Table of Contents

1. Overview ............................................................................................................. 4
2. Initial Interdisciplinary Team (IDT) Meeting ....................................................... 5
   - Required IDT Meeting Members ......................................................................... 5
   - Local Authority Confirmation on IDT meeting .................................................... 7
   - PASRR Specialized services .............................................................................. 7
3. Submitting an Initial IDT Meeting .................................................................... 9
4. Local Authority Confirmation on PCSP Form ..................................................... 10
   - Alert .................................................................................................................. 10
5. Resident Reviews ............................................................................................... 14
6. When to Complete and Submit an Annual IDT Meeting ..................................... 15
7. Quarterly SPT, MI Quarterly, and LA Update Meetings ....................................... 16
   - Service Planning Team Meetings ..................................................................... 16
   - SPT Required Team Members ......................................................................... 16
   - MI Quarterly Meetings ..................................................................................... 17
   - LA Update Meeting Types ............................................................................... 19
   - Required Members for LA Update Meetings .................................................... 20
     - LA Updates with reason code 1 or 2 .............................................................. 20
     - LA Updates with reason code 3, 4, 5, 6, 7 or 8 ............................................. 20
   - Quarterly Meetings ........................................................................................... 21
   - LA Update Meetings ......................................................................................... 22
8. How to submit a Quarterly or LA Update Meeting ............................................. 23
9. Add Note Feature ............................................................................................... 25
10. Updating the PCSP Form .................................................................................. 26
    - Nursing Facilities ............................................................................................ 26
    - Local Authorities ............................................................................................. 26
    - HHSC PASRR Unit .......................................................................................... 27
11. Printing the PCSP Form .................................................................................... 28
12. Line by Line Steps for Completing the PCSP Form .......................................... 29
    - Submitter Information ...................................................................................... 29
    - Meeting Information ....................................................................................... 30
    - Nursing Facility Information .......................................................................... 32
    - Local Authority Information .......................................................................... 33
    - Individual Information ..................................................................................... 33
    - Participants Information .................................................................................. 34
      A. Participant Type .......................................................................................... 35
1. Overview

After a positive Preadmission Screening Resident Review (PASRR) Evaluation has been submitted into the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care Online Portal (LTCOP), the nursing facility (NF) receives an alert from the TMHP automated system. The alert informs the NF that a positive PASRR Evaluation (PE) has been submitted and instructs the NF to certify the ability to serve the person.

The NF is then required to conduct an interdisciplinary team (IDT) meeting. The alert includes the PASRR determination for the person of Intellectual Disability (ID), Developmental Disability (DD), Mental Illness (MI)) so that the NF knows if the Local Intellectual and Developmental Disability Authority (LIDDA), Local Mental Health Authority (LMHA)/Local Behavioral Health Authority (LBHA), or both needs to attend the IDT meeting.

Historically, the IDT tab and PASRR Specialized Services (PSS) forms were designed to function separately and to be submitted by different provider types on the LTCOP. Using two forms made it difficult to determine the status of a specialized service that had been agreed upon by the IDT. Providers needed to look at various forms to determine all the specialized services that the person was receiving. The purpose of this merger was to establish the “one team, one meeting” process that will benefit the person.

Combining the IDT and PSS into one form, PASRR Comprehensive Service Plan (PCSP), simplifies the specialized services identification process. The LTCOP allows NFs and Local Authority (LAs) to submit and view one form that captures an integrated service plan and allows a comprehensive view of the individual’s needs for a year at a time.

The term LA is used to reference LIDDA, LMHA/LBHA when a PCSP requirement or function applies to all three.
2. Initial Interdisciplinary Team Meeting

An initial IDT meeting must be held for all persons with a positive PE within 14 calendar days of the person’s admission to the NF.

When a resident review is conducted by the LA, the NF must hold an IDT meeting within 14 calendar days after the LTCOP generated the automated notification to the LA. For additional information on resident reviews, refer to Section 6, Resident Reviews, of this guide.

The PCSP must be submitted into the portal for every positive PE as a means to document the IDT meeting in order for the NFs Minimum Data Set (MDS) Long Term Care Medicaid Information (LTCMI) to process. NFs should not wait for the first MDS assessment denial before conducting an initial or annual IDT meeting. NFs must keep up with the IDT meeting due dates.

The purpose of the initial and annual IDT meeting is:

- Discuss the services recommended on the PE.
- Determine which PASRR specialized services, if any, agreed upon by the IDT the individual will receive.
- Discuss the best residential placement for the person.

Initial and annual meetings are important to ensure a person receives the necessary services. Allow time for a full team discussion.

Required IDT Meeting Members

The NF should review the PE before the NF schedules the initial IDT meeting to review all the specialized services being recommended. This will assist the NF in certifying whether the NF can meet the person’s needs. Additionally, the PE will indicate the PASRR condition which will assist the NF in determining which team members to invite to the IDT meeting. If NF staff are unsure who must be invited, they should call their LA representative to seek clarification.

HHSC recommends that NFs and LAs use a signature sheet for all meetings to help record and verify attendance.
The required team membership for PASRR initial and annual IDT meetings need to include, at a minimum:

- Registered Nurse (RN) from the NF
- individual or legally authorized representative (LAR) or both
- LIDDA, LMHA/LBHA, or both as indicated by the PASRR condition confirmed by the PE

The required participants must be documented on the PCSP form prior to the form being submitted successfully into the LTCOP, or the following error message will be displayed upon submission:

“NF-RN, Individual and/or LAR, LA- IDD (if the individual is positive for ID or DD) and LA-MI (if the individual is positive for MI) are required to be entered as a Participant Type.”

Communication between the LA and NF is key. At the start of the IDT or service planning team (SPT) meeting, both parties should identify the type of meeting being held and discuss who will enter the meeting information into the portal. NFs and LAs should work together to schedule the meetings.

If the person is assigned a habilitation coordinator, the habilitation coordinator will also be a required member of the IDT and SPT. When the person is dually-diagnosed, has both IDD and MI, the habilitation coordinator will take the lead and be responsible for coordination with the LMHA/LBHA to ensure all MI specialized services are initiated and delivered.

The NF is responsible for holding a PASRR IDT meeting for a PASRR positive person who elects hospice care. Because the hospice provider is the primary entity responsible for the individual’s plan of care, the NF must notify and include the hospice provider in the IDT meeting. If the hospice provider does not participate in the most recent IDT meeting, any Nursing Facility Specialized Service (NFSS) request submitted by the NF will not be approved.

The individual or LAR or both should be encouraged to attend all meetings, but they do have a right to decline attendance. If they decline attending the meeting, it should be documented in the PCSP per the instructions in this guide under Section 12, 2500, Meeting Participation, B. Attendance Type.

All other team members are considered mandatory participants and must attend the meeting in person or by telephone or the LTCOP will not accept the PCSP form submission.
Optional team members may include:

- Staff who are involved in delivering the individual’s PASRR specialized services.
- Service coordinator from the person’s managed care organization (MCO).
- Anyone that the person or LAR asks to attend.
- Anyone who works with the person to provide services.

Sometimes, service providers may not be identified or arranged for at the time of the initial IDT, but should be added at all future meetings. The exception is durable medical equipment (DME) suppliers, who should never be included.

During the initial IDT/SPT meeting, the NF will fill out a paper copy of the PCSP form to record the results of the meeting. If possible, the results of the meeting can be data entered directly into the LTCOP during the meeting. It is best practice to use a signature sheet to record the attendance at the meeting, including members who attended over the phone by mailing them the signature sheet and asking them to return the signed form. The NF must maintain all documentation related to the IDT meeting, including signature sheets, assessments, etc.

**Local Authority Confirmation on IDT meeting**

The only function that an LA should conduct for an initial or annual IDT meeting on the PCSP is to confirm:

- Attendance at the meeting (in person or by phone)
- All specialized services discussed at the meeting are recorded on the PCSP meeting form.

