



**Detailed Item by Item Guide
for completing the
PASRR Specialized Services form**

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OVERVIEW

This guide is to be used in conjunction with the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal.

PURPOSE

The Preadmission Screening and Resident Review (PASRR) Specialized Services (PSS) form is designed to document specialized services for individuals who are PASRR-eligible with a diagnosis of intellectual and developmental disabilities (IDD) or dual IDD/MI (mental illness) residing in a nursing facility (NF). The PSS form is used in conjunction with the PASRR Evaluation (PE) and the Local Intellectual or Developmental Disabilities Authority's (LIDDA) initial and quarterly Service Planning Team (SPT) meetings. It is also used to document PASRR specialized services as changes occur between those meetings.

PASRR is a required federal program that ensures individuals:

- seeking admission to a Medicaid certified NF with MI or IDD are identified;
- are appropriately placed in an NF; and
- receive specialized services, if required for MI or IDD.

The PE is designed to confirm the suspicion of MI, Intellectual Disability (ID) or Developmental Disability (DD)/Related Condition (RC) and ensure the individual is placed in the most integrated residential setting receiving the specialized services needed to improve and maintain the individual's level of functioning.

This document will describe the PSS form.

Per TAC Title 40 Chapter 17 Subchapter A §17.102 (42) the SPT team always includes:

- the designated resident;
- the designated resident's Legally Authorized Representative (LAR), if any;
- the service coordinator;
- nursing facility staff familiar with the designated resident's needs;
- persons providing specialized services for the designated resident;
- a representative from the community provider, if one has been selected;
- a representative from the Local Mental Health Authority (LMHA), if the designated resident has MI;
- Other participants on the SPT may include:
 - a concerned person whose inclusion is requested by the designated resident or the LAR; and
 - at the discretion of the LIDDA, a person who is directly involved in the delivery of services to people with ID or DD.

WHEN TO COMPLETE AND SUBMIT THE PSS FORM

Initial SPT - Following the completion of the PE, the assigned LIDDA PASRR Service Coordinator must facilitate the initial SPT meeting within thirty (30) days. During the initial SPT, the LIDDA PASRR Service Coordinator completes all fields on a blank hardcopy version of the PSS form to include all of the agreed upon specialized services, and enters and submits the information on the PSS form in the LTC Online Portal within five (5) business days. A blank form can be found on the LTC Online Portal.

Quarterly SPT- During the quarterly SPT, which must be held every three months per Attachment G, the LIDDA PASRR Service Coordinator completes all fields on a blank hardcopy version of the PSS form to include all of the agreed upon specialized services and enters and submits the information on the PSS form in the LTC Online Portal within five (5) business days.

Updates- When services change and/or when a LIDDA PASRR Service Coordinator has been made aware of any changes in specialized services, which occurred outside of the SPT meetings, the LIDDA PASRR Service Coordinator must convene an SPT meeting and enter and submit the changes on the PSS form in the LTC Online Portal within five (5) business days of the SPT meeting.

HOW TO COMPLETE AND SUBMIT THE PSS FORM

Only a LIDDA can create and submit a PSS form on the LTC Online Portal. This form is to be submitted for individuals which are PASRR positive for IDD or IDD/MI but not MI only.

To submit the PSS form, perform an FSI search for all PE's associated to the individual, click on the DLN number associated with the individual's most current and active PE on the LTC Online Portal. Once the PE is open, locate and click on the "Initiate PSS" button. The PSS form will open to enter data.

The PSS form submission procedure:

1. Enter the data from the hand-written paper form into the PSS form.
2. Retain a copy of the hand written PSS form in the individual's record for twelve months.
3. The PSS form must include
 - the date of the SPT meeting;
 - the type of SPT meeting or if it is an update;
 - the names, attendance type, and titles of those who participated in the SPT meeting;

- the nursing facility, LIDDA and LMHA specialized services; and
- the determination of whether the individual wishes to transition into the community.

PSS FORM RETENTION PERIOD

The electronic version of the PSS form will be retained on the LTC Online Portal for a period of seven (7) years from the date of successful PSS submission. Keep the hand written PSS paper form in the individual's active record for twelve (12) months.

CODING CONVENTIONS

The following coding conventions should be used when submitting the PSS Form:

- All fields with red dots are required fields. The form cannot be submitted without populating these fields.
- When completing the hand written PSS paper form to be used for data entry, capital letters may be easiest to read. Print legibly.
- Enter dates manually by using the following format: "mm/dd/yyyy". For example, July 6, 2015, would be recorded as 07/06/2015.
- Click on the appropriate check boxes where the instructions state to "Check only the services the Individual or their LAR agreed to". If no specialized services are agreed to, then you will be required to select "None of the above apply" option.

