

Long Term Care Online Portal User Guide for Managed Care Organizations

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Long Term Care (LTC) Online Portal Basics

What is the LTC Online Portal?

The LTC Online Portal is a web-based application that allows users to:

- View forms and assessments.
- Create Saved Searches.
- Conduct a form status inquiry.
- Retrieve reports.
- Add a note to a form or assessment.

Benefits of the LTC Online Portal

- Web-based application
- 24/7 availability
- Texas Medicaid & Healthcare Partnership (TMHP) provides LTC Online Portal technical support by telephone at **1-800-626-4117**, Option 3, from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

General Security Information

Security clearance and access to needed LTC Online Portal features are based on the role of the user, allowing them to complete the tasks associated with their job requirements. The options available on the blue navigational bar are based on the security profile assigned to each user; therefore, some options on the blue navigational bar may not be available for all users.

Blue Navigational Bar Links

All LTC Online Portal features that are available for your security level are located on the blue navigational bar at the top of the screen.

Depending on your security permissions, options may include: Home, Submit Form, Form Status Inquiry, Current Activity, Drafts, Power Search, My Searches, Letters, Printable Forms, or Help.

Home

When the blue navigational bar is displayed, the **Home** link at the far left will take you to www.tmhp.com.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR

Home Submit Form Form Status Inquiry Current Activity Drafts Power Search My Searches Letters Printable Forms Help

clients English · Español providers

Monday, October 22, 2012

TMHP Home
What is TMHP?
Privacy/HIPAA
Reporting Fraud
Provider Lookup
Looking for a

Welcome to Texas Medicaid & Healthcare Partnership

Thank you for visiting the Texas Medicaid & Healthcare Partnership's (TMHP) Internet website for Texas Medicaid and other state health-care programs. As of January 1, 2004, ACS State Healthcare LLC, under contract with the Texas Health and Human Services Commission (HHSC), assumed administration of claims processing for Texas Medicaid and other state health-care programs. ACS, a XEROX company, meets its new consolidated health-care responsibilities with a team of subcontractors under the name

Not yet a provider?
Click here to find out how you can become a provider for Texas Medicaid and related programs.

Provider Education
Register for a workshop or

Submit Form

The Submit Form feature allows providers to submit **Waiver 3.0: Medical Necessity and Level of Care Assessments** and **H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan** forms.

Home Submit Form Form Status Inquiry Current Activity Drafts Power Search My Searches Letters Printable Forms Help

Submit Form

Form Select

Type of Form ▾
Vendor Number
Waiver 3.0: Medical Necessity and Level of Care Assessment
H1700-1 HCBS STAR+PLUS Waiver Individual Service Plan

Recipient

To prepopulate recipient information please provide one of the following combinations of information.
Medicaid/CSHCN ID
or Social Security Number AND Last Name
or Social Security Number AND Date of Birth
or Date of Birth AND Last Name AND First Name

Medicaid Number
SSN - -
Date of Birth
First Name
Last Name

Enter Form

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Unsubmitted

Form Actions

[Print](#) [Save as Draft](#)

Managed Care Organization

Contract No.

MCO Name

• Service Coordinator

Plan Code

• County

Applicant/Member

Group Code

ME-Waiver

• Medicaid No.

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

Individual Service Plan Event

Effective Date

Type Authorization Initial Reassessment

• ISP From Date

ISP To Date

• Enrolled From

MFPD

• Living Arrangement after Entry into SPW

Individual Service Plan Services

• Delivery Option	• Service Category	• Est. Annual Service Units	• Rate	Est. Annual Cost
Select				

[Add Service](#)

Total Est. Waiver Cost

• Ventilator Use

RUG

Annual Cost Limit

[Submit Form](#)

Note: The steps to submit H1700-1: HCBS STAR+PLUS Waiver Individual Service Plans are covered in the “H1700 / Individual Service Plan (ISP) Form” section.

Form Status Inquiry (FSI)

The FSI feature provides a query tool for monitoring the status of forms and assessments that have been successfully submitted.

Providers may use FSI to search for either Type of Form: Waiver 2.0: Medical Necessity and Level of Care Assessments, Type of Form: Waiver 3.0: Medical Necessity and Level of Care Assessments, or H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan. The search does not have the capability to return both 2.0 and 3.0 Assessments with one search. Searches must be performed separately for 2.0 and 3.0 Assessments.

FSI allows providers to retrieve assessments in order to:

- Access assessments to research and review statuses.
- Provide additional information to an assessment.
- Retrieve assessments to make corrections or perform inactivations.
- Resolve any assessments set to status *Provider Action Required*.

- 1) Click the **Form Status Inquiry** link in the blue navigational bar.
- 2) Type of Form: Choose **Waiver 2.0: Medical Necessity and Level of Care Assessment** or **Waiver 3.0: Medical Necessity and Level of Care Assessment** or **H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan** from the drop-down box.

- 3) Enter data for all required fields as indicated by the red dots. Narrow results by entering specific criteria in the additional fields: “DLN,” “Medicaid Number,” “Last Name,” “First Name,” “SSN,” “Form Status,” “From” and “To” Dates, and “Reason for Assessment.” Dates are searched against the TMHP Received Date (date of successful submission).
- 4) Click the “Search” button, and the LTC Online Portal will return any matching submissions (records).

Note: FSI search results will only display the Type of Form selected.

- 5) Click the **View Detail** link of the requested assessment to open and view the assessment.

50 record(s) returned.
Not all records returned. This search is limited to return 50 records. Please narrow your search.
[Export Data to Excel](#)

	DLN	TMHP Received Date	SSN	Medicaid #	Medicare #	First Name	Last Name	Status	RUG	RN Signature Date	Purpose Code	Contract Number	Vendor Number	Reason For Assessment
View Detail		7/17/2013						Processed/Complete	BB1	7/1/2013				01. Initial assessment
View Detail		7/22/2013						Processed/Complete	SSB	7/8/2013				03. Annual assessment
View Detail		7/24/2013						Denied	PA1	7/2/2013				01. Initial assessment
View Detail		7/29/2013						Processed/Complete	PA1	7/24/2013				03. Annual assessment
View Detail		7/29/2013						Processed/Complete	PD1	7/24/2013				03. Annual assessment
View Detail		7/29/2013						Processed/Complete	PB1	7/24/2013				03. Annual assessment
View Detail		7/30/2013						Processed/Complete	PA1	7/25/2013				03. Annual assessment
View Detail		7/30/2013						Processed/Complete	PA1	7/23/2013				03. Annual assessment
View Detail		7/31/2013						Processed/Complete	IA1	7/16/2013				01. Initial assessment
View Detail		7/31/2013						Processed/Complete	PB1	7/23/2013				03. Annual assessment
View Detail		8/6/2013						Invalid/Complete	PA1	7/10/2013				03. Annual assessment
View Detail		8/7/2013						Processed/Complete	IA1	7/17/2013				01. Initial assessment
View Detail		8/12/2013						Processed/Complete	IB1	8/8/2013				03. Annual assessment

Note: FSI can retrieve information from the previous seven years. The search is based on the TMHP Received Date. There is a 50-record line limit for search results; therefore, you may need to narrow your search to retrieve specific records. Descriptions of the column headings seen above are:

- **View Detail:** The hyperlink used to open the assessment.
- **DLN:** The unique document locator number (DLN) assigned to each successfully submitted assessment.
- **TMHP Received Date:** The actual date the assessment was successfully submitted on the LTC Online Portal.
- **SSN:** (2.0: AA5a, 3.0: A0600A), **Medicaid #** (2.0: AA7, 3.0: A0700), **Medicare #** (2.0: AA5b, 3.0: A0600B), **First Name and Last Name** (2.0: AA1a and AA1c, 3.0: A0500A and A0500C): Information used to identify the individual associated with the assessment.
- **Status:** The status of the assessment at the time of the search.
- **RUG:** The assigned Resource Utilization Group (RUG) value.
- **RN Signature Date:** Date the assessment was completed as identified in field R2b for 2.0 Assessments and field Z0500B for 3.0 Assessments.
- **Purpose Code:** Utilization Review Assessment submitted by DADS.
- **Contract Number:** The nine-digit provider number.
- **Vendor Number:** The four-digit site identification number.
- **Reason for Assessment:** (2.0: AA8a, 3.0: A0310A):