The person’s PASRR condition (IDD, MI, or IDD and MI) will determine which LARs must attend the IDT, and which must confirm on the PCSP.

Within five business days after the PCSP form is submitted with initial or annual IDT/SPT meeting information, one or both LAs will receive an alert to confirm their participation in the meeting and the agreed specialized services. This section will only be enabled for data entry by the LA for the initial and annual meeting types.

**PASRR Specialized Services**

PASRR specialized services and all available funding sources should be discussed during IDT, quarterly SPT, MI quarterly and LA update meetings. All specialized services the person agrees to receive (or the LAR on the person’s behalf) should be
documented on the PCSP form. Ongoing changes to the delivery status of specialized services are also documented on the PCSP form on a quarterly or as-needed basis.

Additionally, the funding for these services should be discussed. For example, if the person is age 20 or younger, specialized services could be accessed through Texas Health Steps (THSteps). Funding sources other than Medicaid for persons age 21 or older should also be recorded in the comment section of the PCSP form (field A3200).

Examples of other funding sources for specialized services include, but are not limited to:

- Texas Health Steps
- Medicare
- Private pay
- State funded services, e.g., from MI or IDD agency
- Grants
- Other federal programs
3. Submitting an Initial IDT Meeting

The NF will convene an initial IDT meeting when the person is first admitted to the NF. The results of this meeting will be recorded on the PCSP form and submitted into the LTCOP as an “Initial IDT/SPT.” The PCSP form will be initiated from the PE by clicking on the **Initiate PCSP** button.

The initial IDT meeting serves as the initial SPT meeting, which is why providers will see the “Meeting Type” option listed as ‘Initial IDT/SPT’ or ‘Annual IDT/SPT.’

There can only be one active PE form per person, per NF stay for the same provider number. The LTCOP 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 is already submitted. Only an NF can submit an initial and annual IDT meeting on the PCSP form.

When a new positive PE is initiated from the same PASRR Level 1 Screening (PL1) for a person residing in the same NF, the previous PE is in-activated, a new IDT must be convened, and another initial IDT/SPT must be submitted. This requirement includes PEs submitted for changes of ownership (CHOW’s) or resident reviews.

The LTCOP will not allow submission of the PCSP form if the required members did not attend the meeting.

At initial and annual meetings, an NF RN must attend. Another staff from the NF who knows the person’s needs can also attend the initial and annual meetings. This NF staff must continue to attend the quarterly and update meetings. NFs can make corrections to the PCSP form if the LA has not confirmed the meeting, or another meeting has not been added.

Prior to clicking on the **Submit Form** button, the NF should double-check all fields on the PCSP form, including the date, for accuracy. Errors should be corrected immediately, prior to the LAs confirmation.
4. Local Authority Confirmation on PCSP Form

An LA must confirm certain information from the IDT meeting on the PCSP form with Meeting Type Initial IDT/SPT or Annual IDT/SPT. The person’s PASRR determination (IDD, MI, or both) will determine whether the LIDDA, the LMHA/LBHA, or both will need to confirm on the PCSP.

An LA must confirm:

1. Attendance at the meeting, either in person or by phone.
2. List of specialized services agreed to by the IDT.

Alert

LAs will receive a Confirm IDT alert any time an NF submits a PCSP initial and annual meeting form. The LA can view the content of the alert by clicking on the hyperlink under the Alert Subject column.
LA’s will submit confirmation on the PCSP form by clicking on the **Confirm IDT** button within five business days after receiving notification from the LTCOP that the NF entered information from the IDT meeting. Only the applicable **Local Authority Confirmation** section will be enabled for data entry. The NF will NOT confirm an SPT meeting, so this button is never displayed for the NF.

Once the NF has documented the IDT meeting on the PCSP, the LA will be able to confirm attendance and agreement to the specialized services documented for the person by taking the following actions:

1. Open the PCSP form on the LTCOP.
2. Only the IDT Confirmation section will be enabled for LA entry, though the other sections will be displayed and disabled.
3. Depending on A2400 (Individual PASRR Condition) and the LA security rights, the LA must complete required fields in the mental illness (LA-MI) or intellectual and developmental disability (LA-IDD) portion of the LA Confirmation section (refer to the screen examples below).
4. Once completed, the LA will submit their confirmation by clicking the “Submit Form” button.
It is possible for LAs to confirm attendance in A3400E and A3500E, but not agree with the list of specialized services in A3400B or A3500B. Before the LA submits the confirmation in this case, the LA should contact the NF and request the necessary corrections. The LA should wait for seven calendar days for the NF to revise the PCSP form. If corrections are not made, the LA can confirm attendance and not agree with the list of specialized service and include a note in the comment fields A3400C or A3500C.

Keep in mind that the initial, quarterly, LA update, and annual meeting dates need to be submitted on a PCSP document locator number (DLN) in date order. For LAs, the Quarterly or LA Update meetings added to a PCSP DLN must be within 365 calendar days from the last initial or annual meeting date. Any meeting documented on the PCSP must be held on or after the PE assessment date(s). The required participants for a specific meeting type must be entered on the PCSP form.

A Form History trail will be displayed at the bottom of the PCSP form and will display a history of all the accepted confirmed IDTs. The Form History Trail shows what actions were taken, including submission of the form, updates, and alerts.
<table>
<thead>
<tr>
<th>Form Completed</th>
<th>4/9/2020 11:20:31 AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/9/2020 11:20:31 AM</td>
<td>TMHP: This form was submitted from PE: 1000100010001000</td>
</tr>
<tr>
<td>4/9/2020 11:20:31 AM</td>
<td>TMHP: Medicaid Eligibility found for the person for the Date of Meeting or later.</td>
</tr>
<tr>
<td>4/9/2020 11:20:32 AM</td>
<td>TMHP: An alert was created and submitted to the LA - IDD/LA - MI for confirmation of IDT.</td>
</tr>
<tr>
<td>4/9/2020 12:50:48 PM</td>
<td>TMHP: Medicaid Eligibility found for the person for the Date of Meeting or later.</td>
</tr>
<tr>
<td>4/9/2020 12:50:49 PM</td>
<td>TMHP: An alert was created and submitted to the LA - IDD/LA - MI for confirmation of IDT.</td>
</tr>
<tr>
<td>4/9/2020 12:56:53 PM</td>
<td>TMHP: The system has accepted IDD Specialized Services and Participation Confirmation of Initial/Annual Meeting.</td>
</tr>
</tbody>
</table>
5. Resident Reviews

A Resident Review (RR) is a review of a resident’s condition and placement after the person has been admitted to an NF. The RR is completed for a person who experienced a significant change in status in mental or physical condition.

The NF will submit an MDS with the type of assessment being “04. Significant change in status assessment (SCSA)”. Submission of the SCSA on the LTCOP will generate an alert to the LA to conduct a RR. The LA has seven calendar days from the date they received the alert (submission of SCSA) to complete the resident review.

The purpose of the RR is to ensure the person has the correct PASRR determination. Additionally, the RR:

1. Assesses the person’s need for continued care in an NF.
2. Assesses the person’s need for NFSS, LIDDA specialized services, and LMHA specialized services.
3. Identifies alternate placement options.

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

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

After the PE is submitted, the NF must hold an IDT meeting to discuss the result of the RR within 14 calendar days after the LTCOP generated the automated notification to the LIDDA or LMHA/LBHA.
6. When to Complete and Submit an Annual IDT Meeting

The IDT meeting held a year after the initial IDT meeting for the same person must be labeled as ‘Annual’ when entering the meeting type.

On an annual basis, but no earlier than 334 days from the date of the previous IDT/SPT meeting, an annual IDT meeting must be convened by the NF and the results documented on the PCSP form. The 334-day limit will be enforced by the LTCOP. The form cannot be submitted earlier than this date.

