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Overview

After a positive PE has been submitted into the TMHP LTC Online Portal, the 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 IDT meeting. The alert also indicates the PASRR condition of the individual (ID, DD, MI) so that the NF knows if the LIDDA and/or LMHA/LBHA needs to attend the meeting.

An initial IDT/SPT meeting must be held for an initial positive PE, and all subsequent positive PEs for the same individual in the same NF if the PASRR eligibility or PASRR specialized services have changed. This requirement includes PEs submitted for Change of Ownerships.

The team membership for PASRR Initial and Annual IDT meetings need to include, at a minimum, an 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. The individual and/or LAR should be encouraged to attend all meetings. They do have a right to decline attendance. All other team members are considered mandatory participants and must attend the meeting in person or by telephone, or else the PCSP form will not submit.

Additional Initial and Annual Team Members:

Staff who are involved in the individuals PASRR services must be included in the meeting. Specialized staff may not be in place at the initial meeting but they should start attending 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 indicated on the PE to determine the final set of PASRR specialized services the individual will receive, if any, and to 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 data entered directly into the LTC Online Portal 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. The NF must maintain all documentation related to the meeting including signature sheets, assessments, etc.
PASRR specialized services can only be provided for individuals who have Medicaid and have access to their Medicaid at the time of the meeting. Individuals under the age of 21 are also not eligible for PASRR specialized services.

Non-PASRR provided services should be discussed if the individual does not have Medicaid at the time of the meeting or if the individual is under the age of 21. These services should be recorded in the comment section of the PCSP form (field A3200).

There should only be one initial 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 a “1. Initial IDT/SPT” meeting for the same facility provider number if one initial meeting is already submitted.
Section 1. When to Complete and Submit an Annual PCSP Form

On an annual basis, no earlier than 334 days from the date of the previous initial or annual IDT/SPT meeting, a new meeting must be held and the results entered into the LTC Online Portal initiated from the PE in order to submit a new PCSP DLN.

The mandatory team members are the same as for the initial meeting.

PCSP LA Alert

LAs will receive a Confirm IDT alert any time an NF submits a PCSP Initial/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 update meetings on the PCSP form. 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.

**Note for the LIDDA’s only:** The LIDDA is no longer required to conduct a separate initial meeting right after or on the same day as the NFs initial meeting. The first meeting will be the “1. Initial IDT/SPT” meeting submitted on the PCSP form by the NF. Do not conduct a separate meeting. The LIDDA’s first quarterly will be scheduled three months after the initial IDT/SPT team meeting initiated by the NF.

The minimum/mandatory required SPT members for quarterly or update meetings are:

- **Quarterly:** Individual or LAR, LA-IDD and/or LA-MI depending on PASRR condition, a nursing facility staff member who knows the individual best (may be an RN) and providers of specialized services.
- **Updates with reason code 1 or 2:** Individual or LAR, LA-IDD and/or LA-MI depending on PASRR condition, a nursing facility staff member who knows the individual best (may be an RN) and providers of specialized services.
- **Updates with reason code 3, 4, 5, 6, 7 or 8:** LA-IDD and/or LA MI depending on PASRR condition. These are really just events that took place and not always true meetings.

Team members noted above as mandatory 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 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. Field A0800 will be disabled when field A1200 is enabled and required for certain meeting types and reason codes, and it auto-populates the disabled field A0800. 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, and it also 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.
Nursing Facility Information

This entire 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 A1300 and clicks on the lookup tool next to that field. Fields A1500 and A1600 will be auto-populated. The LA also needs to enter data in field A1400 to complete this section. The NF information entered should match one of the NF choices on the PL1 on the “Section D” tab. If it doesn’t, then an error will be encountered.

Local Authority Information

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

Individual Information

A1900-A2400. Individual Information - This entire section is disabled. Fields A1900-A2300 are pre-populated from the PE Section A. Field A2400 is auto-populated from the PE based on the answers selected in PE fields B0100, B0200 and C0800.

Meeting Participation

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 then “10. Other”. 
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.

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 - 1. PASRR Evaluation - This title box will be grayed out and blank. 2. Meeting Type - This title box will be auto-populated with the values from fields A0700 and A0800.

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

Specialized Services are defined as support services in addition to nursing facility services that are identified through the PE process, discussed and agreed to during the IDT meetings and documented on the PCSP form. As indicated above, they are provided to individuals who have Medicaid eligibility at the time of the meeting and are 21 years of age or older.

A2700A. Specialized Services Indication – 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 to be clicked on to submit the meeting.

In cases where the type of meeting is MI only, A2700A must still be selected. Individuals who are diagnosed as MI only are not eligible for NF PASRR habilitative services. For MI only cases, NF specialized services should not be indicated on section A2800 Nursing Facility Specialized Services. The drop-down menu choice of “Not Needed” should be used for every service and a comment added to explain that NF services are not available when the PE is MI only.

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

The PASRR Evaluation Column from Sections A2800 through A3100 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 A2800 to populate column 2.

