li>• Once the covering 3618/3619 admission and MDS assessment have been processed, resubmit the therapy assessment.</li> </ul> <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3009: This therapy assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Contract No. as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (Therapy Assessment)	<ul style="list-style-type: none"> <li>• If the 3618/3619 admission and MDS assessment have both been processed but there is no covering NF Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.</li> <li>• If there is no hospice room and board service authorization, resubmit the NFSS form at a later time.</li> </ul>
PS-3010: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization as of the therapy Begin Date. Establish the appropriate service authorization, and email the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> if further assistance is required.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3011: This CMWC/DME assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Provider No. as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the CMWC/DME Date of Assessment.</p> <ul style="list-style-type: none"> <li>• Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the CMWC/DME Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized.</li> <li>• If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is found and the Date of Assessment is incorrect, update it, and resubmit.</li> <li>• If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment.</li> <li>• If the 3618 or 3619 admission has not been processed, determine why the form was rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission.</li> <li>• If the 3618/3619 has been processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it.</li> <li>• Once the covering 3618/3619 admission and MDS assessment have been processed, resubmit the CMWC/DME assessment.</li> </ul> <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3011: This CMWC/DME assessment cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) for the submitted Provider No. as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<ul style="list-style-type: none"> <li>• If the 3618/3619 admission and MDS assessment have both been processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.</li> </ul>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3012: This CMWC/DME item cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) 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 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the CMWC/DME item Therapist's Certification Date.</p> <ul style="list-style-type: none"> <li>• Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the CMWC/DME item Therapist's Certification Date. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, the services will not be authorized.</li> <li>• If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is found and the Therapist's Certification Date is incorrect, update it, and resubmit.</li> <li>• If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment.</li> <li>• If the 3618 or 3619 admission has not been processed, determine why the form rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission.</li> <li>• If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it.</li> <li>• Once the covering 3618/3619 admission and MDS assessment have been processed, resubmit the CMWC/DME item.</li> </ul> <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3012: This CMWC/DME item cannot be processed because the individual does not have a Medicaid Daily Care Service Authorization (NF or hospice) or a Medicare Skilled Nursing Service Authorization (co-insurance) 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 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Item)</p>	<ul style="list-style-type: none"> <li>• If the 3618/3619 admission and MDS assessment have both been processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.</li> </ul>