The annual IDT is initiated from the PE and will generate a new DLN for the next year. The mandatory team members are the same as the initial IDT meeting’s mandatory team members. The LA must confirm the information from the IDT meeting on the PCSP form for the Meeting Type of Annual IDT/SPT.
7. Quarterly Service Planning Team, Mental Illness Quarterly, and Local Authority Update Meetings

The PCSP form is used by LIDDAs and LMHAs/LBHAs to document PASRR specialized services information to monitor the initiation, delivery, and changes to the array of specialized services the person is receiving. Only the local authorities can submit quarterly meetings or LA update meetings on the PCSP form.

There are some slight differences between the method of submission used by the NF and the method used by the LA. When the LA submits a Quarterly or LA Update Meeting, the NF will receive an alert to include a hard copy of the PCSP in the person’s care plan.

Similar to the initial and annual meetings, every service enabled on the Quarterly meeting must be addressed using the drop-down menu. The requirement will apply to all meeting types except those with reason code for Deceased/ Discharged/ Transition/ Transfer in which case Fields A2800 through A3100 are disabled.

Service Planning Team Meetings

For LIDDA’s, the PCSP form is used to record quarterly SPT meetings for persons who are PASRR positive for ID/DD. In addition to the initial and annual IDT/SPT meeting, the LMHA/LBHA must also attend the quarterly SPT meetings for persons with a dual diagnosis.

Service Planning Team Required Team Members

The required SPT members for quarterly SPT meetings is determined by the person’s PASRR determination.

The SPT meeting must include:

- Person with ID or DD
- Person’s LAR, if any
- LIDDA habilitation coordinator for discussions and service planning related to specialized services
- Service coordinator for discussions related to transition planning, if the person is transitioning to the community
- MCO service coordinator, if the person does not object
While the person is in a NF, the SPT meeting must include:

- Nursing facility staff person familiar with the person’s needs
- Person providing a specialized service to the person or a representative of a provider agency that is providing specialized services for the person (excludes DME providers, who should never be invited)

When the person is transitioning to the community, the SPT meeting must include:

- Representative from the community program provider, if one has been selected
- Relocation specialist
- Representative from the LMHA or LBHA, if the person has MI

Optional participants for the SPT may include:

- Concerned person whose inclusion is requested by the person or the LAR.
- At the discretion of the LIDDA, a person who is directly involved in the delivery of services to people with ID or DD.

**Mental Illness Quarterly Meetings**

An MI quarterly meeting is convened by the LMHA or LBHA for a person, who is PASRR positive for MI only, to develop, review, or revise the person-centered recovery plan (PCRP) and the transition plan, if the person is transitioning to the community.

The required MI specialized services team members for the MI quarterly meetings must include:

- Person with MI
- Person with MI’s LAR, if any
- Qualified Mental Health Professional-Community Services (QMHP-CS) assigned to the resident with MI
- Representative of the LMHA or LBHA providing the MI specialized services
- MCO service coordinator, if the resident with MI does not object
- NF staff person familiar with the resident with MI’s needs
- If the resident with MI is transitioning to the community:
  - Representative from the community program provider, if one has been selected
  - Relocation specialist.
The MI specialized services team may also include a concerned person whose inclusion is requested by the resident with MI or the LAR.
Local Authority Update Meeting Types

LA Update meetings can be held at any time by the LIDDA/LMHA/LBHA after the initial or annual IDT meeting to add, change, or remove services and to record discussions related to transfers, transitions, death, or discharges.

The PCSP form also allows users to select the reason the LA Update meeting is being held. Reason codes include:

1. Change in the person’s Medical Condition
2. Change in Specialized Service

The person:

3. is deceased
4. is discharged from the NF
5. refuses Habilitation Coordination
6. transfers to another NF
7. transitions to the community
8. refuses MI specializes services

When A0900 8. Refusal of MI Specialized services is selected, the LMHA/LBHA is required to conduct follow-up meetings on the 30th, 60th and 90th day after the initial IDT meeting is held to offer the person MI specialized services. If the person continues to refuse MI specialized services, the meeting and refusal are documented on the PCSP form as an LA Update meeting. The LMHA/LBHA should document on the PCSP form whether the follow-up meeting was conducted with the person, family member, or NF staff person. The meeting can be either in person or by phone.

When either, A0900 4. Discharged, 6. Transfer, or 7. Transition, is selected, the local authority must document in A3300 Local Authority Comments where the person went after leaving the NF.

When a significant Change of Condition Alert is received by the LA, the LA calls the NF to find out what is the change. If the Change of Condition means that services need to be added or updated, the LA will conduct an LA Update Meeting. For persons with a positive status of MI, a Change of Condition to a primary diagnosis of dementia may warrant a new PE (resident review).
**Required Members for Local Authority Update Meetings**

The required participants for each type of LA Update meeting must be documented on the PCSP form prior to the form being successfully submitted into the LTCOP.

**Local Authority Updates with reason code 1 or 2**

LA updates for reason code 1 or 2 is a person or LAR, LA-IDD or LA-MI or both depending on PASRR condition, habilitation coordinator (if assigned), a nursing facility staff member who knows the person best (may be an RN) and providers of specialized services (except for DME providers).

**Local Authority Updates with reason code 3, 4, 5, 6, 7 or 8**

Reason codes 3 to 8 are LA-IDD or LA MI or both depending on PASRR condition. Because these reason codes are used to document events that took place and affect a person’s specialized services, convening an entire team is not always necessary. Events can be held at any time after the initial meeting. Event Codes are: (3) Deceased, (4) Discharged, (5) Refusal of Habilitation Coordination, (6) Transfer, (7) Transition, or (8) Refusal of MI Specialized services.
8. When to Submit Quarterly and Local Authority Update Meetings

The Quarterly or LA Update meetings are added to the PCSP form when the most recent initial or annual IDT meeting is already documented. Only the LIDDA, LMHA, and LBHAs can submit Quarterly and LA Update meetings on the PCSP forms.

**Quarterly Meetings**

The local authority is no longer required to conduct a separate initial SPT meeting or MI quarterly meeting on the same day or after the NFs initial IDT meeting. LAs must not record quarterly meetings on the same date as the NF’s initial or annual IDT meeting. The NF’s IDT will serve as the LAs initial or annual meeting and entering another meeting for these dates is not necessary.

Therefore, the LIDDA’s first meeting submitted on the PCSP in the LTCOP will be the quarterly SPT or MI quarterly meeting which is **due three months after the initial or annual IDT/SPT team meeting** initiated by the NF. This means that the LA will only have three meetings indicated as “quarterly meetings.” Quarterly due dates will be adjusted based on the date of an initial or annual IDT or when a new positive PE is submitted.
Any time a new positive PE is submitted that inactivates a previous PE, and the person is still in the same NF, such as after a CHOW or Resident Review, another initial IDT/SPT must be submitted. The new IDT/SPT meeting date will determine a new quarterly meeting schedule and reset the meeting dates.

**Local Authority Update Meetings**

LA Update meetings can be held at any time by the LIDDA/LMHA/LBHA after the initial or annual IDT meeting to add, change, or remove services and to record discussions related to transfers, transitions, death, or discharges.
9. How to submit a Quarterly or Local Authority Update Meeting

The LA will use the **Form Status Inquiry** (FSI) function to find the PCSP with the most recent IDT. If an existing PCSP DLN is not found, then the LA must contact the NF to request the IDT be submitted on the LTCOP. If the IDT meeting has not been submitted by the required timeframe, the LA should enter a note in the Form History after the PCSP form has been submitted to indicate the NF submitted the IDT meeting late.

1. After opening the PCSP form that has the IDT meeting, the user will click on the **Add Meeting** button in the yellow Forms Action bar on the form.

**PCSP: PASR**

**Current Status:** Form Completed  **Name:**

**Username:**

**Form Actions:** *Add Note*  **Add Meeting**  *Print*
2. The user will then select the Type of Meeting: either Quarterly or LA Update

3. When the quarterly meeting is selected, the remainder of the fields in the Meeting Information section of the form become disabled, except for the Date of Meeting field.