ASSISTANCE

Call **TMHP** at 1-800-626-4117

1. Option 1 for:
 - General Inquiries
2. Option 4 for:
 - Forms Submission

Call **DADS Contract Accountability and Oversight Unit** at 512-438-5042 for questions related to completing this form.

How to prevent **Timing Out** of the TMHP LTC Online Portal:

It is important to note that when submitting the PSS Form on the LTC Online Portal, the system will time-out after 20 minutes of no activity and all entered data will be lost. To prevent this from happening, the user must continue entering data on the PSS form in order to prevent the time-out.

ITEM BY ITEM STEPS FOR COMPLETING THE PSS FORM

LA-IDD Information

A0100 – A0400 – This information is prepopulated from the PE that this PSS form is initiated from.

LA-MI Information

A0500 – A0700 – This information is prepopulated from the PE that this PSS form is initiated from.

Nursing Facility

INTENT: This information is used to identify the nursing facility where the resident is currently residing.

A0800A. Contract No. – This is a required field. Enter the nine (9) digit contract number of the nursing facility where the individual currently resides. Once the contract number has been entered, click on the lookup tool (magnifying glass) next to this field. This will auto-populate fields A0800C. NPI and A0800D. Facility Name.

A0800B. Vendor No. – This is a required field. Enter the nursing facility's vendor number.

A0800C. NPI – This information will be auto-populated once information in field A0800A. Contract No. has been entered and the lookup tool clicked.

A0800D. Facility Name – This information will be auto-populated once information in field A0800A. Contract No. has been entered and the lookup tool clicked.

Individual Information

A0900 – A1200 – This information is auto-populated from the PE that this PSS form is initiated from.

SPT Meeting

INTENT: The purpose of this section is for the LIDDA to document the type of meeting that was held, reason code if not completed for an SPT meeting, date the meeting was held, and the individual's PASRR condition.

A1300A. Type of SPT Meeting – This is a required field with a drop-down list noting the following options:

1. Initial
2. Quarterly
3. Update

The initial SPT meeting (select “1. Initial”) is held within 30 days of the completion of the individual's PE. In addition, the SPT meeting for an individual in an NF must take place at least every three months or more frequently if requested by the individual or LAR (select “2. Quarterly”), or if there is a change in service needs (select “3. Update”).

A1300B. Reason Code –The reason code for the SPT meeting will be enabled and required if “3. Update” is selected in A1300A. Type of SPT Meeting. The drop-down list options are as follows:

1. Change in Medical Condition
2. Change in Service
3. Deceased
4. Discharged
5. Refusal of Service Coordination
6. Transfer
7. Transition (Transition must only be used when an individual has transitioned into a community program. This is not to be used for a transition planning meeting.)

A1300C. Transition To – If “7. Transition” is selected in A1300B. Reason Code, then this field will be enabled and required. The drop-down list options are as follows:

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

A1300D. Other – If “9. Other” is selected in A1300C. Transition To, then this field will be enabled and required. You are able to enter up to twenty-five (25) alphanumeric characters in this field.

A1300E. Date – If “3. Deceased”, “4. Discharged”, “5. Refusal of Service Coordination”, “6. Transfer” or “7. Transition” is selected in field A1300B then this field will become enabled and required. Enter the date the event occurred by using the calendar image or by entering the date in “mm/dd/yyyy” format. This cannot be a future date.

A1400. Date of SPT Meeting – This field is required. Enter the date the meeting was held by entering the calendar image or by entering the date in “mm/dd/yyyy” format. This date cannot be a future date and must be on or after the previous SPT meeting date.

A1500. Individual PASRR Condition – This field is required. The drop-down list options are the following:

1. IDD only
2. IDD and MI (with a dual diagnosis, the IDD section of the PE MUST be positive)

SPT Participants Information

The purpose of this section is to document who attended the SPT meeting in person or by telephone. Mandatory participants include LA-IDD, the individual, the Legally Authorized Representative (if applicable), and nursing facility staff familiar with the individual. Persons providing specialized services for the individual, a representative from the LMHA if the designated resident has a diagnosis of MI, DADS contracted relocation specialist if the individual desires to move to the community, a representative from a provider, if one has been selected should also be participants. Other participants such as a concerned person whose inclusion is requested by the individual or the LAR, and other persons who are directly involved in the delivery of services to individuals with IDD should be included.

