Detailed Item by Item Guide for Completing the PASRR Comprehensive Service Plan (PCSP)

Version 2.0

Health and Human Services

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Overview

After a positive Preadmission Screening and Resident Review (PASRR) Evaluation (PE) has been submitted into the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care (LTC) Online Portal, the Nursing Facility (NF) receives an alert from the TMHP automated system. The alert informs the NF that a positive PE has been submitted and instructs the NF to certify their ability to serve the individual and conduct the Interdisciplinary Team (IDT)/Service Planning Team (SPT) meeting with the Local Authority (LA). The alert also indicates the PASRR condition of the individual; for example, (Intellectual Disability and Developmental Disability (IDD), Mental Illness (MI)) so the NF knows if the (Local Intellectual and Developmental Disabilities Authority (LIDDA) and/or Local Mental Health Authority (LMHA)/Local Behavioral Health Authority (LBHA)) needs to attend the meeting.

An initial IDT/SPT meeting must be held for all positive PEs. When a new positive PE is submitted, the previous PE is inactivated. Even if the individual is still in the same NF, the process starts over and another initial IDT/SPT must be submitted. This requirement includes PEs submitted for Change of Ownerships.

The team membership for PASRR Initial IDT meetings need to include, at a minimum, a registered nurse (RN) from the NF, the individual and/or Legally Authorized Representative (LAR), and the LIDDA and/or LMHA/LBHA as indicated by the PASRR condition confirmed by the PE. If the individual is assigned a Habilitation Coordinator, they will also be a required member.

For individuals who are PASRR positive for both IDD and MI, the Habilitation Coordinator will take the lead and coordinate with the LMHA/LBHA to ensure all MI Specialized Services are addressed. Besides the Initial and Annual IDT/SPT meeting, the LMHA/LBHA must also attend the quarterly SPT meetings.

The individual and/or LAR should be encouraged to attend all meetings; however, they have the right to decline attendance. All other team members are considered mandatory participants and must attend the meeting in person or by telephone. If all mandatory participants do not attend, the PASSR Comprehensive Service Plan (PCSP) form will not submit.
Additional Initial and Annual Team Members:

Staff who are involved in the individual’s PASRR services must be included in the meeting. Staff who provide specialized services may not be in place at the initial meeting but should attend future and annual meetings. A representative from the individual’s Managed Care Organization must also be invited.

The initial IDT/SPT meeting is to discuss the services recommended on the PE, determine which PASRR specialized services the individual will receive, and discuss the best residential placement for the individual.

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 entered directly into the LTC Online Portal during the meeting. It is a best practice to use a signature sheet to record the attendance at the meeting, including members who attended over the phone.

PASRR specialized services and the funding source should be discussed during the meeting. For example, if the individual is under the age of 21, specialized services could be accessed through Texas Health Steps (THSteps). Funding sources other than Medicaid for persons over 21 years of age should 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:

- Medicare
- Private pay or LTC insurance
- State funded services, e.g., from MI or IDD agency
- Grants
- Other federal programs

There should only be one active PE and PCSP form per NF stay for the same provider number. The system will not allow a submission of a PCSP form that is indicated as an “1. Initial IDT/SPT” meeting initiated from the same PE for the same facility provider number if one initial meeting is already submitted in the system.
Note: When completing any text box on the PCSP, the following characters are allowed: 0-9, A-Z, a-z, and @'/+,. If you attempt to enter anything other than the accepted characters, you will receive this message “(field name) contains invalid alphanumeric characters. Alphanumeric characters are limited to: 0-9, A-Z, a-z, and the following characters @'/+,.” You will receive this error message 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
Section 1. When to Complete and Submit an Annual PCSP Form

An annual IDT/SPT meeting no earlier than 334 days from the date of the previous initial or annual IDT/SPT meeting. The results of the annual IDT/SPT must be documented on the PCSP form initiated from the PE in the LTC Online Portal. This will begin a new PCSP Document Locator Number (DLN).

The team membership for PASRR Annual IDT meetings must include, at a minimum, an RN from the NF, the individual and/or LAR, and the LIDDA and/or LMHA/LBHA as indicated by the PASRR condition confirmed by the PE. If the individual is assigned a Habilitation Coordinator, they will also be a required member.