Waiver 2.0: MN/LOC Assessment	Waiver 3.0: MN/LOC Assessment
AA8a = 01. Initial Assessment	A0310A = 01. Initial Assessment
AA8a = 02. Annual Assessment	A0310A = 03. Annual Assessment
AA8a = 03. Significant change in status assessment (SCSA)	A0310A = 04. Significant change in status assessment (SCSA)

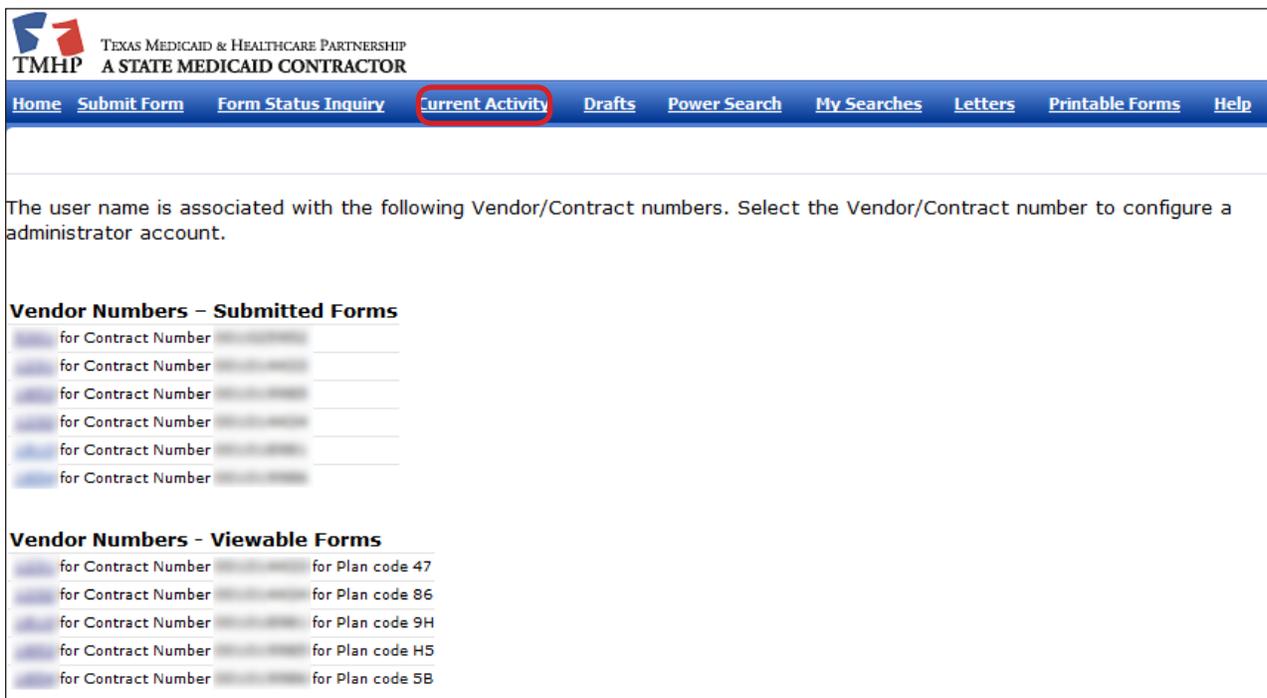
Current Activity

The Current Activity feature allows users to view document submissions or status changes that have occurred within the last 14 calendar days. After 14 days, users must use the Power Search query tool to locate a document. Managed Care Organization (MCO) Portal users will be able to view forms and assessments submitted by a Nursing Facility (NF) or Hospice provider for members enrolled with that MCO.

Current Activity will display MDS 3.0 Comprehensive and Minimum Data Set (MDS) 3.0 Quarterly assessments in addition to Preadmission Screening and Resident Review (PASRR) Evaluations, PASRR Level 1 (PL1) Screening Forms, H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan forms, and Forms 3071, 3074, 3618, and 3619.

- 1) Click the **Current Activity** link in the blue navigational bar. Some users may see an additional category labeled “Vendor Numbers - Submitted forms.” Whether or not that category is displayed is determined by your account permissions. Click the appropriate vendor number (if applicable).

Note: The initial Current Activity page will display a list of all vendor/contract numbers to which the user is linked.



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Home Submit Form Form Status Inquiry **Current Activity** Drafts Power Search My Searches Letters Printable Forms Help

The user name is associated with the following Vendor/Contract numbers. Select the Vendor/Contract number to configure a administrator account.

Vendor Numbers - Submitted Forms

- for Contract Number [REDACTED]

Vendor Numbers - Viewable Forms

- for Contract Number [REDACTED] for Plan code 47
- for Contract Number [REDACTED] for Plan code 86
- for Contract Number [REDACTED] for Plan code 9H
- for Contract Number [REDACTED] for Plan code H5
- for Contract Number [REDACTED] for Plan code 5B

- 2) Clicking the appropriate vendor number will display a summary of all document status changes within the last 14 calendar days.

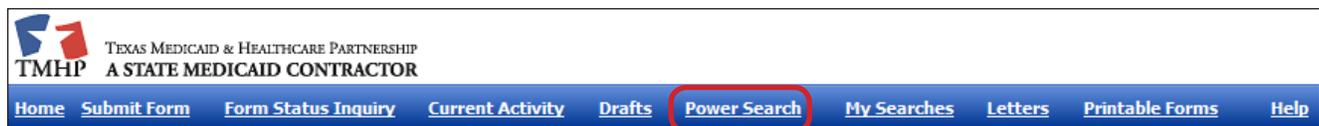
H1700-1	Received	Medicaid	SSN	Name	ISP From Date	ISP To Date	Status	County	Current SAS Response Code
DLN	4/7/2015 11:06:24 AM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	2/1/2015 12:00:00 AM	1/31/2016 12:00:00 AM	PSU Action Required	Aransas	SP-XXXX
DLN	4/2/2015 11:04:38 AM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	2/1/2015 12:00:00 AM	1/31/2016 12:00:00 AM	PSU Invalid/Complete	Aransas	SP-XXXX
DLN	4/29/2015 2:42:52 PM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	4/1/2015 12:00:00 AM	3/31/2016 12:00:00 AM	Form Inactivated	Calhoun	
DLN	4/29/2015 2:51:39 PM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	4/1/2015 12:00:00 AM	3/31/2016 12:00:00 AM	Processed/Complete	Aransas	SP-XXXX
DLN	5/6/2015 3:41:54 PM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	2/1/2015 12:00:00 AM	1/31/2016 12:00:00 AM	Pending PSU Review	Collin	

- 3) Click the Document Locator Number (**DLN**) link to display the details of the document.

Users are able to sort the Current Activity results in a variety of ways. By clicking on the heading of a column, the user can choose to sort results by DLN, Received Date, Social Security number (SSN), Medicaid number, Name, Status, County, or Current SAS Response Code. When the user clicks on a column heading for the first time, it is sorted in ascending order. By clicking on the column heading a second time, the sort will change to descending order. Sorting will apply only within the form or assessment type where the header being clicked is located. MDS 3.0, and MDSQTR 3.0 are separate groups and column headings.

Power Search

Power Search is a query tool used for monitoring the status of forms and assessments that have already been successfully submitted, and can be used to search across all form and assessment types. Power Search is an advanced version of Form Status Inquiry (FSI) that is used by providers.