4. When the LA Update meeting is selected, the Date of Meeting and the Reason Code fields become enabled.

5. Users should refer to Section 13, Line by Line Steps for Completing the PCSP Form of this guide for instructions on completing the rest of the PCSP form.
10. Add Note Feature

Users with permission to access a specific PCSP DLN can add a note by clicking the **Add Note** button. To add a note to the Form History, click the **Add Note** button in the yellow Forms Actions bar. Users must be careful what is documented in **Form History**, as comments cannot be deleted once submitted and are part of the permanent record.
11. Updating the PASRR Comprehensive Service Plan Form

Nursing Facilities

The NF should double-check all fields on the PCSP form, including the date, for accuracy prior to clicking on the Submit Form button. Errors should be corrected immediately prior to the LAs confirmation.

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

- LA has not confirmed the IDT meeting
- Another meeting (Quarterly or LA Update) has not been added to the form.

The NF can update the IDT meeting to make corrections by clicking on the "Update Form" button. This button is displayed for 30 days from the submission date of a new or updated meeting, or until the LA has confirmed the meeting.

Only the fields enabled for the NF, which originally entered the IDT meeting information, will be enabled for updates.

If the NF needs to update the last IDT meeting submitted on the PCSP DLN and does not have permission to do so or the "Update Form" button is NOT displayed, then the NF needs to contact the HHSC PASRR Unit to make the necessary updates. The PASRR unit can update the IDT meeting and confirmation sections unless another meeting (Quarterly or LA Update) has been added to the PCSP DLN. In this case the HHSC PASRR unit cannot update the IDT meeting.

Local Authorities

The LA does NOT have the capability to edit their Quarterly or LA Update meetings, so the Update Form button is never displayed for the LA. The HHSC PASRR Unit can edit an LA Quarterly or LA Update meeting. Only the last meeting submitted on the PCSP DLN can be edited, and only the fields enabled to the meeting submitter while originally entering the meeting information will be enabled for changes by the HHSC PASRR Unit.
**HHSC PASRR Unit**

The PASRR Unit can edit an IDT, Quarterly, or LA Update meeting under certain circumstances:

- Only the last meeting submitted on the PCSP DLN can be edited. Only the fields enabled to the meeting submitter while originally entering the meeting information will be enabled for the PASRR Unit.

NF’s and LAs should contact the PASRR Unit to request edits to their meetings at PASRR.Support@hhsc.state.tx.us
12. Printing the PASRR Comprehensive Service Plan Form

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

![PCSP: PASRR Comprehensive Service Plan Form](image)

The print grid appears, displaying all meetings submitted on the PCSP DLN. To print a meeting, click on the **Printer** icon located to the far right of the meeting you want to print. To cancel printing, click the **Cancel** button. Any meeting on the list can be printed, but can only print one meeting at a time.

![Print Grid](image)

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

![Print PDF](image)

The print function does not print the **Form History** notes or the **Summary** tab.
13. Line by Line Steps for Completing the PASRR Comprehensive Services Plan Form

Form submitters must not use other browsers to access TMHP except Internet Explorer. The PCSP Form will not open and work properly through other browsers. The DLN’s can be searched for on the Form Status Inquiry Page. The Reason Code search criteria field is displayed when searching for the PCSP forms.

Submitter Information

INTENT: The purpose of this section is to document the identifying and contact information for the nursing facility or LA submitting the PCSP Form (based on the type of meeting being submitted). Whichever provider submits the PCSP form will be designated as the submitter.

- To begin submission of an IDT meeting select Initiate PCSP button on the PE.
- To begin submission of a quarterly or LA update meeting, select the Add Meeting button on the PCSP.

A0100-A0600. Submitter Information – Most of the information will be auto-populated with submitter identifying information linked to the submitter’s TMHP LTCOP logon access after the submitter uses the FSI search for a form.

The only field not auto-populated is A0600 County when the LA is the submitter because some LAs serve more than one county.

A0100. Name – Agency name under which the submitter provides services.

A0200A. Address – Current mailing address, including street or P.O. Box, of submitter’s agency.

A0300 NPI/API No. – National Provider Identifier or Atypical Provider Identifier for the agency under which the submitter provides services.

A0400 Provider No. – Provider number under which the submitter provides services.

A0500 Vendor No. – Vendor number for the agency under which the submitter provides services. This will be auto-populated from the PE.

A0600 County – the county in which the submitter provides services.
**Meeting Information**

INTENT: This section is used to record the type of meeting being documented on the PCSP form, in addition to the reason the meeting is being held. If the reason is that the person has transferred or transitioned to another program, this information is documented as well.

When the submitter clicks on the “Initiate PCSP” button, they will be redirected to a new page to enter the meeting type. The submitter will need to select the Type of Meeting from the dropdown box.

**A0700. Type of Meeting** - Using the key codes on the form under “Meeting Type”, select the option that represents the type of meeting held:

1. Initial IDT/SPT
2. Annual IDT/SPT
3. Quarterly or
4. LA Update.

Field A0700 is auto-populated and disabled when the PCSP is first initiated from a PE and the meeting type is then entered on the Initiate Form page. Field A0700 is enabled and required when an LA adds a meeting to an existing PCSP DLN.

Only the LAs can submit Quarterly and LA Update meetings on the PCSP forms. LA Update meetings can be held at any time by the LA after the initial meeting to add, change, remove services or to discuss transfers, transitions, death, or discharges.

The LA can add Quarterly and LA Update meetings to an existing PCSP DLN by clicking on the “Add Meeting” button. Please note, the LA is not required to conduct a separate initial Quarterly meeting right after or on the same day as the NFs IDT meeting. The first meeting will be the “1. Initial IDT/SPT” meeting submitted on the PCSP form by the NF. The LIDDA’s first quarterly will be scheduled three months after the initial team meeting initiated by the NF. The same process is true for “2. Annual IDT/SPT” meetings.

**A0800. Date of Meeting** - Enter the actual date the meeting was held with the participants using the “mm/dd/yyyy” format, or via the date picker icon next to this field. This date must be:

- On or after the assessment date of the last Positive PE.
- After the last meeting submitted on a PCSP form for this person.
- Cannot be a future date.
Field A0800 is enabled and required for certain meeting types and reason codes.

Field A0800 will only be disabled when the Field A1200 has been enabled by selecting one the following Reason Codes:

3. Deceased,
4. Discharged,
5. Refusal of Habilitation Coordination,
6. Transfer,
7. Transition or
8. Refusal of MI Specialized services.

Field A0800 will be enabled and required for Reason Codes “1. Change in the person’s Medical Condition,” and “2. Change in Specialized Service.”

A0810. Medicaid Eligibility – This field is disabled. The Medicaid Eligibility (ME) status is determined upon submission of the PCSP form on the LTCOP. Field A0810 documents the results of the determination:

- “0. ME NOT Found”,
- “1. ME Confirmed”, or
- “2. ME Undetermined.”

Refer to Section 14, Form Submission on the LTCOP for additional information about this function.

A0900. Reason Code - The field will only be required when “4. LA Update” is selected in field A0700. Select the reason for the LA Update meeting:

1. Change in Medical Condition
2. Change in Service
3. Deceased
4. Discharged
5. Refusal of Habilitation Coordination
6. Transfer
7. Transition
8. Refusal of MI Specialized services

A1000. Transition To - This field will only be required when ”6. Transfer” or ”7. Transition” has been selected as a reason code in field A0900. Select where the person transferred/transitioned to:

1. CLASS (SG 2)
2. PACE (SG 11)
3. DBMD (SG 16)
4. MDCP (SG 18)
5. STAR+Plus (SG 19)
6. HCS (SG 21)
7. TxHmL (SG 22)
8. YES (DSHS Waiver)
9. Other

**A1100. Other**: This field is required when “9. Other” has been selected in field A1000. Enter where the person transferred/transitioned to.