A1600. SPT Participants – The maximum number of participants that can be documented on the LTC Online Portal is twelve (12).

A1600A. Participant Type

The first four (4) rows for this column are auto-populated with “1. LA-IDD”, “2. Individual”, “3. Legally Authorized Representative” and “4. Nursing Facility (NF)”. For rows five (5) through twelve (12) the drop-down lists repeat the list of the

previous participants with the exception of the individual. The individual can only be listed once. The drop-down lists also includes the following options:

5. LMHA
6. Specialized Services Provider
7. Other

A1600B. Attendance Type

Indicate the attendance type with one of the following drop-down list options:

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

A1600C. Title

If this field is enabled for any rows, indicate the title of the person listed in A1600A. Participant Type by selecting one of the following drop-down list options:

1. Service Coordinator
2. Diversion Coordinator
3. Registered Nurse (RN)
4. Licensed Clinical Social Worker (LCSW)
5. Licensed Professional Counselor (LPC)
6. Physical Therapist
7. Occupational Therapist
8. Licensed Psychologist
9. Advanced Practice Nurse (APN)
10. Physician (MD or DO)
11. Other

For an LAR in attendance, select “11. Other” in this field.

A1600D. Other Title – If “11. Other” is selected in A1600C. Title, then this field is enabled and required. An example for this field could be Parent, Sister or Friend.

A1600E. First Name – This is a required field for all rows containing a participant who attended the SPT meeting except for the individual. Enter the first name of the meeting participant.

A1600F. Middle Initial – Enter the middle initial of the meeting participant. This field is optional.

A1600G. Last Name – This is a required field for all rows containing a participant who attended the SPT meeting except for the individual. Enter the last name of the meeting participant.

A1600H. Suffix – Enter the suffix of the meeting participant. This field is optional.

SPT Specialized Services

Specialized Services are defined as additional support services in addition to nursing facility services that are identified through the SPT process and are provided to individuals who have been identified as having IDD or IDD/MI.

A1700. List of Nursing Facility Specialized Services – Check only the services the Individual or their Legally Authorized Representative (LAR) agreed to by checking the boxes next to the specialized service.

NF Specialized Services

- A. Customized Manual Wheelchair (CMWC)
- B. Durable Medical Equipment (DME)
- 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)
- I. None of the above apply

A1800. List of LA/LMHA Specialized Services - Check only the services the Individual or their Legally Authorized Representative (LAR) agreed to by checking the boxes next to the specialized service.

LA Specialized Services

- A. Service Coordination - If this form is NOT being used for indicating “3. Deceased”, “4. Discharged”, “5. Refusal of Service Coordination”, “6. Transfer” or “7. Transition” in A1300B, then “A. Service Coordination” specialized service will be automatically checked and disabled.
- B. Alternate Placement Assistance
- C. Employment Assistance
- D. Supported Employment
- E. Day Habilitation
- F. Independent Living Skills Training
- G. Behavioral Support

LMHA Specialized Services

- H. Group Skills Training
- I. Individual Skills Training
- J. Intensive Case Management
- K. Medication Training (Group)
- L. Medication Training (Individual)
- M. Medication Training & Support Services (Group)
- N. Medication Training & Support Services (Individual)
- O. Psychiatric Diagnostic Interview Examination
- P. Psychosocial Rehabilitative Services (Group)
- Q. Psychosocial Rehabilitative Services (Individual)
- R. Routine Case Management
- S. Skills Training & Development (Group)
- T. Skills Training & Development (Individual)

If none of the Specialized Services were chosen from fields A1800A thru A1800T and this PSS is being submitted for “3. Deceased”, “4. Discharged”, “5. Refusal of Service Coordination”, “6. Transfer” or “7. Transition” in A1300B, check:

- U. None of the above apply

A1900. Type of Durable Medical Equipment (DME) – This section becomes enabled and required when A1700B. Durable Medical Equipment (DME) is chosen. Check all that apply from the following options:

- A. Gait Trainers
- B. Standing Boards
- C. Special Needs Car Seats or Travel Restraints
- D. Specialized/Treated pressure reducing support surface mattresses
- E. Positioning Wedges
- F. Prosthetic Devices
- G. Orthotic Devices

Other Information

A2000. Does the individual wish to transition into the community? – This is a required field. Select from the following drop-down list options:

- 0. No
- 1. Yes

A2100. Comments – Enter comments here if applicable. You are allowed up to 500 alphanumeric characters, but please note that this section will be used for reference only and will not be used as a form of communication between parties.