Power Search allows you to retrieve submissions so that you can:

- Locate forms and assessments.
- Research and review statuses.
- Export search results to Microsoft Excel™.

Power Search can be performed in a number of ways, such as:

- By Type of Form (must include date range).
- By Document Locator Number only (no other information needed).
- By Individual's name (must include date range).
- By Social Security number (must include a date range).
- By Medicaid number (must include a date range).
- By Plan Code (must include a date range).

Power Search by Type of Form

From Power Search:

- 1) Click the **Power Search** link on the blue navigational bar.
- 2) Type of Form: Choose from the drop-down box. The information on the screen may change based on the type of form or assessment chosen.

Note: If you choose a specific form or assessment type from the drop-down box, the search results will be limited to only that particular type of form or assessment. To search across all form and assessment types, leave the Type of Form drop-down box blank and fill in the required information as indicated by the red dots. You are still required to enter information as indicated by the red dots, plus the Medicaid and/or Contract Numbers.

- 3) Enter the From Date and To Date fields using the calendar icon  (These are required fields). The date must be entered in the MM/DD/YYYY format.

Note: H1700-1 forms can be searched into future dates. All other forms can only be searched up to the current date.

- 4) To narrow the search results, you can enter specific information about the Client or Vendor. This is an optional step as information does not have to be entered into all fields.

- Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

Additional Criteria

<p>Status</p> <input type="checkbox"/> Form Inactivated <input type="checkbox"/> MCO Action Required <input type="checkbox"/> Pending Notification <input type="checkbox"/> Pending PSU Review <input type="checkbox"/> Processed / Complete <input type="checkbox"/> PSU Action Required <input type="checkbox"/> PSU Invalid/Complete <input type="checkbox"/> PSU Processed/Complete <input type="checkbox"/> SAS Request Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Transferred	<p>Type Authorization</p> <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment	<p>Enrolled From</p> <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Home	<p>LivingArrangement</p> <input type="checkbox"/> Alone <input type="checkbox"/> With Other Waiver <input type="checkbox"/> Assisted Living <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> With Family	<p>Other</p> <input type="checkbox"/> ME-Waiver <input type="checkbox"/> MFPD <input type="checkbox"/> SSI
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Show Locked Forms SAS Response Code

- Click the “Search” button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the bottom of the screen. The listing may be sorted by clicking on the heading of a column for that group.
- To display the details of a form or assessment, click the DLN link in the DLN column.

Power Search by Document Locator Number (DLN)

From Power Search:

- Enter the DLN in the DLN field.
- Click the “Search” button at the bottom left of the screen. The form or assessment will display.

Search Options

You may either

Search for forms to view in any order

or

Create a list of forms to work in sequence

You may also optionally save this search for later use

Search Name:

Power Search by an Individual's First Name/Last Name

From Power Search:

- 1) To list all forms and assessments for an Individual, leave the Type of Form drop-down box blank.
- 2) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- 3) Enter the Individual's last name in the Last Name field and enter the first name in the First Name field.
- 4) When searching by an Individual's name, a contract number is required. Enter the appropriate contract number.

- 5) Click the "Search" button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.

- 6) To display the details of a form or assessment, click the **DLN** link in the DLN column. The listing may be sorted by clicking on the heading of a column for that group.

Total Record(s): 1
 Displayed Record(s): 1 to 1

Locked	DLN	Medicaid	SSN	Name	Vendor Number	Contract Number	Status	Transaction Date	Assessment Reason	MDSAS Response Code	Medicare Number	TMHP Received Date	CARE ID	Service Group	Plan Code
<input type="checkbox"/>	DLN						Processed / Complete	5/6/2014	1. Admission From	GN-9000		5/7/2014			9F

Power Search by Social Security Number

From Power Search:

- 1) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- 2) Enter the Individual's Social Security Number (SSN) in the SSN field.

The screenshot shows the 'Power Search' page with the following details:

- Form Section:** 'From Date' is 1/1/2010 and 'To Date' is 12/31/2014. Both are highlighted with red boxes.
- Client Section:** 'SSN' field is highlighted with a red box.
- Vendor Section:** Includes fields for Contract Number, Vendor Number, Provider User, and Internal User.

- 3) To narrow the search results, you can enter specific information about the Client or Vendor. This is an optional step as information does not have to be entered into all fields.
- 4) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

The 'Additional Criteria' section includes the following options:

Status	Type Authorization	Enrolled From	LivingArrangement	Other
<input type="checkbox"/> Form Inactivated	<input type="checkbox"/> Initial	<input type="checkbox"/> Hospital	<input type="checkbox"/> Alone	<input type="checkbox"/> ME-Waiver
<input type="checkbox"/> MCO Action Required	<input type="checkbox"/> Reassessment	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> With Other Waiver	<input type="checkbox"/> MFPD
<input type="checkbox"/> Pending Notification		<input type="checkbox"/> Home	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> SSI
<input type="checkbox"/> Pending PSU Review			<input type="checkbox"/> Adult Foster Care	
<input type="checkbox"/> Processed / Complete			<input type="checkbox"/> With Family	
<input type="checkbox"/> PSU Action Required				
<input type="checkbox"/> PSU Invalid/Complete				
<input type="checkbox"/> PSU				
<input type="checkbox"/> Processed/Complete				
<input type="checkbox"/> SAS Request Pending				
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Transferred				

At the bottom, there are dropdown menus for 'Show Locked Forms' and 'SAS Response Code'.

- 5) Click the "Search" button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.
- 6) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Power Search by Medicaid Number

From Power Search:

- 1) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- 2) Enter the Individual’s Medicaid Number in the Medicaid Number field.

The screenshot shows the 'Power Search' page with the following sections:

- Form:** Includes a dropdown for 'Type of Form', a 'DLN' field, and date pickers for 'From Date' (2/1/2010) and 'To Date' (5/13/2015).
- Client:** Includes fields for 'Last Name', 'First Name', 'SSN', 'Medicaid Number' (highlighted with a red circle), and 'CARE ID'.
- Vendor:** Includes a 'Contract Number' field.
- Additional Criteria:** Includes a 'Service Group' section with checkboxes for '1 - Nursing Facility' and '2 - CLASS'.

- 3) To narrow the search results, enter specific information about the Client or Vendor. Use this when more refined details are needed. Only items with red dots are required.
- 4) Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

The 'Additional Criteria' section is organized into five columns:

- Status:**
 - Form Inactivated
 - MCO Action Required
 - Pending Notification
 - Pending PSU Review
 - Processed / Complete
 - PSU Action Required
 - PSU Invalid/Complete
- Type Authorization:**
 - Initial
 - Reassessment
- Enrolled From:**
 - Hospital
 - Nursing Facility
 - Home
- LivingArrangement:**
 - Alone
 - With Other Waiver
 - Assisted Living
 - Adult Foster Care
 - With Family
- Other:**
 - ME-Waiver
 - MFPD
 - SSI

- 5) Click the “Search” button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.
- 6) To display the details of a form or assessment, click the **DLN** link in the DLN column.

Power Search by Code Plan

From Power Search:

- 1) Select the type of form from the drop down menu.
- 2) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- 3) Select a Plan Code from the drop down menu in the Vendor section of the search criteria.

The screenshot shows the 'Power Search' interface for the Texas Medicaid & Healthcare Partnership (TMHP). The page has a blue header with navigation links: Home, Submit Form, Form Status Inquiry, Current Activity, Drafts, Power Search (highlighted), My Searches, Letters, Printable Forms, and Help. Below the header is the 'Power Search' title and a 'Search Criteria' section.