**A1200 Date of Event**: This field will be required when the reason code: “3. Deceased”, “4. Discharged”, “5. Refusal of Habilitation Coordination”, “6. Transfer”, “7. Transition” or “8. Refusal of MI Specialized services” has been selected in field A0900.

Event codes are used to indicate there are no future Quarterly or LA Update PCSP meetings entered into the LTCOP for that DLN.

If there is an actual Discharge/Deceased event, the NF is still required to complete PL1 fields B0650 and B0655 which will inactivate the PL1 and PE.

**Nursing Facility Information**

INTENT: The purpose of this section is to document the identifying and contact information for the NF.

**A1300. Provider No.** – Enter the Provider number of the NF.

**A1400. Vendor No.** – Enter the vendor number of the NF.

**A1500. NPI No.** – Enter the national provider identifier (NPI) number of the NF.

**A1600. Facility Name** – Enter the NF name.

This entire section is auto-populated when the NF initiates a PCSP form from the PE, or when the LA adds a meeting to an existing PCSP DLN. Once auto-populated, the section becomes disabled.

When the LA initiates a PCSP form from the PE, fields A1300 and A1400 are enabled and required to be completed by the LA. The LA enters the data in A1300, and then clicks on the look up tool next to it. Fields A1500 and A1600 will then be auto-
populated from the PE Section A. To complete this section, the LA also needs to complete Field A1400.

The information that the LA enters in A1300 should match one of the NF choices on the PL1 “Section D” tab. If the NF information entered by the LA does not match one of the NF choices on the PL1, an error will be encountered.

**Local Authority Information**

INTENT: The purpose of this section is to document the identifying and contact information for the person’s local intellectual and developmental disability authority (LIDDA), local mental health authority (LMHA) or local behavioral health authority (LBHA).

**A1700-A1800. Local Authority Information** - This entire section is auto-populated from the PE “Section A” tab. Once it is auto populated, this section becomes disabled.

**A1700. LA-MI Information**

A. **LA-MI Provider No.** - Enter the LMHA/LBHA Provider number.

B. **LA-MI Vendor No.** - Enter the LMHA/LBHA Vendor number.

C. **LA-MI NPI/API No.** - Enter the LMHA/LBHA national provider identifier (NPI) or Atypical Provider Identifier (API) number.

**A1800. LA-IDD Information**

A. **LA-IDD Provider No.** - Enter the LIDDA Provider number.

B. **LA-IDD Vendor No.** - Enter the LIDDA Vendor number.

C. **LA-IDD NPI/API No.** - Enter the LIDDA national provider identifier (NPI) or Atypical Provider Identifier (API) number.

**Individual Information**

INTENT: The purpose of this section is to document the identifying information for the person and their PASRR determination (IDD, MI, or both).

The IDT/SPT should review all demographic information on both the PL1 and PE prior to the meeting to ensure the information is accurate. This includes, the person’s
name, date of birth, Social Security Number, Medicaid, and Medicare numbers. Information on the PE is used to populate the PCSP form, and if the information on the PE is wrong, the information on the PCSP will also be wrong.

When errors are found, the PL1 and PE forms need to be corrected, or resubmitted if corrections are not allowed, before the PCSP is submitted.

When the PE gets a system-generated Medicaid Number, the system will now update the Medicaid number on both the PL1 and PCSP.

**A1900-A2400. Individual Information on the LTCOP** - Fields A1900-A2300 are auto populated from the PE “Section A” tab. Field A2400 is auto-populated from the PE based on the values in PE fields B0100, B0200 and C0800. Once these fields are auto populated, this entire section is disabled. It is important to ensure information on the PL1 and PE is correct before submitting a PCSP form.

**A1900 A. First name** - Enter the person’s first name.

**A1900 B. Middle initial** - Enter the person’s middle initial.

**A1900 C. Last name** - Enter the person’s last name.

**A1900 D. Suffix** - Enter the person’s suffix.

**A2000 Social Security No.** - Enter the person’s social security number.

**A2100 Medicare No.** - Enter the person’s Medicare number using the Medicare Beneficiary Identifier (MBI). Use of an incorrectly formatted Medicare number can result in providers receiving the error message “Medicare number format is invalid.”

**A2200. Medicaid No.** - Enter the person’s Medicaid number.

**A2300 Birth Date** - Enter the person’s birth date.

**A2400 Individual is PASRR positive for** – Enter the person’s PASRR determination: 1. IDD only, 2. MI only, 3. IDD and MI

**Participants Information**

INTENT: The purpose of this section is to document who attended the meeting either in person or by telephone. The maximum number of participants that can be documented on the LTCOP is 99. Please see the description of each meeting type for a list of participants and which ones are mandatory.
The rows in the “Participants Information” section of the PCSP form do not have to be manually deleted when the rows are not needed.

The required participants for each meeting type must still be entered when submitting, updating, or adding a meeting. For example, when an LA Update meeting is submitted to document a discharge, only the LA (IDD or MI or both) needs to be entered in the “Participants Information” section. The remaining two rows do not have to be deleted for the meeting to submit.

A2500. Meeting Participation

A. Participant Type

For Column A. Participant Type, enter the code that corresponds to the person attending the meeting.

1. Individual
2. LA - IDD
3. LA – MI
4. Legally Authorized Representative
5. Nursing Facility – RN
6. Nursing Facility
7. Specialized services Provider
8. Other
9. LIDDA - Habilitation coordinator

For the LTCOP, when completing a PCSP and need to add meeting participants, users will see three rows populated on the form in section A2500. Each row has a trash can symbol on the right of the row. The PCSP form was designed to allow the user to add more rows or to delete rows not needed.

Note: if a user deletes participant rows and the required team members are not in attendance, the system will generate an error message.

For the initial and annual IDT meetings, a RN is a required participant, and “5. Nursing Facility – RN” must be selected in field A2500A. If “6. Nursing Facility” is selected in field A2500A and then “10. Registered Nurse (RN)” in field A2500C, the form will display an error message that a required participant is missing.

Field A2500D is enabled and optional in most cases. However, it’s enabled and required if “7. Specialized services Provider” is selected in Field A2500A or if “13. Other” is selected in Field A2500C.
B. Attendance Type

For column B. Attendance Type, enter the code that corresponds to the person’s attendance at the meeting.

1. Yes – Attended in person
2. Yes - Attended via phone
3. No - Did not attend
4. No – Declined

For the LTCOP, if either the person or LAR were invited to the meeting but refused to attend, it needs to be added to the form and their attendance type entered as “3. No – Did not attend” or "4. No – Declined” in order to submit the PCSP form. Additional comments are required in field A3200 or A3300 to explain the absence.

NF’s and LAs should make at least three attempts to schedule the meeting so that the person or LAR can attend. The LAR can decline to attend, and the person can refuse to attend the meetings. Available services should be discussed with the person and LAR before the meeting when they do choose to attend.

If a habilitation coordinator has been assigned, they are a required participant in all initial and annual IDT/SPT and Quarterly meetings, and they must attend in person. For LA Update meeting with reason code “3. Deceased” or 4. “Discharged,” the Habilitation coordinator may attend via telephone. To record this, in field A2500A “Participant Type” select “2. LA-IDD” and then select “2. Habilitation coordinator” in field A2500C. “Title.”

C. Title

For Column C. Title, enter the code that corresponds to the person’s title.

1. Diversion Coordinator
2. Habilitation coordinator
3. Licensed Clinical Social Worker (LCSW)
4. Licensed Professional Counselor (LPC)
5. Licensed Psychologist
6. Occupational Therapist
7. Physical Therapist
8. Physician (MD or DO)
9. Qualified Mental Health Professional (QMHP)
10. Registered Nurse (RN)
11. Service Coordinator
12. Speech Therapist
13. Other
14. N/A (Not Applicable)
15. Qualified Intellectual Disability Professional (QIDP)

For the LTCOP, enter “N/A” for the title of the individual.