Options on the drop-down lists for the Specialized Services include:

- **New** - the first time a service is recommended
- **Ongoing** - when a service has already started and will be continued
- **Discontinued** - when a provided service will be stopped as agreed to by the team or when the individual no longer wants the service
- **Item Received** - when the individual has received DME equipment/Wheelchair. This can be noted during an Update or Quarterly meeting.
• **Pending** - should be used when services or DME have been initiated but not started or received yet. It shouldn’t be used for individuals who do not have Medicaid or are under 21 years of age.

• **Not Needed** - should be used when the team agrees that the service or DME is not needed at the time of the meeting. It should also be used to indicate that the individual is not eligible for the service (Non-Medicaid, under 21 or the service type can’t be provided for their PASRR condition (MI, IDD).

• **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.

These same drop-down options will be used for every meeting type, except for 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.)  
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)
A. Skills Training & Development (Individual)

Service areas that the individual is not eligible for based on their PASRR condition, (MI, IDD or Dual), need to be addressed by using the option of “7. Not Needed”. Use the comment box to explain this selection.

**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”. Comments are also required if the Individual or LAR did not attend the meeting (“3. No – Did not attend”, or “4. No – Declined”). Comments should include a discussion of rehabilitative services provided when the team agreed to wait on habilitative services. The NF should also indicate any non-PASRR services that can be arranged for individuals who do not have Medicaid.
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”. Comments are also required if the Individual or LAR did not attend the meeting (“3. No – Did not attend”, or “4. No – Declined”).

Comments should also include any LA services provided for non-Medicaid individuals, individuals under 21 and services left off the list of LA-MI list of services that will be provided.

The allowed characters for the comment sections are:

a) Up to 500 alphanumeric characters
b) The numeric characters: [0] through [9].
c) The letters [A] through [Z] and [a] through [z].
d) The following special characters: [@ (at sign)] [’ (single quote)] [/ (forward slash)] [+ (plus sign)] [, (comma)] [. (period)] [ _ (underscore)] [- (dash)] on the LTC Online Portal
e) Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] would be allowed on the LTC Online Portal
Section 5. Local Authority Confirmation

A representative of the LA will, within five business days after the Initial or Annual IDT/SPT meeting, confirm their participation in the meeting 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 weren’t 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 should be given 7 calendar days to update the form. The LMHA/LBHA can then confirm the meeting once the corrections have been made. If after 7 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 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 7 calendar days to update the form. The LIDDA can then confirm the meeting once the corrections have been made. If after 7 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 6. 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.

![Form Submission Image]
Section 7. Form Functions

PCSP Form Summary Tab

Clicking on the Summary tab at the top of the PCSP form will display a summary of information that was entered for all meetings submitted on the PCSP DLN, including information about IDT/SPT meeting participants, specialized services information, and comments from the nursing facility (NF) and local authority (LA).

PCSP Form History Trail

Located at the bottom of the PCSP form, the history trail shows what actions were taken, including submission of the form, updates of the form, and alerts.
**Adding Notes to the PCSP Form**

To add a note to the form history, click the Add Note button in the yellow Form Actions bar.

![PCSP Form](image)

**Printing the PCSP Form**

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

![Printed PCSP Form](image)

The Print grid appears, displaying all meetings submitted on this PCSP DLN. To print a meeting, click on the Printer icon located to the far right of the meeting you want to print. To cancel the printing or close the Print grid, click the Cancel button.
You can also print the PCSP while entering meeting information. Click Print and a new window will open displaying the PDF version of the form.
Section 8. Important Guidance/Clarifications

**Internet Explorer**

- If you use the LTC Online Portal to enter information into the PASRR form, only use Internet Explorer V11 or higher as your Web browser. Using Chrome or Firefox or any other internet browser may cause problems with the data integrity of the form.
- TMHP has identified an issue with the new PASRR Comprehensive Service Plan (PCSP) form when a Provider uses the browser **Back Arrow** button or **Backspace Key** as a keyboard shortcut. Providers should avoid using the **Back Arrow** button on the Microsoft Internet Explorer® browser window when completing the PCSP form and any other forms on the LTC Online Portal.

In summary, if the user encounters an unexpected system error, enter the meeting again by reopening the applicable PE DLN or PCSP DLN from FSI. During the meeting entry, do not use the Internet Explorer browser **Back Arrow** button or the **Backspace Key** in order to avoid additional errors.

**Note:** The **Backspace Key** acts as a keyboard shortcut for the **Back Arrow** button when your window focus is not in a text field.

For more information regarding this issue, call the TMHP Long Term Care Help Desk at 1-800-626-4117, Option 1.
Section 9. PASRR Acronyms

1. PASRR - Preadmission Screening and Resident Review.
2. PCSP – PASRR Comprehensive Service Plan.
3. PL1 - PASRR Level 1 Screening.
4. PE - PASRR Evaluation.
5. LAR - Legally Authorized Individual.
6. MI - Mental Illness.
7. ID - Intellectual Disability.
8. DD - Developmental Disability.
9. IDT - Interdisciplinary Team.
10. LA - Local Authority-Both IDD and MI Services
11. LIDDA - Local Intellectual and Developmental Disabilities Authority.
12. LMHA - Local Mental Health Authority.
13. LBHA - Local Behavioral Health Authority.
14. LTC Online Portal - Long Term Care Online Portal.
15. HHSC - Health and Human Services Commission.
16. TAC - Texas Administrative Code.
17. NF - Nursing Facility