

IDD Operations Portal

IDD Operations Portal User Guide

Texas Health and Human Services Commission 2019

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1. General Information

A. Purpose

The Intellectual and Developmental Disabilities (IDD) Operations Portal is an onlinebased application used by long-term care IDD providers and Local Intellectual Developmental Authorities (LIDDAs) to submit and receive documents to and from Texas Health and Human Services IDD Program Eligibility and Support (PES) and IDD Waivers Utilization Review (UR) sections.

The portal is only meant to replace document submissions by fax and mail. It does not replace the responsibility of providers or LIDDA's to ensure accurate completion of documents, maintain signed paper copies of forms in individual records, and comply with HIPAA regulations when making submissions to the Health and Human Services Commission (HHSC). During initial account setup, the provider or LIDDA assigns a security authority who is responsible for managing their staff's access to the portal. Providers and LIDDAs are responsible for ensuring procedures are in place to properly manage staff's access to individual's records inside and outside of the portal, just as they did prior to portal implementation.

HHS contractors providing services to individuals in the following programs should register for and use the IDD Operations Portal:

- Community Living Assistance and Support Services (CLASS)
 - CLASS Case Management Agencies
 - CLASS Direct Services Agencies
- Deaf-Blind with Multiple Disabilities (DBMD) Providers
- Home and Community-based Services (HCS) Providers
- Texas Home Living Providers (TxHML)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) Providers

LIDDAs use the portal to make submissions for the following programs:

- HCS
- TxHmL
- ICF-IID

• Community First Choice (CFC) non-waiver

Providers and LIDDAs are responsible for ensuring procedures are in place to properly manage staff access to individual's records inside and outside of the portal, just as they did prior to portal implementation. Security authorities are responsible for managing their staff access to the portal.

B. Portal Overview

The IDD Operations Portal is an online submission system that replaces paper submissions sent to and from HHS IDD PES and IDD UR. The goal of the IDD Operations Portal is to eliminate the fax and mail methods of document transmittal.

The IDD Operations Portal:

- Provides submitters the ability to check on the status of packet submissions online at any time decreasing the need to place follow-up phone calls and faxes.
- Allows direct communication between the submitters and the IDD PES and IDD UR employees.
- Gives the submitter the ability to reference submission standards by clicking on the program manual link.
- Accepts forms requiring signatures to be scanned and submitted electronically by submitters.

An email notification is sent from the portal alerting the submitter the packet needs attention:

- When the packet submission needs a correction; or
- If additional documentation is needed; and
- When the packet submission reaches a completed status.

All submissions and a history of all steps taken to finalize the submission are stored in the portal for 10 years.

Submissions types in the IDD Operations Portal for CLASS and DBMD include:

• Pre-enrollment assessments (Case Management Agency (CMA), Direct Service Agency (DSA), and DBMD Providers)

- Intellectual Disability/Related Condition Assessments (DSAs, DBMD Providers)
- IPCs (CMAs and DBMD Providers)
- Transfer requests
- Suspension/Continuation of Suspension requests
- Termination requests
- Face-To-Face review documents
- Fair Hearing requests

Submissions types in the IDD Operations Portal for HCS, TxHmL, ICF-IID, and CFC non-waiver include:

- ID/RCs (HCS, TxHmL, ICF-IID, and CFC non-waiver)
- Individual Plans of Care (HCS and TxHmL)
- Transfer requests (HCS and TxHmL)
- Suspension/Continuation of Suspension requests
- Termination requests
- Face-To-Face review documents

The requirement to maintain a paper copy of the documentation in an individual's comprehensive record has not changed.

CLASS CMAs and DSAs and DBMD providers must continue to view IPC service authorization information using the Medicaid Eligibility Services Authorization Verification. If a service authorization in MESAV does not match the approved IPC, the CMA, DSA or DBMD provider may request a correction by printing the approved IPC from the portal and a screen print of the MESAV service authorization and faxing it to Provider Claims Services at 512-438-4380.

The IDD Operations Portal does not replace the Client Assignment and Registration or the Texas Medicaid & Healthcare Partnership data entry requirements for LIDDAs or HCS, TxHmL, and ICF-IID providers.

C. Navigating the Portal

The following definitions and diagrams are provided to assist users in understanding the design of the IDD Operations Portal and how to interact with prompts in the system.

1. Arrows

Expand or collapse information.