D. Other

For Column D. “Other”, enter the title of the meeting participant that is not listed as an option under Column C Title.

This field is enabled and required if you have selected:

- “13. Other” in field A2500C
- “7. Specialized services Provider” in field A2500A

E. Full Name

For Column E, enter Full Name, the first and last name of the meeting participant.

For the LTCOP, this field will be auto-populated with the values from fields A1900A and A1900C and disabled if the participant type is “1. Individual”. Remember to put “N/A” in the Title field for an individual or LAR.

All other participants will need to have full names entered in Section A2500E.

F. Type of Meeting

For Column F, Type of Meeting, this field is disabled and auto-populated with the value from field A0700.
G. Date of Meeting

For Column H, Date of Meeting, this field (A2500G) is disabled and auto-populated with the value from field A0800.

Alternate Placement Consideration

INTENT - The purpose of this section is to document the discussion held by the team and the determination whether the resident is best served in a facility or community setting. After the LA has provided the person and LAR with education about community placement and they have made an informed decision, the user will be able to complete this section.

A2600. Alternate Placement Consideration

A2600A. Individual Is Best Served In

For the PASRR Evaluation column, this field will be blank and disabled.

For the second column, and subsequent columns, added as meetings are conducted, this field will require a choice between “0. NF” or “1. Community Setting”.

A2600B. Does the individual wish to transition into the community?

For the PASRR Evaluation column, this field will be blank and disabled.

For the second column, and subsequent columns added as meetings are conducted, this field will require a choice between “0. No” or “1. Yes”.

Specialized services

Specialized services are defined as support services in addition to NF services that are identified and recommended through the PE process. These services are discussed, agreed to during the IDT/SPT, Quarterly, or LA Update meetings, and documented on the PCSP form. They are provided to persons who have Medicaid eligibility at the time of the meeting and who are 21 years of age or older for IDD specialized services or 18 years of age or older for MI specialized services.

INTENT: This section documents what was recommended on the PE and what services were agreed to during the initial IDT/SPT. Additionally, as services are being initiated, changed, or discontinued, this section of the PCSP form documents the status of each specialized services.
A2700. Nursing Facility Specialized services Indication

This section is completed only if the person’s PASRR determination in field A2400 is “1. IDD only” or “3. IDD and MI”.

A2700A. I certify that the need for all habilitative therapies (not rehabilitative therapies) were discussed. - by checking this box, the submitter is certifying that the team held a discussion regarding the person’s need for PASRR habilitative therapies.

For the PASRR Evaluation column, this field will be blank and disabled.

For the second column, and subsequent columns added as meetings are conducted, this checkbox will require to be clicked on.

Options for the drop-down for the Specialized services for Sections A2800 through A3110

For the PASRR Evaluation Column, Sections A2800 through A3110 are disabled. The LTCOP will auto-populate all services that were recommended on the PE.

For the new meeting column, Sections A2800 through A3110 will be enabled and required to be completed based on the PASRR condition identified in field A2400. Therefore:

- If field A2400 displays “1. IDD only”, then only NF and IDD specialized services are enabled and required (Sections A2800, A2900, and A3000)
- If field A2400 displays “2. MI only”, then only MI specialized services are enabled and required (Sections A3100 and A3110)
- If field A2400 displays “3. IDD and MI”, then all specialized services are enabled and required (Sections A2800, A2900, A3000, A3100, and A3110)

During the initial IDT meeting, the team must discuss each recommended service, select a status from the key located on the form, and populate the agreed upon option in the new meeting column. Additional services can be added based on the team’s recommendations.

Select the status agreed upon during the meeting for each specialized service enabled in A2800A through A3110 on the box in the new meeting column. These options include:

1. Individual/LAR Refused - person and or LAR refused these services at the time of the meeting
2. **New** - the first time a service is recommended
3. **Ongoing** - when a service has already started and will be continued (used for Annual, Quarterly and Update meeting types)
4. **Discontinued** - when an ongoing service (e.g. habilitative therapies, MI specialized services) will be stopped as agreed to by the team or when the person no longer wants the service (used for Annual, Quarterly and Update meeting types)
5. **Item Received** - when the person has received DME equipment/Wheelchair. This can be noted during an LA Update or Quarterly meeting. (used for Annual, Quarterly and Update meeting types when DME items are received)
6. **Pending** - should be used when:
   a. Services or DME have been requested but not started or received yet.
   b. Persons who have applied but do not have Medicaid at the time of the meeting (Medicaid pending).
   c. Person will require alternate funding sources (other than Medicaid) to obtain specialized services.
7. **Not Needed** - should be used when the team agrees that the recommended service or DME is not needed at the time of the meeting
8. **Completed** - to be used when a service or assessments has been completed. (used for Annual, Quarterly and Update meeting types)

Discuss each service the person is eligible for that is documented on the PCSP form at every meeting. Every service must have a selection from the key codes recorded or the form will not submit on the LTCOP. The exception to this rule is an LA Update meeting with Reason Code number 3 through 8.

Persons who are

- Not Medicaid eligible
- Medicaid pending
- Age 20 or younger for IDD services or
- Age 17 or younger 18 for MI services

must still have services discussed and results recorded in the respective comment section. Comments are required to explain when services are anticipated to begin or whether alternate funding sources will be explored. Record in the required comments where services can be obtained outside of PASRR-provided services, and who will provide them. Use “6. Pending” as the key code option for this scenario.

If “4. Discontinued” or “7. Not Needed” are selected for any of these specialized services, then comments will be required in field “A3200 Nursing Facility Comments” or “A3300 Local Authority Comments” to explain these options.
Specialized services indicated on the PE that will not be provided but were auto-populated on the first column (1. PASRR Evaluation) of the Specialized services section of the PCSP Form should be marked as “7. Not Needed,” and then a comment added to explain the reason in the comment section.

<table>
<thead>
<tr>
<th>A3100. MI Specialized Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each service, select the appropriate option from the drop-down list.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. PASRR Evaluation</th>
<th>2. Meeting Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initial IDT/SPT</td>
<td>4/28/2020</td>
</tr>
</tbody>
</table>

| A. Individual/LAR Refused all Services | □ | □ |
| B. Group Skills Training | □ | 7. Not Needed |
| C. Individual Skills Training | □ | 7. Not Needed |
| D. Intensive Case Management | □ | 7. Not Needed |
| E. Medication Training (Group) | □ | 7. Not Needed |
| F. Medication Training (Individual) | □ | 7. Not Needed |
| G. Medication Training & Support Services (Group) | □ | 7. Not Needed |
| H. Medication Training & Support Services (Individual) | □ | 7. Not Needed |
| I. Psychiatric Diagnostic Interview Examination | □ | 7. Not Needed |
| J. Psychosocial Rehabilitative Services (Group) | □ | 7. Not Needed |
| K. Psychosocial Rehabilitative Services (Individual) | □ | 7. Not Needed |
| L. Routine Case Management | □ | 2. New |
| M. Skills Training & Development (Group) | □ | 7. Not Needed |
| N. Skills Training & Development (Individual) | □ | 7. Not Needed |

A2800. Nursing Facility Specialized services:

All services recommended on the PE must be discussed at the initial IDT/SPT Meeting. The submitter will then need to indicate a status for each of the specialized services on the box in the second column 2. Meeting Type/Date of Meeting.

A. Individual/LAR Refused all Services
B. Customized Manual Wheelchair (CMWC)
   Durable Medical Equipment (DME). (This row will be pre-filled with “Please See Below” in the second column and subsequent columns.)
C. Specialized Assessment Occupational Therapy (OT)
D. Specialized Assessment Physical Therapy (PT)
E. Specialized Assessment Speech Therapy (ST)
F. Specialized Occupational Therapy (OT)
G. Specialized Physical Therapy (PT)
H. Specialized Speech Therapy (ST)

For the LTCOP, the PASRR Evaluation column, Sections A2800 through A3100 are disabled. The LTCOP will auto-populate all services that were indicated on the PE.