PCSP Local Authority Alert

LIDDAs and LMHA/LBHAs, referred to here as LAs, will receive a Confirm IDT alert any time an NF submits a PCSP Initial and Annual Meeting form. The content of this alert can be viewed by the LA by navigating to the Alerts link on the dark blue navigation bar, and by clicking on the Alert Subject. See example below.
Section 2. When to Complete and Submit Quarterly or LA Update Meetings on the PCSP Form

Only the LAs can submit quarterly and LA update meetings on the PCSP form. 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, or discharges. LMHA/LBHA’s are not required to hold quarterly meetings.

**Note for the LIDDA’s only:** The LIDDA is no longer required to conduct a separate initial SPT meeting on the same day or after the NFs initial IDT meeting. The initial IDT meeting will also serve as the initial SPT meeting.

The LIDDA’s first submitted meeting on the LTC Online Portal will be the quarterly SPT which is scheduled three months after the initial IDT/SPT team meeting initiated by the NF.
**Mandatory Team Members**

The mandatory SPT members required for LIDDA quarterly and LA update meetings are:

- **Quarterly:** Individual or LAR, LIDDA and LMHA/LBHA depending on PASRR condition (both IDD and MI), habilitation coordinator (if assigned), a NF staff member who knows the individual best (may be an RN), and providers of specialized services.

- **LA Updates with Reason Code 1 or 2:** Individual or LAR, LIDDA and/or LMHA/LBHA depending on PASRR condition, Habilitation Coordinator (if assigned), a NF staff member who knows the individual best (may be an RN) and providers of specialized services.

- **LA Updates with Reason Code 3, 4, 5, 6, 7 or 8:** LIDDA and/or LMHA/LBHA on PASRR condition. These are individual life events that occur such as deceased, discharged, transfer or transition or individual choices such as refusal of habilitation coordination or refusal of MI specialized services which did not require a team meeting.

Mandatory team members must be included in the meeting for the PCSP form to submit.
Section 3. Line by Line Steps for Completing the PCSP Form

Submitter Information

A0100-A0600. Submitter Information - Most of the information is prepopulated after you use the Form Status Inquiry (FSI) search to submit a form. The only field that is not prepopulated is A0600 County when the LA is the submitter. This is because some LAs have more than one county that they serve.

Meeting Information

A0700. Type of Meeting - Field A0700 is auto-populated and disabled when the PCSP is 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. Using the key code on the form under “Meeting Information,” select the option that represents the type of meeting held: “3. Quarterly” or “4. LA Update.”

A0800. Date of Meeting - Field A0800 is enabled and required for certain meeting types and reason codes. Enter the actual date that the meeting was held with the participants. Enter the date 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 or after the last meeting submitted on a PCSP form for this person. It cannot be a future date.

A0900. Reason Code - The field will only be required when “4. LA Update” is displayed in field A0700.

A1000. Transition To - This field will only be required when “6. Transfer” or “7. Transition” has been selected in field A0900.

A1100. Other - This field will only be required when “9. Other” has been selected in field A1000.

A1200 Date of Event - This field will only be required when “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.
This date will then be auto populated in field A0800.

**Nursing Facility Information**

This section is disabled when the NF initiates a PCSP form from the PE or when the LA adds a meeting to an existing PCSP DLN.

This section is enabled for fields A1300 and A1400 when the LA initiates a PCSP form from the PE. The LA enters the data in field A1300 and clicks on the lookup tool next to that field. Fields A1500 and A1600 will be auto-populated. The LA also enters data in field A1400 to complete this section. The NF information entered should match one of the NF choices on the PASRR level 1 screening (PL1) on the “Section D” tab. If it does not match, then an error will be encountered.

**Local Authority Information**

A1700-A1800. Local Authority Information - This section is disabled, and the information is auto-populated from the PE “Section A” tab.

**Individual Information**

A1900-A2400. Individual Information - This entire section is disabled. Fields A1900-A2300 are pre-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.