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)	<p>This therapy assessment has been submitted using an incorrect Provider Number. The facility has had a Change of Ownership, and the therapy assessment must be submitted using the Provider No. that was active on the therapy Date of Assessment.</p> <ul style="list-style-type: none"> <li>• Confirm the Date of Assessment for the rejected therapy assessment, and submit a correction of the date as needed.</li> <li>• If the date is correct but the form is under the incorrect contract, contact the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> and request to inactivate the form. Then submit a new NFSS form with the proper contract.</li> <li>• If there is not an active contract for the Date of Assessment, the therapy assessment cannot be processed until the contract has been approved.</li> </ul>
PS-3014: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance..	NFSS (Therapy Service)	<p>This therapy service cannot be processed because the individual has a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization for the same Vendor Number but a different Contract Number as of the therapy Begin Date. Establish the service authorization for daily care, and email the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> for further assistance.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>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.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>This therapy assessment has been submitted using an 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.</p> <ul style="list-style-type: none"> <li>• Confirm the Date of Assessment for the rejected therapy assessment, and submit a correction of the date as needed.</li> <li>• If the date is correct but the form is under the incorrect contract, contact the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a>, and request to inactivate the form. Then submit a new NFSS form with the proper contract.</li> <li>• If there is not an active contract for the Date of Assessment, the therapy assessment cannot be processed until the contract has been approved.</li> </ul>
<p>PS-3016: This CMWC/DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance</p>	<p>NFSS (CMWC/DME Item)</p>	<p>This CMWC/DME item cannot be processed because the individual has a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Authorization for the same Vendor Number but a different Contract Number as of the Therapist's Certification Date. Email PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> if further assistance is required.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3017: This therapy assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (Therapy Assessment)</p>	<p>There is a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization for a different provider that covers the therapy Date of Assessment.</p> <ul style="list-style-type: none"> <li>• Pull a MESAV and review the Service Authorizations to determine whether the recipient has an NF or Hospice Daily Care or Medicare coinsurance Service Authorization that covers the therapy Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not processed, the services will not be authorized.</li> <li>• If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is found and the Date of Assessment is incorrect, update it, and resubmit.</li> <li>• If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment.</li> <li>• If the 3618 or 3619 admission has not been processed, determine why the form rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission.</li> <li>• If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it.</li> <li>• Once the covering 3618/3619 admission and MDS assessment have processed, resubmit the therapy assessment.</li> </ul> <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3017: This therapy assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the therapy assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.	NFSS (Therapy Assessment)	<ul style="list-style-type: none"> <li>If the 3618/3619 admission and MDS assessment were both processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.</li> </ul>
PS-3018: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Daily Care Medicare Coinsurance Service Authorization for a different Vendor Number as of the therapy Begin Date. The request cannot be processed until the contract has been updated.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3019: This CMWC/DME assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the therapy Date of Assessment.</p> <ul style="list-style-type: none"> <li>• Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF.</li> <li>• If the individual has elected Hospice services in the NF setting, confirm with the Hospice Provider that the NF Room and Board Service Authorization is present and covers the therapy Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not been processed, you will not have services authorized.</li> <li>• If a covering NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization is found and the Date of Assessment is incorrect, update it, and resubmit.</li> <li>• If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment.</li> <li>• If the 3618 or 3619 admission is not processed, determine why the form rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission.</li> <li>• If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it.</li> <li>• Once the covering 3618/3619 admission and MDS assessment have processed, resubmit the therapy assessment..</li> </ul> <p>(Continued on next page)</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>PS-3019: This CMWC/DME assessment cannot be processed because the individual is enrolled with a different provider as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary 3618 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Assessment)</p>	<ul style="list-style-type: none"> <li>• If the 3618/3619 admission and MDS assessment both processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.</li> <li>• If there is no hospice room and board service authorization, resubmit the NFSS form at a later time.</li> </ul>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
<p>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 or 3619 admission form and/or MDS assessment.</p>	<p>NFSS (CMWC/DME Item)</p>	<p>There is no NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization that covers the therapy Date of Assessment.</p> <ul style="list-style-type: none"> <li>• Pull a MESAV, and review the Service Authorizations to determine whether the recipient has an NF.</li> <li>• If the individual has elected Hospice services in the NF setting, confirm with the Hospice Provider that the NF Room and Board Service Authorization is present and covers the therapy Date of Assessment. If the 3618 or 3619 admission and MDS assessment for the recipient have not processed, you will not have services authorized.</li> <li>• If a covering NF Daily Care or Medicare coinsurance or Hospice NF Room and Board Service Authorization is found and the Date of Assessment is incorrect, update it and resubmit.</li> <li>• If a covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization is not found, review the LTC Online Portal to determine the status of the 3618 or 3619 admission and MDS assessment.</li> <li>• If the 3618 or 3619 admission is not processed, determine why the form rejected. Correct the current 3618 or 3619 admission, or inactivate the rejected 3618/3619, and submit a new 3618/3619 admission.</li> <li>• If the 3618/3619 is processed, determine whether there is an associated MDS assessment. If the MDS failed to process, compare the 3618/3619 processed date to the rejection date of the MDS. If the 3618/3619 admission was processed after the MDS was rejected, resubmit the rejected MDS. If the MDS was never submitted, complete the LTCMI, and submit it.</li> <li>• Once the covering 3618/3619 admission and MDS assessment have processed, resubmit the therapy assessment..</li> </ul> <p>(Continued on next page).</p>

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 or 3619 admission form and/or MDS assessment.	NFSS (CMWC/DME Item)	<ul style="list-style-type: none"> <li>• If the 3618/3619 admission and MDS assessment were both processed but there is no covering NF or Hospice Daily Care or Medicare coinsurance Service Authorization, contact HHSC LTC Provider Claims Services at 512-438-2200, Option 1, for assistance.</li> <li>• If there is no hospice room and board service authorization, resubmit the NFSS form at a later time</li> </ul>
PS-3021: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	<p>This therapy service cannot be processed because the individual was not at least 21 years of age as of the therapy Begin Date.</p> <ul style="list-style-type: none"> <li>• If the Birth Date is incorrect on the form, contact the person on their LAR, and ask them to contact HHS MEPD to request that the error be corrected in the system. Resubmit the therapy service after the person or LAR has confirmed that the information has been corrected by HHSC.</li> <li>• If the Birth Date is correct on the form, resubmit the request after the person is at least 21 years of age or older.</li> <li>• Email the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> if further assistance is needed.</li> </ul>



Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
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 individual's Birth Date in their records.	NFSS (CMWC/DME Item)	<p>The recipient was not at least 21 years of age as of the Therapist's Certification Date.</p> <ul style="list-style-type: none"> <li>• If the Birth Date is incorrect on the form, contact the person or their 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.</li> <li>• If the Birth Date is correct on the form, resubmit the request after the person is at least 21 years of age or older.</li> <li>• Email the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> if further assistance is needed.</li> </ul>
PS-3031: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a therapy service for the same therapy type, therapy Begin Date, and Provider Number but for a different number of units. Allow 10 business days for the NFSS Reviewer to process this before emailing the PASRR Unit at: <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> for assistance.
PS-3032: This CMWC/DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/DME Item)	This CMWC/DME item cannot be processed because the individual has a CMWC/DME item for the same item type, Therapist's Certification Date, and Contract Number but for a different dollar amount. Email the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> for assistance.
PS-3033: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a therapy service for the same therapy type and Provider Number that covers the therapy Begin Date. Allow 10 business days before verifying a service authorization in MESAV.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3036: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has a therapy service for the same Vendor Number with a more recent therapy Begin Date. Resubmit a recertification or restart no earlier than 30 days before the end date of the previous authorization.
PS-3037: This DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (DME Item)	This DME item cannot be processed because the individual has a more recent DME item of the same type (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> for assistance.
PS-3038: This CMWC item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC Item)	This CMWC item cannot be processed because the individual has a more recent customized power or manual wheelchair (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> for assistance.
PS-3039: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual does not have an associated therapy service for the same Vendor Number that ended within the previous 30 days and no associated therapy assessment for the same Vendor Number within the previous 60 days. Resubmit the request with an updated assessment.
PS-3040: This DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (DME Item)	This DME item cannot be processed because the individual has the same DME item type within the last 5 years (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> for assistance.
PS-3041: This CMWC item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC Item)	This CMWC item cannot be processed because the individual has had a customized power or manual wheelchair within the last 5 years (any provider). Allow 10 business days for the NFSS Reviewer to process this before emailing the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> for assistance.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3042: This CMWC/DME item must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/DME Item)	This CMWC/DME item cannot be processed because the individual does not have an associated CMWC/DME assessment for the same Vendor Number within the previous 424 days (14 months). A new request must be submitted for the assessment and item. Email the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> if further assistance is required.
PS-3043: This CMWC assessment must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC Assessment)	This CMWC assessment cannot be processed because the individual has a service authorization for a customized power wheelchair with a begin date before the CMWC Date of Assessment (any provider). This request will require a longer processing time than usual, because this request must undergo a medical review. Email the PASRR Unit at <a href="mailto:PASRR.Support@hhsc.state.tx.us">PASRR.Support@hhsc.state.tx.us</a> if further assistance is required.
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. Correct the therapy Date of Assessment or submit the necessary MDS assessment.	NFSS (Therapy Assessment)	This therapy assessment cannot be processed because the individual has no Level of Service, Diagnosis, or Authorizing Agent record as of the therapy Date of Assessment, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, and ensure that the level of service, diagnosis, and/or Authorizing Agent record are updated, and then resubmit to SAS. <b>Note:</b> Contact Provider Claims Services for additional assistance at 512-438-2200, Option 1.
PS-3045: This therapy service must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service cannot be processed because the individual has no Level of Service, Diagnosis, or Authorizing Agent record as of the therapy Begin Date, which indicates that the MDS assessment has not been successfully processed. Correct the MDS assessment, and ensure that the level of service, diagnosis, and/or Authorizing Agent record are updated, and then resubmit to SAS.

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
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. Correct the CMWC/DME Date of Assessment or submit the necessary MDS assessment.	NFSS (CMWC/DME Assessment)	<p>This CMWC/DME assessment cannot be processed because the individual has no Level of Service, Diagnosis, and/or Authorizing Agent record as of the CMWC/DME Date of Assessment, which indicates that the MDS assessment has not been successfully processed.</p> <p>Correct the MDS assessment, and ensure that the level of service, diagnosis, and Authorizing Agent record are updated, and then resubmit to SAS.</p> <p><b>Note:</b> Contact Provider Claims Services for additional assistance at 512-438-2200, Option 1.</p>
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. Correct the CMWC/DME item Therapist's Certification Date or submit the necessary MDS assessment.	NFSS (CMWC/DME Item)	<p>This CMWC/DME item cannot be processed because the individual has no Level of Service, Diagnosis, or Authorizing Agent record as of the Therapist's Certification Date, which indicates that the MDS assessment has not been successfully processed.</p> <p>Correct the MDS assessment, and ensure that the level of service, diagnosis, and Authorizing Agent record are updated, and then resubmit to SAS.</p> <p><b>Note:</b> Contact Provider Claims Services for additional assistance at 512-438-2200, Option 1.</p>