For the new meeting column, if the person or LAR refused all services, select “A. Individual/LAR Refused all Services” and all of the boxes in the applicable section will be auto-populated with “1. Individual/LAR Refused”.

**A2900. Durable Medical Equipment:**

All services recommended on the PE must be discussed at the initial IDT/SPT Meeting. The submitter will then need to indicate a status for each of the specialized services on the box in the new meeting column 2. Meeting Type/Date of Meeting. For A2900, a status for all DME must also be entered based on the PE determination.

- 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

**A3000. IDD Specialized services:**

All services recommended on the PE must be discussed at the initial IDT/SPT Meeting and the team’s decision must be entered in this section. The submitter will then need to indicate a status for each of the specialized services on the box in the second column 2. Meeting Type/Date of Meeting.

- A. Individual/LAR Refused all Services
- B. Alternate Placement Assistance
- C. Behavioral Support Services
- D. Day Habilitation
- E. Employment Assistance
- F. Habilitation Coordination
- G. Independent Living Skills Training
- H. Service Coordination
- I. Supported Employment

**A3100 MI Specialized services:**
All specialized services recommended on the PE must be discussed at the initial IDT/SPT Meeting and the team’s decision must be entered in this section. Persons who are PASRR positive for MI only will not be eligible for NF or IDD services. Use the drop-down choice of “7. Not Needed” to enter a choice for each service the person is not eligible to receive.

The submitter will need to indicate a status for each of the specialized services on the box in the second column 2. Meeting Type/Date of Meeting.

A. Individual/LAR Refused all Services
B. Group Skills Training
C. Individual Skills Training
D. Intensive Case Management
E. Medication Training (Group)
F. Medication Training (Individual)
G. Medication Training & Support Services (Group)
H. Medication Training & Support Services (Individual)
I. Psychiatric Diagnostic Interview Examination
J. Psychosocial Rehabilitative Services (Group)
K. Psychosocial Rehabilitative Services (Individual)
L. Routine Case Management
M. Skills Training & Development (Group)
N. N. Skills Training & Development (Individual)

LMHAs/LBHAs should use the comment section to add any additional services not listed in this section.

**A3110 Additional MI Specialized services:**

These specialized services are currently not listed on the PE. The submitter will need to indicate a status for each of the specialized services on the box in the new Meeting column.

A. Cognitive Processing Therapy
B. Counseling Services (CBT - Individual or Group)
C. Crisis Intervention Services
D. Peer Support
E. Pharmacological Management
F. Screening Brief Intervention and Referral to Treatment (SBIRT) Screening - Brief Intervention Not Provided
G. Screening Brief Intervention and Referral to Treatment (SBIRT) Screening - Brief Intervention Provided
A3200. Nursing Facility Comments

Comments will be required when:

- Recommended services from the PE or previously submitted meetings are indicated as “4. Discontinued” or “7. Not Needed”.
- Person or LAR did not attend the meeting (“3. No – Did not attend”, or “4. No – Declined”).
- A discussion was held to provide rehabilitative therapy services when the team agreed to wait on habilitative therapy services.
- Persons who are Medicaid pending will begin services.
- Person does not have Medicaid, does not meet the age criteria, or alternate funding sources will be explored and when services are anticipated to begin.

A3300. Local Authority Comments

Comments will be required when:

- Recommended services from the PE or previously submitted meetings are indicated as “4. Discontinued” or “7. Not Needed”.
- If the person or LAR did not attend the meeting (“3. No – Did not attend”, or “4. No – Declined”).
- Person is:
  - Not Medicaid eligible
  - Medicaid pending
  - Age 20 years old and younger for IDD services or
  - Age 17 years old and younger for MI services

If MI Specialized services are not listed on the PCSP form but are recommended by the LA, it should also be documented in the comment box.

Comments

The comments fields are used to document any information that is pertinent information for specialized services or alternate placement. For example, if there will be a delay in the initiation of specialized services, the information would be recorded in the comment field.

Users can enter up to 1000 alphanumeric characters into these comment fields.
Local Authority Confirmation

An LA must confirm certain information from the IDT meeting on the PCSP form with Meeting Type Initial IDT/SPT or Annual IDT/SPT. The person’s PASRR determination (IDD, MI, or both) will determine whether the LIDDA, the LMHA/LBHA, or both will need to confirm on the PCSP.

Please note that the non-Bexar County LA users will be required to confirm only one section (field A3400A or field A3500A) of the LA Confirmation Section on the PCSP form.

An LA must confirm:

1. Their attendance at the meeting (either in person or by phone).
2. The list of specialized services agreed to by the interdisciplinary team, including the person or their LAR.

The LMHA/LBHA staff should contact the NF to discuss making corrections to the form before they complete the confirmation section. The NF should be given seven calendar days to update the form. The LMHA/LBHA can then confirm the meeting once the corrections have been made.

If after seven calendar days, the corrections have not been made, the confirmation should proceed with “0. No” in field A3400B.

LA-MI Specialized services and Participation Confirmation

A3400. LA-MI Specialized services and Participation Confirmation

This section will only be enabled for data entry by the LA for initial and annual meeting types. If a person is PASRR Positive for MI, this section must be completed.

A representative of the LMHA/LBHA will, within five business days after receiving an alert that the initial or annual IDT meeting has been submitted on the LTCOP, confirm their participation in the meeting and the specialized services agreed upon. If the LMHA/LBHA were not in attendance but should have been, the meeting is not a valid meeting and must be conducted again.

It is possible for LAs to confirm their attendance in A3400E and A3500E, but not agree with the list of specialized services in A3400B or A3500B. Before the LA submits the confirmation in this case, the LA should contact the NF and request the
necessary corrections. The LA should then wait for seven calendar days for the NF to revise the PCSP form. If corrections are not made, the LA can confirm their attendance and not agree with the list of specialized service and include a note in the comment fields A3400C or A3500C.

**A3400A. I Am Confirming the MI Section** – Check the box if the LMHA/LBHA is confirming this section.

**A3400B. All MI Specialized services selected were agreed to by the IDT** – Select whether there was an agreement by all team members on the specialized services the person will receive by checking either “0. No” or “1. Yes”.

**A3400C. LA-MI Specialized services Comments** – This becomes a required field if “0. No” is selected in A3400B.

Selecting “0. No” means that specialized services were left off the form or added when they weren’t agreed to. Services with a discrepancy should be listed by the LMHA/LBHA and explained in this field.

**A3400D. LA-MI Signature date** – LMHA/LBHA staff enters the date confirmed the information on the PCSP form.

**A3400E. LA-MI Attendance Type** – The LMHA/LBHA staff confirms attendance at the meeting. The options are:

1. Yes - Attended in person,  
2. Yes - Attended via phone, or  
3. No - Did not attend.

If the answer is “No - Did not attend”, then field “A3400F LA-MI Participation Confirmation Comments” must be completed.

“3. No - Did not attend” should only be indicated if the LMHA/LBHA is a required meeting participant and was not invited to participate in the meeting. If the LMHA/LBHA was not in attendance but should have been, the meeting is not a valid IDT meeting and must be conducted again.

**A3400F. LA-MI Participation Confirmation Comments** - This section is required if “3. No – Did not attend” was selected in field A3400E. Enter comments in this field to explain attendance issues or concerns, efforts made to reschedule a meeting when not in attendance, and other related issues.

There is a limit of 500 alphanumeric characters for confirmation comments.
**LA-IDD Specialized services and Participation Confirmation**

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

A representative of the LIDDA will, within five business days after receiving an alert that the initial or annual IDT meeting has been submitted by the NF, confirm their participation in the meeting and the specialized services agreed upon.

This section will only be enabled for data entry by the LIDDA for the initial and annual meeting types.

The LIDDA must complete this section to verify their participation in the meeting.

A3500A. I Am Confirming the IDD Section – Check the box if the LIDDA is confirming this section.