The IDT/SPT should review all demographic information on both the PL1 and PE prior to the meeting to ensure correctness. This includes the individual’s name, date of birth, SSN, Medicaid number, and Medicare number. If errors are found, the PL1 and PE forms need to be corrected, or resubmitted if corrections are not allowed, before the PCSP is submitted.
Participants Information

A2500. Meeting Participation - The maximum number of participants that can be documented on the LTC Online Portal is ninety-nine (99). The purpose of this section is to document who attended the meeting, and if in person or by telephone. Please see the description of each meeting type for a list of participants and which ones are mandatory.

A. Participant Type


When an RN is a required participant, you must select “5. Nursing Facility – RN” in field A2500A. If you select “6. Nursing Facility” in field A2500A and “10. Registered Nurse (RN)” in field A2500C, the form will display an error message that you are missing a required participant.

B. Attendance Type


If the Individual or LAR did not attend the meeting (“3. No – Did not attend” or “4. No – Declined”), they still need to be added to the form and comments will be required in field A3200 or A3300 to explain this absence.

If a Habilitation Coordinator has been assigned, they are a required participant in all initial and annual IDT/SPT and quarterly meetings and must attend in person. Habilitation Coordinators may attend the meeting by phone for LA update meetings.

Note: In some cases, the attendance type in field A2500B. Attendance Type will only enable option “1. Yes – Attended in person” if “9. LIDDA – Habilitation Coordinator” was selected in field A2500A. If the Habilitation Coordinator attended via phone, select a different option in field A2500A. Participant Type and select “2. Habilitation Coordinator” in field A2500C. Title.

C. Title


D. **Other** - This field is enabled and optional for data entry as soon as field A2500A is selected. This field is enabled and required if you have selected “13. Other” in field A2500C, or if you selected “7. Specialized Services Provider” in field A2500A.

E. **Full Name** - Enter the full first and last name of the meeting participant. This field is will be auto-populated with the values from fields A1900A and A1900C and disabled if the participant type is “1. Individual.”

F. **Type of Meeting** - This field is disabled and auto-populated with the value from field A0700.

G. **Date of Meeting** – This field is disabled and auto-populated with the value from field A0800.

**Alternate Placement Consideration**

A2600. **Alternate Placement Consideration** –

A. **Individual Is Best Served In** - The text box in Column 1 for the PE will be grayed out and blank. The drop-down field in the second column, and subsequent columns added as meetings are conducted, will require a choice between “0. Nursing Facility” or “1. Community Setting.”

B. **Does the individual wish to transition into the community?** - The text box in Column 1 for the PE will be grayed out and blank. The drop-down field in the second column, and subsequent columns added as meetings are conducted, will require a choice between “0. No” or “1. Yes.”
Section 4. Specialized Services Information

Specialized Services are defined as support services in addition to NF services that are identified through the PE process, discussed and agreed to during the IDT/SPT meetings, and documented on the PCSP form.

A2700. Nursing Facility Specialized Services Indication: Complete only if field A2400 = “1. IDD only” or “3. IDD and MI.”

A. I certify that the need for all habilitative therapies (not rehabilitative therapies) were discussed. The checkbox in Column 1 for the PE will be grayed out and blank. The checkbox in the second column, and subsequent columns added as meetings are conducted, will require selections to be made in each box based on the decisions made during the meeting to submit the form unless the value in field A2400 = “2. MI only.” In that case all boxes will be grayed out.

All services indicated on the PE must be discussed at the Initial IDT/SPT Meeting.

The “PASRR Evaluation” column from Sections A2800 through A3110 are disabled. TMHP will auto-populate all services that were indicated on the PE. Select an agreed upon option from the drop-down key located on the form above field A2800 to populate column 2 or 3.

The “Meeting Type” column in Sections A2800 through A3110 will be enabled and required to be completed based on the PASRR condition identified in field A2400. Options on the drop-down lists for the Specialized Services include:

1. Individual/LAR Refused - Individual 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.
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 individual no longer wants the service.
5. Item Received - When the individual has received Durable Medical Equipment (DME). This can be noted during an LA Update or Quarterly meeting
6. Pending - Should be used when:
   ◊ Services or DME have been requested but not started or received yet;
Individuals who have applied, but do not have Medicaid at the time of the meeting (Medicaid pending); or
Individuals 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 assessments have been completed.

If “4. Discontinued” or “7. Not Needed” are selected for any of these specialized services, then comments will be required in field A3200 or A3300 to explain these options.