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3500: There is an existing assessment within 180 days of the submitted Date of Assessment (same Vendor No.), or the individual is under 21 years of age as of the Date of Assessment. No service authorization has been created. Contact the HHSC IDD PASRR Unit if additional information is needed.	NFSS (Assessment for any request type)	There is an existing assessment within 180 days of the submitted Date of Assessment (same Vendor Number), or the individual is under 21 years of age as of the Date of Assessment. No service authorization has been created in SAS, but this assessment can be used to support the creation of an associated CMWC/DME/Therapy service if all other conditions are satisfied.
PS-3701: This therapy assessment modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Assessment)	This therapy assessment modification cannot be processed systematically. Research is needed to determine why the request was submitted as a modification. The PASRR Unit will contact the provider if additional information is needed.
PS-3702: This CMWC/DME assessment modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/DME Assessment)	This CMWC/DME assessment modification cannot be processed systematically. Research is needed to determine why the request was submitted as a modification. The PASRR Unit will contact the provider if additional information is needed.

<b>Provider Message (Displayed in History)</b>	<b>Form/ Assessment</b>	<b>Suggested Action</b>
PS-3703: This therapy service modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service modification cannot be processed systematically. Research is needed to determine why the request was submitted as a modification. The PASRR Unit will contact the provider if additional information is needed.
PS-3704: This CMWC/DME item modification must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/DME Item)	This CMWC/DME item modification cannot be processed systematically. Research is needed to determine why the request was submitted as a modification. The PASRR Unit will contact the provider if additional information is needed.
PS-3901: This therapy service inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Service)	This therapy service inactivation cannot be processed systematically. Research is needed to determine why the request was submitted as an inactivation. The PASRR Unit will contact the provider if additional information is needed.
PS-3902: This CMWC/DME item inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/DME Item)	This CMWC/DME item inactivation cannot be processed systematically. Research is needed to determine why the request was submitted as an inactivation. The PASRR Unit will contact the provider if additional information is needed.

<b>Provider Message (Displayed in History)</b>	<b>Form/ Assessment</b>	<b>Suggested Action</b>
PS-3903: This therapy assessment inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (Therapy Assessment)	This therapy assessment inactivation cannot be processed systematically because the therapy assessment has already been added to SAS. Research is needed to determine why the request was submitted as an inactivation.  The PASRR Unit will contact the provider if additional information is needed.
PS-3904: This CMWC/DME assessment inactivation must be manually processed by HHSC. Contact the IDD PASRR Unit for assistance.	NFSS (CMWC/DME Assessment)	This CMWC/DME assessment inactivation cannot be processed systematically because the CMWC/DME assessment has already been added to SAS. Research is needed to determine why the request was submitted as an inactivation.  The PASRR Unit will contact the provider if additional information is needed.



## Appendix M: NFSS Daily Care Validations Include Medicare Service Authorizations

### NFSS Form Edits

System Validation Name (Invoked during initiation at time of submission of the NFSS form)	System Message	System Message Resolution (Assistance for resolving error)
NFSS Form Rejected - No Daily Care	This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider No. as of the assessment date. Correct the CMWC/DME assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS Form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.
NFSS Form Rejected - No Daily Care	<p>This CMWC/DME request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider No. as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p><b>Note:</b> <i>This message will only be displayed one time even if the multiple items are requested.</i></p>	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.



<b>System Validation Name (Invoked during initiation at time of submission of the NFSS form)</b>	<b>System Message</b>	<b>System Message Resolution (Assistance for resolving error)</b>
NFSS Form Rejected - No Daily Care	The Occupational Therapy (OT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing authorization for the submitted Provider No. as of the assessment date. Correct the OT assessment date or submit the necessary paperwork to establish the appropriate service authorization before submitting the NFSS form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.
NFSS Form Rejected - No Daily Care	The Physical Therapy (PT) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the PT assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.
NFSS Form Rejected - No Daily Care	The Speech Therapy (ST) request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the assessment date. Correct the ST assessment date or submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.

System Validation Name (Invoked during initiation at time of submission of the NFSS form)	System Message	System Message Resolution (Assistance for resolving error)
NFSS Form Rejected - No Daily Care	<p>This Therapy request cannot be processed because the person does not have a Medicaid Daily Care or Medicare Skilled Nursing service authorization for the submitted Provider number as of the date that submission of the NFSS form was attempted. Submit the necessary paperwork to establish the appropriate service authorization before resubmitting the NFSS form.</p> <p><b>Note:</b> <i>This message will only be displayed one time even if multiple services are requested.</i></p>	The provider must submit their Form 3618, 3619, and/or MDS/LTCMI information.