Form

Type of Form: H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan (dropdown menu)
 DLN: [text input field]
 ISP Start Date Range: From Date: 1/1/2010 (calendar icon), To Date: 6/1/2015 (calendar icon)

Applicant / Member

Last Name: [text input field]
 First Name: [text input field]
 SSN: [text input field] - [text input field] - [text input field]
 Medicaid Number: [text input field]
 Date of Birth: [text input field] (calendar icon)

Vendor

Contract Number: [text input field]
 MCO Name: [dropdown menu]
 Service Area: [dropdown menu]
 Plan Code: [dropdown menu] (highlighted with a red box)
 Country: [dropdown menu]

Additional Criteria

<p>Status</p> <input type="checkbox"/> Form Inactivated <input type="checkbox"/> MCO Action Required <input type="checkbox"/> Pending Notification <input type="checkbox"/> Pending PSU Review <input type="checkbox"/> Processed / Complete <input type="checkbox"/> PSU Action Required <input type="checkbox"/> PSU Invalid/Complete <input type="checkbox"/> PSU	<p>Type Authorization</p> <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment	<p>Enrolled From</p> <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Home	<p>Living Arrangement</p> <input type="checkbox"/> Alone <input type="checkbox"/> With Family <input type="checkbox"/> With Friend <input type="checkbox"/> With Spouse <input type="checkbox"/> With Other <input type="checkbox"/> With Relative <input type="checkbox"/> With Non-Relative <input type="checkbox"/> With Other <input type="checkbox"/> With Family <input type="checkbox"/> With Friend <input type="checkbox"/> With Spouse <input type="checkbox"/> With Other <input type="checkbox"/> With Relative <input type="checkbox"/> With Non-Relative	<p>Other</p> <input type="checkbox"/> ME-Waiver <input type="checkbox"/> MFPD <input type="checkbox"/> SSI
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- 4) To narrow the search results, enter specific information about the Client or Vendor. Use this when more refined details are needed. Only items with red dots are required.

- Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This will also help to narrow the search results.

Additional Criteria

<p>Status</p> <input type="checkbox"/> Form Inactivated <input type="checkbox"/> MCO Action Required <input type="checkbox"/> Pending Notification <input type="checkbox"/> Pending PSU Review <input type="checkbox"/> Processed / Complete <input type="checkbox"/> PSU Action Required <input type="checkbox"/> PSU Invalid/Complete	<p>Type Authorization</p> <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment	<p>Enrolled From Facility</p> <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Home	<p>LivingArrangement</p> <input type="checkbox"/> Alone <input type="checkbox"/> With Other Waiver <input type="checkbox"/> Assisted Living <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> With Family	<p>Other</p> <input type="checkbox"/> ME-Waiver <input type="checkbox"/> MFPD <input type="checkbox"/> SSI
--	--	--	--	---

- Click the “Search” button at the bottom left of the screen. A list of results grouped by form or assessment type is shown at the very bottom of the screen.
- To display the details of a form or assessment, click the **DLN** link in the DLN column.

Creating a Saved Search of Regularly Used Criteria

Instead of having to recreate searches of criteria used on a regular basis, users can create a Saved Search. A Saved Search can save your frequently used search criteria.

From Power Search:

- Type of Form: Choose from the drop-down box. (However, if you do not want to limit your Saved Search to just one type of form or assessment, do not choose from the drop-down box.

Note: The information on the screen will change based on the type of form or assessment.

- Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.
- As an optional step, you can enter specific information about the Client or Vendor.
- Another optional step is to check boxes and choose from the drop-down boxes next to the items in the Additional Criteria section. This is where you would most likely enter frequently used search criteria to create a meaningful Saved Search.
- In the Search Options section at the bottom of the screen, go to the Search Name field, enter a search name that will have meaning to you as a saved Saved Search for later use.
- Click the “Save Search” button at the bottom right of the screen.

Search Options

You may either

Search for forms to view in any order

or

Create a list of forms to work in sequence

You may also optionally save this search for later use

Search Name:

Search Limitations

There are search limitations to be aware of, these include:

- The From Date and To Date are required fields.
- Search results are limited to 250 displayed at a time (User can choose the next page under the Results section to browse through the next 250 records).
- Data is stored on the LTC Online Portal for seven years.
- An MCO will only be allowed to search for forms and assessments associated with their active members.
- When an NF resident transfers from one MCO to another MCO, the receiving MCO will be allowed to view forms and assessments for their new member up to and including 13 months prior to the start date.
- Search results may include the following forms or assessments: MDS 3.0 Comprehensive and MDS 3.0 quarterly assessments, PL1 Screening Forms, PASRR Evaluations, and forms H1700-1, 3071, 3074, 3618, and 3619.

My Searches

The My Searches feature allows you to access previously saved searches.



- 1) Click the **My Searches** link on the blue navigational bar.
- 2) The My Searches page displays. The searches you have saved are listed under the My Saved Searches heading.



- 3) You will have three choices:
 - a) Click the **Remove** link to delete a saved search.
 - b) Click the **Open** link to open the predefined Power Search screen. The fields on the Power Search screen will contain the information that was saved when the search was created, with the exception of the “To Date.” The “To Date” will automatically update to the current date.
 - c) Click the **Work Results** link to open the first form or assessment to be worked.

Upon opening, the document becomes automatically locked by the viewer and will remain locked for 20 minutes if there is no activity or until the viewer clicks the “UnLock Form” button. The UnLock Form button will unlock the document so that a different user can make changes. If a document is locked, others will not be able to make changes or add additional information. You may be asked to unlock a document if you are seeking assistance from TMHP or the Department of Aging and Disability Services (DADS). To unlock a document, click the “UnLock Form” button located at the top right corner of the screen.

The Work Results function displays forms in sequence, and includes the standard Yellow Form Actions Bar options “Print,” and “Add Note,” which we will cover shortly. Once you have added a note or when you wish to proceed to the next form, you can click “Skip Form” to proceed to the next form or assessment in the search list.

Letters



Letter Search

The Letter Search feature allows you to find letters that have been created for a provider, Individual, or legally authorized representative (LAR). Only users with the necessary security profile have access to the Letter Search feature.

Performing a Letter Search

- 1) Click the **Letters** link on the blue navigational bar to open the Letter Search page.
- 2) Enter the Vendor Number/Contract Number, and From Date and To Date fields using the calendar icon. These are required fields. The date must be entered in the MM/DD/YYYY format. You must also enter one of the following criteria:
 - Medicaid Number
 - Social Security Number
 - Last Name and First Name

Although letters do not have DLNs, you can search by the DLN of an Individual's form or assessment to access letters associated with the form or assessment and the Individual. The date field does not need to be entered for a search by DLN.

**TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR**

Home Submit Form Form Status Inquiry Current Activity Drafts Power Search My Searches **Letters** Printable Forms Help