A3500B. All IDD Specialized services selected were agreed to by the IDT – Select whether there was an agreement by all team members on the specialized services the person will receive by checking either “0. No” or “1. Yes”.

A3500C. LA-IDD Specialized services Comments – This becomes a required field if “0. No” is selected in A3500B.

Selecting “0. No” means that specialized services were left off the form or added when they weren’t agreed to. Services with a discrepancy should be listed by the LIDDA and explained in this field.

The LIDDA staff should contact the NF to discuss making corrections to the form before they complete the confirmation section. The NF should be given seven calendar days to update the form. The LIDDA can then confirm the meeting once the corrections have been made.

If after seven calendar days, the corrections have not been made, the confirmation should proceed with “0. No”.

A3500D. LA-IDD Signature date – LIDDA staff enters the date confirmed the information on the PCSP form.

A3500E. LA - IDD Attendance Type – The LIDDA staff confirms attendance at the meeting. The options are:

1. Yes - Attended in person
2. Yes - Attended via phone
3. No - Did not attend
If the answer is “3. No - Did not attend”, then field “A3500F LA-IDD Participation Confirmation Comments” must be completed.

“3. No - Did not attend” should only be indicated if the LIDDA is a required meeting participant but was not invited to participate in the meeting. If the LIDDA was not in attendance but should have been, the meeting is not a valid meeting and must be conducted again.

**A3500F. LA-IDD Participation Confirmation Comments** - This section is required if “3. No – Did not attend” was selected in field A3500E. Enter comments in this field to explain attendance issues or concerns, efforts made to reschedule a meeting when not in attendance, and other related issues.

There is a limit of 500 alphanumeric characters.
14. Form Submission on the Long Term Care Online Portal

Submit Form Button

While completing the form on the LTCOP, users have the option to save work on the PCSP form by clicking on the Save as Draft button and then returning to complete the form at a later time.

When clicking the Save as Draft button, users will immediately be redirected to the Drafts page where saved draft forms will be displayed on the list. A draft form will only be displayed on the Drafts page for 60 days. After 60 days, the drafts are deleted and cannot be retrieved.

When the PCSP form has been completed on the LTCOP, users click the Submit Form button to submit the PCSP.

Users will see the following error message when a meeting is being entered on a new PCSP form initiated from the PASRR Evaluation (PE), and the associated PL1 is no longer valid:

“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 PASRR Level 1 (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.”

The submitter must correct any error messages received upon submission.
**Summary Tab**

The “Summary” tab was added to the PCSP Form to provide a summary of all meetings submitted on a PCSP DLN. After submission, 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.

The summary tab includes information about the meeting participants, specialized services information, and comments from the LA and NF. This feature can show the year’s worth of meetings, specialized services, and how they have changed over the year.
The Summary tab is read-only, and it will **not** be included when printing a meeting or a blank PDF Form.

**Medicaid Eligibility Check**

When any meeting type is submitted or updated on a PCSP, TMHP will search for the person’s ME as of the date of the meeting. The ME status is determined upon submission of the PCSP form. Field A0810 documents the results of the determination.
After the system determines what the ME status is, it will populate the PCSP Field A0810 with one of the following status:

- "0. ME NOT Found",
- "1. ME Confirmed", or
- "2. ME Undetermined."

The same ME determination will also be populated in the blue column headings on the "Summary" tab.

If the value in PCSP Field A0180 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.

**Medicaid Eligibility Confirmed**

The ME determination will be helpful as PASRR Specialized services cannot be provided if ME is not found or cannot be determined. The ME confirmed status means the person is Medicaid eligible at the time of meeting and initiation of these services can move forward.

**Medicaid Not Found**

When a meeting is submitted or updated on a PCSP, and ME is not found or cannot be determined, the system will display a large warning message showing the status.
Submission of the PCSP is not impacted. The submitter simply needs to click the OK button to proceed.

The submitter will have the option to either cancel the submission and return to the form to make edits or proceed with submitting the form.

A submitter may want to return to the form instead of continuing with the submission after receiving this error message. Services that were selected on the PCSP might need to be modified to indicate other funding sources will need to be utilized or changed to “Pending” status or both.

**Medicaid Eligibility Unable to be Determined**

The message means that on the date of the meeting or later (up to 60 days later depending on the date of the meeting) ME cannot be determined.

Services selected on the PCSP might need to be modified to indicate other funding sources would have to be utilized and or changed to “Pending” status.

When ME is unable to be determined, one possible reason is the person’s demographic information on the PL1 or PE is incorrect. TMHP looks at the Social Security Number, Medicaid Number, and Date of Birth to verify the person and ME match. If it cannot verify the match, it will give a warning message when the PCSP is submitted.
Users should review the PL1 and PE to look for errors on the demographic sections. Both the LA and NF need to work together to research and correct the errors. It will be necessary to resubmit the PL1, PE, and IDT/SPT meetings to correct the demographic information after the error identified. If the NF and LA, working together, are unable to determine the demographic error(s) causing the “Medicaid eligibility Unable to be Determined” warning message, contact TMHP at 1-800-626-4117, option 1

**Common Errors on the PASRR Comprehensive Service Plan Form**

The four most common mistakes made on the PCSP form are:

1. Submitting a quarterly SPT before the IDT.

   LAs should check the LTCOP using Form Status Inquiry to determine if there is an existing IDT meeting (submitted on a PL1 IDT tab or PCSP Form) for the person already in the LTCOP within the previous 12 months.

   LAs must not submit a Quarterly or LA Update meeting if no IDT meeting exists for the person at the current facility. Doing so will prevent the NF from submitting the IDT on the LTCOP and prevent the person’s Long-Term Care Medicaid Information from submitting due to lack of an IDT meeting.

   LAs first meeting submitted on the LTCOP will be the Quarterly SPT which is scheduled every three months after the initial or annual IDT/SPT team meeting initiated by the NF.

2. Entering the wrong meeting date.

   NFs can update the IDT meeting:

   - Within 30 calendar days from when the meeting was submitted or updated.
   - Until the LA confirms the IDT meeting.

   If an LA notices an error, they must contact the NF and ask to correct the issue prior to the LA confirming the IDT. Once the LA has confirmed the IDT meeting, the NF cannot make updates to the IDT meeting information on the PCSP form.

3. Demographic information (Name, Medicaid or Social Security number, date of birth, etc.) do not match the PL1 or PE.- The demographic information for the
person on the PCSP form is pre-populated from the PE. Ensure the information on the PE is correct and matches the information on the PL1. If information on either the PL1 or PE is incorrect, the submitter will receive an error code indicating:

“Individual’s identifying information is not valid. Please review Individual’s identifying information for Last Name, SSN, and Birth Date.”

4. Selecting the wrong status for PASRR specialized services information.

The NF for an IDT, or the LA for a Quarterly or LA Update meeting, must select the appropriate status for each enabled service listed in the Meeting Type column in Sections A2800 through A3110 which reflects the most current status for that service.

For help with form rejections related to the change in Medicare number format, call the TMHP Long-Term Care Help Desk at 800-626-4117, Option 1.
15. Coding Conventions

When completing any text box on the PCSP, the following characters are allowed: 0-9, A-Z, a-z, and @'/+, -. If users attempt to enter anything other than the accepted characters, the following error message will be received:

[field name] contains invalid alphanumeric characters. Alphanumeric characters are limited to: 0-9, A-Z, a-z, and the following characters @'/+, _-.

Users will receive the error message when invalid characters are used in the following text boxes:

- A1100. Other
- A1400. Vendor No.
- A2500D. Other
- A2500E. Full Name
- A3200. Nursing Facility Comments
- A3300. Local Authority Comments
- A3400C. LA – MI Specialized services Comments
- A3400F. LA – MI Participation Confirmation Comments
- A3500C. LA – IDD Specialized services Comments
- A3500F. LA – IDD Participation Confirmation Comments