Comments must be included to explain when services for individuals who are Medicaid pending will begin services or when the individual does not have Medicaid or is under 21 years of age and alternate sources of funding will be explored.

These same drop-down options will be used for every meeting type, except for LA Update reason codes 3-8, to indicate the status of each service. Comments are required as indicated above for “4. Discontinued” or “7. Not Needed.”

**A2800. Nursing Facility Specialized Services:**

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

**A2900. Durable Medical Equipment (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
**A3000. IDD Specialized Services:**

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:**

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. Skills Training & Development (Individual)  

**A3110. Additional MI Specialized Services:**

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
Section 5. Comments

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.”
- The individual 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.
- Individuals are Medicaid pending, non-Medicaid individuals, individuals under 21, and payor sources for these services.
- MI services selected, that are not listed in fields A3100 and A3110, but are recommended.

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.”
- The individual 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.
- Individuals are Medicaid pending, non-Medicaid individuals, individuals under 21, and payor sources for these services.
- MI services selected, that are not listed in fields A3100 and A3110, but are recommended.

The allowed characters for the comment fields A3200 and A3300 are:

- Up to 1000 alphanumeric characters.
- The numeric characters: [0] through [9].
- The letters [A] through [Z] and [a] through [z].
- The following special characters: [@ (at sign)] [‘ (single quote)] [/ (forward slash)] [+ (plus sign)] [, (comma)] [. (period)] [\( (underscore)] [- (dash)] on the LTC Online Portal.
- Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] would be allowed on the LTC Online Portal.
Section 6. Local Authority Confirmation

Within five business days after the Initial or Annual IDT/SPT meeting, a representative of the LA will confirm their participation in the meeting (either in person or by telephone) and the specialized services agreed upon in the meeting. This section will only be enabled for data entry by the LA for the initial and annual meeting types.

A3400. LA-MI Specialized Services and Participation Confirmation

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

B. All MI Specialized Services selected were agreed to by the IDT - Select “0. No” or “1. Yes.”

C. LA-MI Specialized Services Comments – This is a required field if “0. No” is selected in field A3400B. “0. No” means that services that were left off the form or added when they were not agreed to. These services should be listed and explained in this field. The LMHA/LBHA staff should contact the NF to discuss making corrections to the form before they complete the confirmation section. The NF has seven calendar days to update the form. The LMHA/LBHA will 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.” Services that were agreed to but were not included by the NF should be listed here by the LA-MI staff.

D. LA-MI Signature date - MI staff enters date that the meeting was confirmed by MI staff.

E. LA-MI Attendance Type – The options are: “1. Yes - Attended in person,” “2. Yes - Attended via phone,” or “3. No - Did not attend.” If the answer is “3. No – Did not attend,” then field A3400F must be completed. “3. No - Did not attend” should only be indicated if the LMHA/LBHA were not invited to the meeting but should have been. If the LMHA/LBHA staff were not in attendance but should have been, the meeting is not a valid meeting and must be conducted again.

F. LA-MI Participation Confirmation Comments -There is a limit of 500 alphanumeric characters. 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.

A3500. LA-IDD Specialized Services and Participation Confirmation
A. **I Am Confirming the IDD Section** – Check if the LIDDA is confirming this section.

B. **All IDD Specialized Services selected were agreed to by the IDT** - Select “0. No” or “1. Yes.”

C. **LA-IDD Specialized Services Comments** – This is a required field if “0. No” is selected in field A3500B. “0. No” means that services that were left off the form or added when they weren’t agreed to. These services should be listed 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.”

D. **LA-IDD Signature date** - The date that the meeting was confirmed by IDD staff should be entered here.

E. **LA –IDD Attendance Type** – The options are “1. Yes - Attended in person,” “2. Yes - Attended via phone,” or “3. No - Did not attend.” If the answer is “3. No – Did not attend,” then field A3500F must be completed. “3. No - Did not attend” should only be indicated if the LIDDA was not invited to the meeting but should have been. If the LIDDA staff were not in attendance but should have been, the meeting is not a valid meeting and must be conducted again.

F. **LA-IDD Participation Confirmation Comments** - There is a limit of 500 alphanumeric characters. 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.
Section 7. Form Submission

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