Letters

Generate Letter

Select Letter ▼

Create Letter

Letter Search

Vendor Number ▼

Referenced DLN

Last Name

First Name

SSN - -

Medicaid Number

Transaction Date

Letter Status ▼

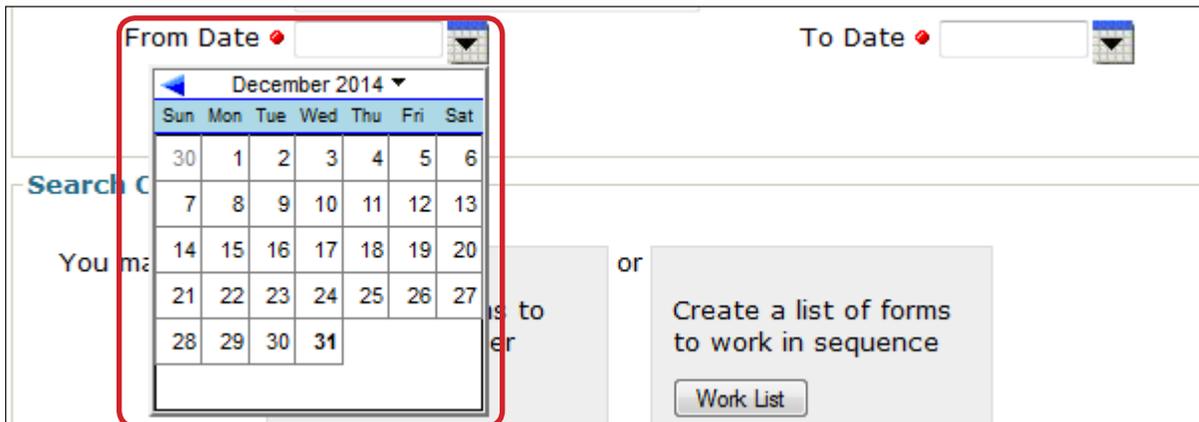
From Date ▼ To Date ▼

CARE ID

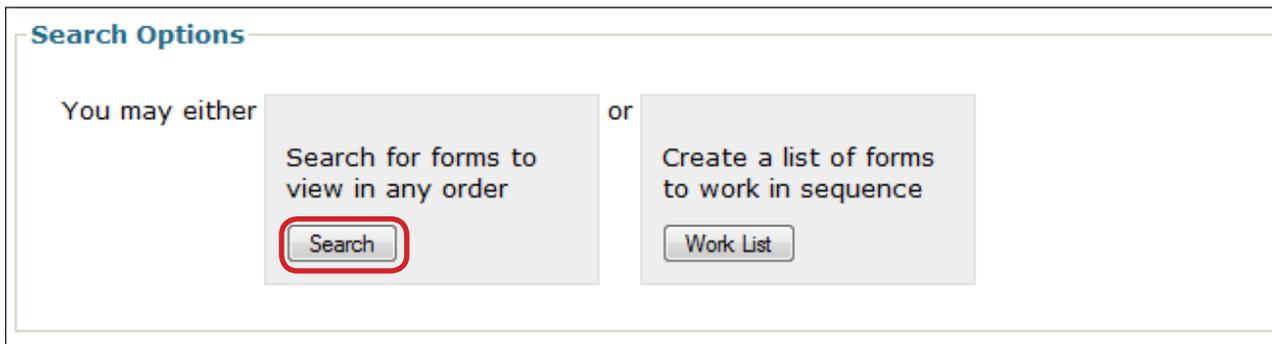
Search Options

You may either or

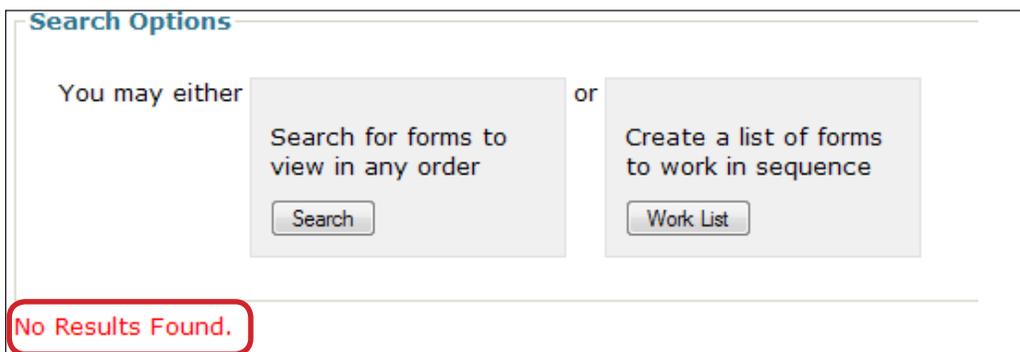
- 3) Enter the From Date and To Date fields using the calendar icon (these are required fields). The date must be entered in the MM/DD/YYYY format.



- 4) Click the "Search" button at the bottom of the screen.



- 5) The results of the search are shown at the bottom of the screen. The results display is limited to 100 records at a time. If there are more than 100 records found, only the first 100 records are displayed. If the record being searched for is not displayed in the first 100 records, enter additional search criteria to further limit the search. If there are no results, the "No Results" message is displayed.



6) To view the details of an individual letter, click the **View Letter** link in the first column of the results.

4 record(s) returned.

	Letter DLN	Referenced DLN	Letter Type	MD/DO Last Name	MD/DO First Name	Recipient Last Name	Recipient First Name	Status	ReceivedDate
View Letter	XXXXXXXXXX	XXXXXXXXXX	CLDEN	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	Completed	9/15/2010 5:00:03 PM
View Letter	XXXXXXXXXX	XXXXXXXXXX	DRDEN	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	Completed	9/15/2010 5:00:03 PM
View Letter	XXXXXXXXXX	XXXXXXXXXX	CLOTD	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	Completed	10/5/2010 12:10:11 AM
View Letter	XXXXXXXXXX	XXXXXXXXXX	DROTD	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	Completed	10/5/2010 12:10:12 AM

H2065-D/DS Notifications

MCO users can use the Letters search to find H2065-D/DS Notifications associated with a particular ISP form. The H2065-D/DS Notification is used by Program Services Unit (PSU) staff to communicate information about STAR+PLUS Program Services. Once located, these notifications can be printed out, or saved in Adobe PDF format.

Initial forms that were processed successfully will set to status *Processed/Complete* or *PSU Processed/Complete* once PSU staff generates the accompanying H2065-D/DS notification.



Date
8/1/2014
 Program Support Unit Specialist Staff
Tina Fey
 Office Address and Telephone No.
12365 Riata Trace Parkway
Austin, TX 78759
512-506-7506

Name and Address
 Jane Doe
123 Elm Street
Austin, TX 78701

Notification of STAR+PLUS Program Services

It has been determined you are eligible to receive STAR+PLUS Waiver Services

Your eligibility date is _____ 9/1/2014

Your services identified on your Individual Service Plan (ISP) are effective _____ 9/1/2014

You must pay _____ for room and board by _____
and then pay _____ per month, beginning _____

You must pay _____ for copayment by _____
and then pay _____ per month, beginning _____

Beginning on _____ your service plan will include the following changes:

Based on a review of your current situation, it has been determined that:

After _____ you will not be eligible for _____

You are not eligible for _____

Your _____ benefits will continue in force without interruption.

This decision is based on:

STAR+PLUS Program Rule: § 353.607

STAR+PLUS Handbook Reference: _____

Reason for Denial _____

Medicaid No. 123456789 PCP: John Smith MCO: Amerigroup STAR+PLUS

Comments:
 Please contact your MCO representative if you have any questions.
 Por favor, pongase en contacto con su MCO representante si tiene alguna pregunta.

David Letterman 9/16/2014
 Signature - HHSC Staff Member Date

See your MCO's member handbook for a statement of your right to an appeal through your MCO. See Page 2 of this document for a statement of your right to a state fair hearing.

Form H2065-D / 06-2014-E

Yellow Form Actions Bar

The yellow Form Actions bar displayed at the top of a form or assessment provides options that allow you to take an action on a form or assessment. Options will vary depending on your security level, the type of form or assessment, as well as the form or assessment status. The yellow Form Actions bar is available when a form or assessment is being viewed in detail.



Print

Use the Print feature to print a hard copy of completed forms and assessments. Click the "Print" button to print the form or assessment. The "Print" button is available in all statuses, as well as prior to form or assessment submission. When you click the "Print" button, the LTC Online Portal displays the form or assessment data in a Portable Document Format (PDF) document.



Note: When printing a form or assessment, the Individual's name will be auto populated on the top right corner of each page. The DLN will be on the top left corner of the page.

Use as Template

Use the Use as Template feature to open a form populated with information from a previous version. You can use this function to resubmit forms with edited information.



Form Inactivate

To be eligible for inactivation, the form must be set to status: *MCO Action Required*, *PSU Action Required*, or *Pending PSU Review*. A form is no longer eligible to be inactivated once it is set to status: *Processed/Complete*.

Click the "Form Inactivate" button on the yellow Form Actions bar.

A note of the inactivation will be added to the form's History trail.

Note: If a form has been set to status: *MCO Action Required* for more than 45 days, it will automatically be inactivated.



Add Note

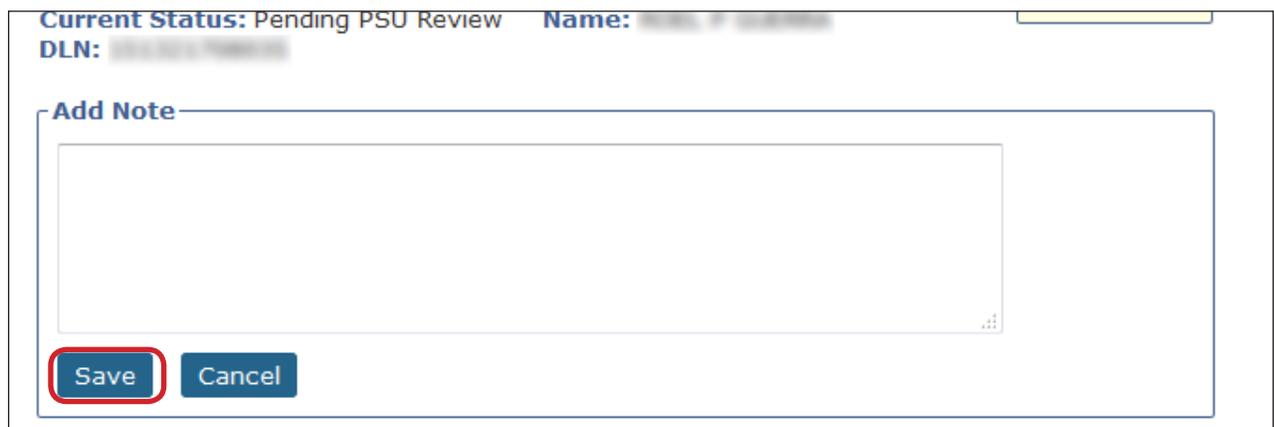
The Add Note feature may be used to add information to the History trail of the form or assessment, not to the form or assessment itself (i.e., not added to the Comments). When you add a note, the LTC Online Portal inserts your Username and the date. The Add Note feature is always available (unless the form or assessment is locked by another user).



Note: Once a note has been saved it cannot be corrected or deleted.

To add a note to a submitted form or assessment:

- 1) Locate the form or assessment using Power Search.
- 2) Click the “Add Note” button. A text box will open.
- 3) Enter information (up to 500 characters).

A screenshot of the 'Add Note' dialog box. At the top, it displays 'Current Status: Pending PSU Review' and 'Name: [redacted]'. Below this, it shows 'DLN: [redacted]'. The main area of the dialog is a large text input field. At the bottom of the dialog, there are two buttons: 'Save' and 'Cancel'. The 'Save' button is highlighted with a red rectangular border.

- 4) You will have two choices:
 - a) Click the “Save” button to save your note.

Or

 - b) Click the “Cancel” button to erase your note.

H1700 / Individual Service Plan (ISP) Form

What is the ISP Form?

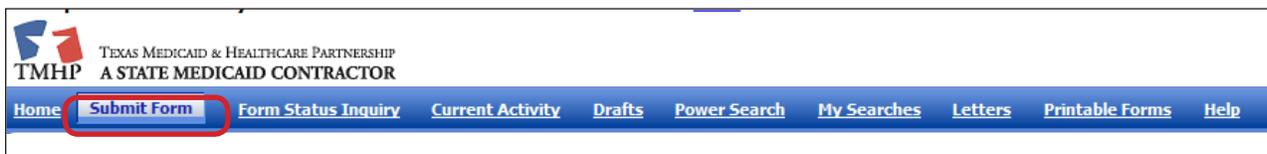
The H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan (ISP) form is used in Medicaid Waiver programs. These forms can be submitted online using the LTC Online Portal. Before an ISP can be submitted for an individual, they must have a Medical Necessity and Level of Care (MN/LOC) assessment on file in status **Processed/Complete** or **CS Processed/Complete**.

Benefits of Submitting ISP Forms on the LTC Online Portal

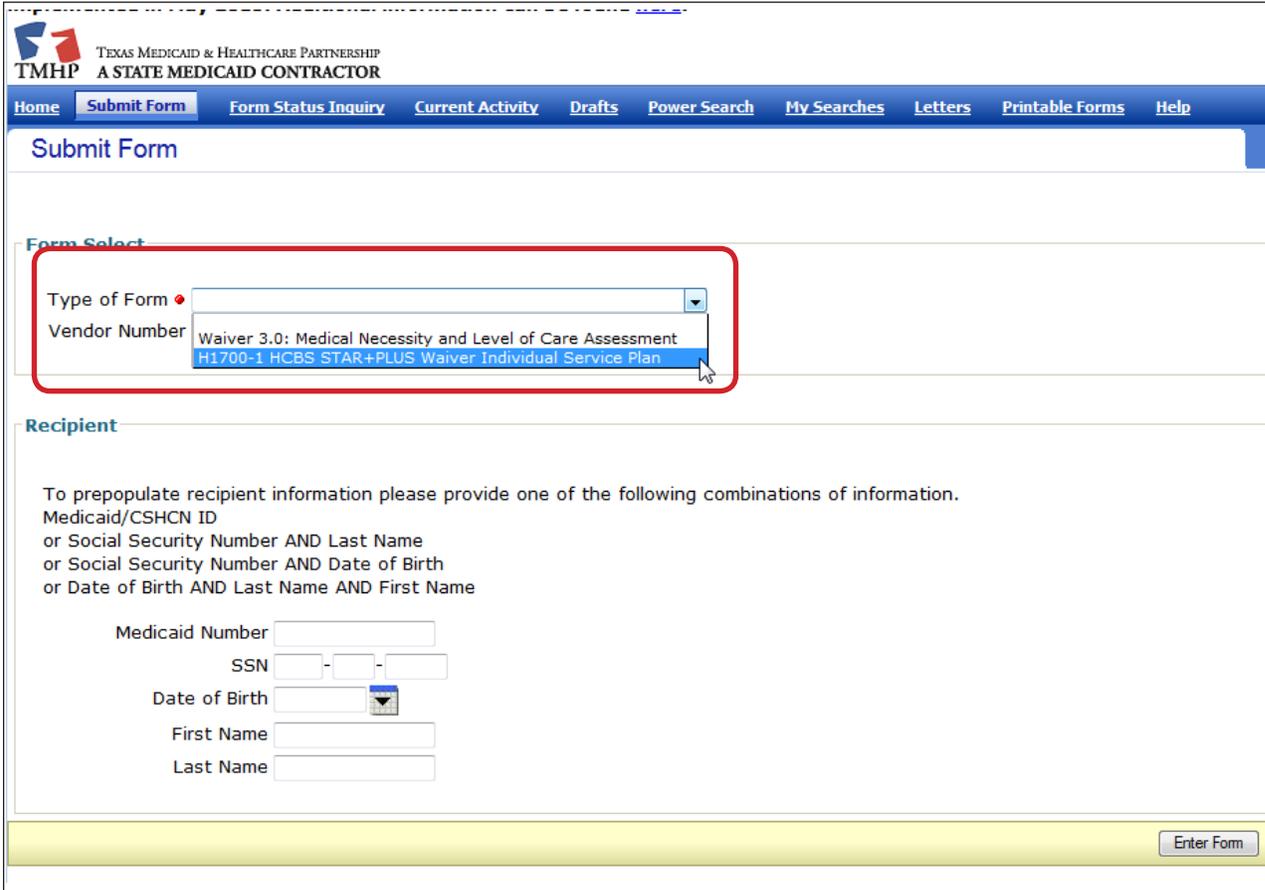
- Many fields auto-populate with information from an individual’s MN/LOC.
- Track forms with Form Status Inquiry.
- 24/7 availability
- Texas Medicaid & Healthcare Partnership (TMHP) provides LTC Online Portal technical support by telephone at **1-800-626-4117**, Option 3, from 7:00 a.m. – 7:00 p.m., Central Time, Monday through Friday – excluding holidays.

Submitting an ISP

- 1) When the blue navigational bar is displayed, click the **Submit Form** link.
- 2) You may need to reenter your security credentials.



- 3) From the “Type of Form” drop-down menu, select “H1700-1 HCBS STAR+PLUS Waiver Individual Service Plan.”



The screenshot displays the TMHP (Texas Medicaid & Healthcare Partnership) "Submit Form" interface. The page header includes the TMHP logo and the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR". A navigation bar contains links for Home, Submit Form, Form Status Inquiry, Current Activity, Drafts, Power Search, My Searches, Letters, Printable Forms, and Help. The main content area is titled "Submit Form" and is divided into sections: "Form Select" and "Recipient".

In the "Form Select" section, a red rectangular box highlights the "Type of Form" dropdown menu. The dropdown is open, showing two options: "Waiver 3.0: Medical Necessity and Level of Care Assessment" and "H1700-1 HCBS STAR+PLUS Waiver Individual Service Plan". The second option is highlighted in blue, and a mouse cursor is pointing at it. Below the dropdown is a "Vendor Number" field.

The "Recipient" section contains instructions: "To prepopulate recipient information please provide one of the following combinations of information. Medicaid/CSHCN ID or Social Security Number AND Last Name or Social Security Number AND Date of Birth or Date of Birth AND Last Name AND First Name". Below these instructions are input fields for Medicaid Number, SSN (Social Security Number), Date of Birth (with a calendar icon), First Name, and Last Name. At the bottom right of the form is an "Enter Form" button.

- 4) Select the appropriate vendor or contract number, if applicable.
- 5) Enter the individual’s Medicaid number in the Medicaid Number field.

6) Click the “Enter Form” button in the bottom right corner of the screen. The form will appear.

The form may take a moment to populate fields from the individual’s MN/LOC. You will not be able to edit the auto-populated fields, which are tinted gray.

Required fields are indicated by a red dot.

The form sections of the ISP are:

- MCO Organization Information;
- Applicant/Member Information;
- Individual Service Plan Event; and
- Individual Service Plan Services.

Completing the H1700 / ISP Form Fields

- 1) Complete the “Service Coordinator” field.
- 2) Select the correct county from the “County” drop-down menu.

The screenshot displays two sections of the form: "Managed Care Organization" and "Applicant/Member".

Managed Care Organization Section:

- Contract No. (text input)
- MCO Name (text input)
- Service Coordinator (text input, marked with a red dot)
- Plan Code (text input)
- County (dropdown menu, marked with a red dot, currently showing "Select")

Applicant/Member Section:

- Group Code (text input)
- ME-Waiver (checkbox)
- Medicaid No. (text input, marked with a red dot)
- First Name (text input)
- Middle Initial (text input)
- Last Name (text input)

The County dropdown menu is open, showing a list of counties: Select, Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes (highlighted in blue), Kennedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, and Victoria. A tooltip "Select the county" is visible near the dropdown.

Note: Most of the Applicant/Member section of the ISP form will be auto-populated using information from the MN/LOC on file for that individual.

- 3) In the Applicant/Member section of the form, verify that the Medicaid number is correct. It is a required field.
- 4) Check the ME-Waiver box, if applicable, for the individual.

Note: The “Type Authorization” indicates whether the current ISP will be submitted as an Initial ISP or a Reassessment. This field automatically determines whether the ISP is an Initial or a Reassessment based on the dates entered below and whether or not the individual has an existing ISP on file. If the ISP has been out of date for 120 days, it resets to an “Initial” assessment. Backdating is possible; this makes it possible to submit the ISP as a Reassessment instead of an Initial Assessment. Backdating must go back far enough to fall within the 120 day reassessment window, and appropriate 1913s will be SAS generated for backdated months. 1912s will be SAS generated for upcoming months.

Example: If the MCO submits an ISP on June 15 2015 (the effective date on the form) and the ISP From Date on the reassessment of the ISP is July 1 2015, then SAS will create one record: a 19/12 (on time) for June 1 2015 through May 31 2016. However, if an MCO submits an ISP on June 15 2015 (the effective date on the form) and the ISP From Date on the reassessment of the ISP is June 1 2015, then SAS will create two records. A 19/13 (late) for June 1 through June 30 2015; and a 19/12 for July 1 2015 through May 31 2016.

- 5) Enter the “ISP From Date.” You can complete the “ISP From Date” field using the interactive calendar. The “ISP From Date” must be the first day of a selected month. For Initial forms the portal will auto-populate the first day of the following month.

The ISP expires one calendar year after the “ISP From Date.” The “ISP To Date” cannot be edited and will auto-populate based on the editable “ISP From Date” field. For a reassessment, the “ISP From Date” must be the day after the previous “ISP To Date,” or the form will not submit properly.

Note: Initial forms for ME-Waiver will automatically trigger review by Health and Human Services Commission (HHSC) staff.

- 6) Choose the appropriate option from the required “Enrolled From” drop-down menu.
- 7) Check the MFPD box if the applicant/member qualifies for a Money Follows Person demonstration.
- 8) Choose the appropriate option from the required “Living Arrangement after Entry into SPW” field.

Individual Service Plan Event

Effective Date: 04/30/2015

Type Authorization: Initial Reassessment

ISP From Date: 05/01/2015

ISP To Date: 4/30/2016

Enrolled From: Select

MFPD:

Living Arrangement after Entry into SPW: Select

Living Arrangement dropdown options: Select, Alone, With Other Waiver, Assisted Living, Adult Foster Care, With Family

Delivery Option	Service Category	Est. Annual Service Units	Cost

Note: The final section on the ISP form is titled “Individual Service Plan Services.” This is a required section. You must enter at least one service to submit the ISP.

- 9) To enter a service:
- Use the drop-down menu to select the appropriate option in the “Delivery Option” column.
 - Based on your selection, a new drop-down menu will populate in the required “Service Category” column. Use it to select the correct Service Category.

Note: Once a Service Category has been selected, it will no longer be available on the Service Category list when adding additional Service rows.

- 10) Complete the required “Estimated Annual Service Units” column.

- 11) Complete the required “Rate” column.
- 12) The “Estimated Annual Cost” column will auto-populate.
- 13) Add new Service Categories as necessary.

Note: To add additional Service Categories, click the “Add Service” button and repeat the steps above. When multiple Service rows exist, a new column will appear on the right hand side of the screen and each Service row will have a “Delete Service” button. Clicking the “Delete Service” button will instantly delete that Service row. If you erroneously delete a Service row, you will need to click the “Add Service” button and re-enter the information.

Individual Service Plan Services					
Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost	
Agency	Occupational Therapy (S9129, U3, U3)	100.00	\$100.00	\$10,000.00	Delete Service
Agency	Physical Therapy (S9131, U3, U3)	100.00	\$100.00	\$10,000.00	Delete Service
CDS	Protective Supervision (S5125, U3, U5, 99, UC)	100.00	\$100.00	\$10,000.00	Delete Service

Add Service

Total Est. Waiver Cost \$30,000.00

Ventilator Use None

RUG CA1

Annual Cost Limit \$80,118.00

Submit Form

- 14) Select an option from the required “Ventilator Use” drop-down menu.

Note: If the “Total Estimated Waiver Cost” exceeds the “Annual Cost Limit,” a new checkbox titled “Over Annual Cost Limit override with GR approval” will appear. If this box is present, it must be selected before the form can be submitted. Please note that this will automatically flag the ISP for review by HHSC staff.

- 15) Click the “Submit Form” button at the bottom right of the screen.

Note: If the ISP is flagged for review by HHSC staff, it can be tracked using the Form Status Inquiry (FSI) or Power Search tools on the blue navigational bar. Additionally, submitted ISPs may be found for 14 calendar days by clicking the **Current Activity** link on the blue navigational bar.

Submitting Individual ISP forms by Multiple Users

Occasionally, multiple users may need to input data on an ISP form prior to submission. This can be accomplished by using the “Save as Draft” function at the top of the form.

- 1) Fill out as many fields on the ISP form as possible using the steps described above.
- 2) Instead of clicking “Submit Form,” scroll back to the top of the form and Click the “Save as Draft” button.

The screenshot shows a web browser window displaying the "HCBS STAR+PLUS Waiver Individual Service Plan" form. At the top right, it says "Logged in as: Log Off". Below the title, the "Current Status" is "Unsubmitted". A yellow highlighted box labeled "Form Actions" contains two buttons: "Print" and "Save as Draft". Below this are two sections: "Managed Care Organization" and "Applicant/Member".

Managed Care Organization

- Contract No. [text input]
- MCO Name [text input]
- Service Coordinator [text input]
- Plan Code [text input]
- County [dropdown menu showing "Karnes"]

Applicant/Member

- Group Code [text input: 19]
- ME-Waiver [checkbox]
- Medicaid No. [text input]
- First Name [text input]
- Middle Initial [text input]

- 3) The ISP will now be available on the **Drafts** page.
- 4) Other users linked to that contract may now access the ISP form by clicking the “Drafts” link on the blue navigational bar.
- 5) Once the form is completed, it can be submitted by following the steps described above.

Note: The LTC Online Portal only supports single ISP form submissions. For users attempting to submit ISP forms in batches, use the existing batch transaction process using one of the following naming conventions: ISP*.txt; ISP*.dat; or ISP*.zip.

How to Inactivate a Form

If HHSC Program Services Unit (PSU) staff set the form status to ***MCO Action Required***, an MCO User should inactivate the form.

- 1) Log in to the LTC Online Portal.
- 2) Locate the form you wish to inactivate using the **Form Status Inquiry**, **Current Activity**, or **Power Search** links in the blue navigational bar.
 - a) If using FSI or Power Search, you may search for Form H1700-1 using SSN, Medicaid number, or DLN. Click the “Search” button, then click the **DLN** link.
 - b) If using Current Activity, click the **DLN** link.
- 3) To be eligible for inactivation, the form must be set to status: ***MCO Action Required***, ***PSU Action Required***, or ***Pending PSU Review***.
- 4) Click the “Form Inactivate” button on the yellow Form Actions bar.
- 5) A note will be added to the form History trail.

HCBS STAR+PLUS Waiver Individual Service Plan


 Unlock Form

Current Status: Pending PSU Review **Name:** [REDACTED] **DLN:** [REDACTED]

Form Actions

Add Note
Use as Template
Print
Form Inactivate

Managed Care Organization

Contract No.	<input type="text" value="[REDACTED]"/>
MCO Name	<input type="text" value="[REDACTED]"/>
Service Coordinator	<input type="text" value="[REDACTED]"/>
Plan Code	<input type="text" value="86"/>
County	<input type="text" value="Collin"/> ▼

Applicant/Member

Note: A form is no longer eligible to be inactivated once it is set to status: ***Processed/Complete*** or ***PSU Processed/Complete***. Forms will be automatically inactivated after 45 days in status: ***MCO Action Required***.

How to Resubmit a Form

- 1) Inactivate the form using the steps above.
- 2) Click the “Use as Template” button on the yellow Form Actions bar.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Form Inactivated **Name:** MICHELLE P. GARDNER **DLN:** 000000000000000000

Form Actions

Add Note Use as Template Print

Managed Care Organization

Contract No. [Input Field]

MCO Name [Input Field]

Service Coordinator [Input Field]

- 3) Edit the form as necessary using the process described in this User Guide.
- 4) Click the “Submit” button at the bottom right of the screen to submit the form.

How to Terminate a Form

MCO users may not Terminate their own forms.

Forms set to status *Processed/Complete* or *PSU Processed/Complete* can be Terminated by Program Services Unit (PSU) staff at HHSC.

Resource Information

Helpful Contact Information

Texas Medicaid & Healthcare Partnership (TMHP)

General Customer Service	1-800-925-9126
Long Term Care (LTC) Department.....	1-800-727-5436 / 1-800-626-4117
General Inquiries, MDS not in the LTC Online Portal, LTCMI questions, Claim Forms, Claim Submission, R&S Report, PL1 Screening Form	Option 1
Medical Necessity	Option 2
Technical Support.....	Option 3
Fair Hearing	Option 5
LTC Other Insurance Information and Updates	Option 6
LTC Department (fax)	(512) 514-4223
Medicaid Hotline	1-800-252-8263

Department of Aging and Disability Services (DADS)	(512) 438-3011
Consumer Rights & Services Hotline.....	1-800-458-9858
Complaint for LTC Facility/Agency.....	Option 2
Information About a Facility.....	Option 4
Provider Self-Reported Incidents.....	Option 5
Survey Documents/DADS literature.....	Option 6
Community Services Contracts Unit Support	(512) 438-2080
Community Services Contracts Voice Mail (Contract Applications, Reenrollments and Reporting Changes, such as address and telephone number)	(512) 438-3550
Criminal History Checks	(512) 438-2363
Facility Licensure/Certification (Reporting Changes, such as Service Area and Medical Director)	(512) 438-2630
Home and Community Support Services Unit (Hospice Regulatory Requirements)	(512) 438-3161
Hospice Policy (Medicaid, Program Support, and Special Services Unit)	hospice@dads.state.tx.us
Institutional Services Contracting.....	(512) 438-2546
Medication Aide Program	(512) 231-5800
Nurse Aide Registry.....	1-800-452-3934
Nurse Aide Training	(512) 231-5800
NF Administrator Program	(512) 231-5800
NF Policy	(512) 438-3161

- Nursing Facility MDS Coordinator Support Site: <http://qmweb.dads.state.tx.us/mdsweb/#ovr>
- PASRR: www.dads.state.tx.us/providers/pasrr/index.cfm
- Provider Letters: www.dads.state.tx.us/providers/communications/letters.cfm such as: 2011-128, 2011-38, 2010-89, and 0927
- Resources for DADS Service Providers: www.dads.state.tx.us/providers/index.cfm

Department of State Health Services (DSHS): www.dshs.state.tx.us/

- DSHS Local Mental Health Authority Search: www.dshs.state.tx.us/mhservices-search
- DSHS PASRR Information: www.dshs.state.tx.us/mhsa/pasrr/

Health and Human Services Commission (HHSC): www.hhsc.state.tx.us/index.shtml

- HHSC Regions: www.hhsc.state.tx.us/research/dssi/brt/IM0.pdf
- Vendor Drug Program: www.hhsc.state.tx.us/hcf/vdp/vdpstart.html

Other

- Centers for Medicare & Medicaid Services: www.cms.gov
- Department of State Health Services: www.dshs.state.tx.us
- National Provider Identifier (NPI):
 - To obtain: <https://nppes.cms.hhs.gov/NPPES>
 - Inform DADS: www.dads.state.tx.us/providers/hipaa/forms.html
- Texas Administrative Code: www.sos.state.tx.us/tac/index.shtml
- Texas State RUG Training: www.txstate.edu/continuinged/professional-development/PD-Online/RUG-Training.html
- Federal MDS 3.0 site: www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp



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The *LTC Online Portal Guide for MCOs* is produced by TMHP Training Services. Contents are current as of the time of publishing and subject to change. Providers should always refer to the TMHP and DADS websites for current and authoritative information.