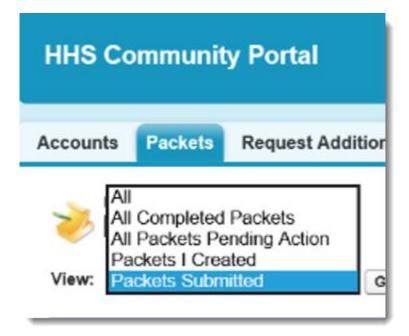
2. Search

Allows you to look up an Individual or contact type.

✓ Individual Information	
Individual Name	<u>S</u>

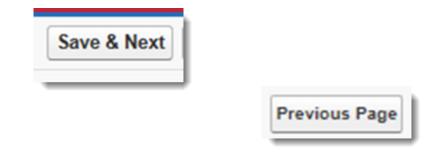
3. Drop-Down Menus

Allows a display of available options.



4. Previous Page

Allows the user to return to the previous page. For example, if the incorrect information was selected in the Packet Details page, the user can go back and make the correct selection. If changes are made to the previous page, the user must select Save & Next.



5. Red Bar

Indicates the field is required.



Note: Some fields are required although a red bar is not displayed.

6. Greyed Out Field

Indicates the field is pre-populated and cannot be edited here.



7. Sorting a List

The list display can be sorted by a specific column by clicking on the column name. Select the preferred list from the drop-down menu.

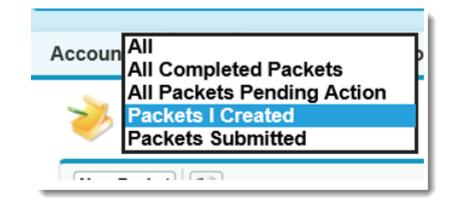
The page will populate with columns indicating an action to take regarding navigation of the list. Click on the column name to sort by a particular column, i.e. click Program Type to sort the list by Program Type. Click on the column a second time to sort it in reverse order.

New P	acket			ABCDEFG	in the state in the state	on an off	
Action	Packet Number +	Date & Time of Sub	Program Type	Submission Type	Provider Contact	Individual	Status
Edit	P-000020	9/8/2017 10:20 AM	HCS	Enrollment ID/RC	Big Ang		Complete
Edit	P-000026	9/8/2017 10:25 AM	TxHmL	Enrollment ID/RC	Big Ang		Complete
Edit	P-000027	9/8/2017 10:32 AM	ICF-IID	Enrollment ID/RC	Big Ang		Denied

8. Drop Down List Views (default)

When accessing the portal, the list view defaults to the last selection made on each tab. For example, the last time you were in the portal, you had the **Packets I Created** list view up the next time you log in and go to the Packets tab, the view defaults to **Packets I Created**.

The three navigation tabs in the upper left corner of the screen are **Accounts**, **Packets**, and **Request Additional Provider Access**. The **Packets** tab displays all packets in any status. By clicking on the drop-down arrow, a drop-down list appears from which you can select a packet list view.



9. Accounts

The **Accounts** tab gives information about the provider's account(s), active packets, and contact information for the provider's authorized IDD Operations Portal users.

- 1. Provider Portal Accounts
 - **a.** This view stores any accounts the user has access to. This will show you all the provider account details for the account selected.

HHS Community I	Portal		
ccounts Packets R	equest Additional Provider Access		
Provider Portal A	ccounts V		
Q			
Account Name +		Tax Payer ID Number (EIN or SSN)	
Account Name 1		i an i after to transport (ent or o orig	Component Code
House Stark		555555555	55Y

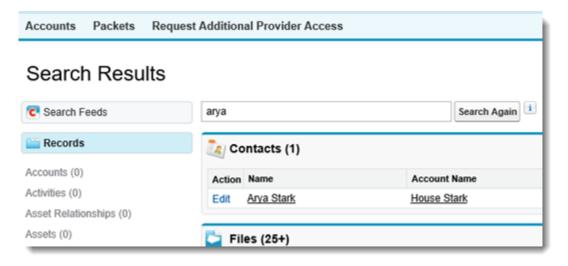
- 2. Recently Viewed Accounts
 - **a.** This view lists the provider account most recently opened by the user in the portal.

HHS Co	mmunit	y Portal	
Accounts	Packets	Request Additional Provider Access	
Rec	cently View	ed Accounts V	
0			
Account Na	ime †		Billing/Physical State/Province
House Stark	<u>k</u>		

10. Search function

The Search field located on all pages allows you to search for a contact name or packet number. A search term will bring up all matching information in the entity's contacts list with that name.

A specific packet may be pulled up using that packet's number.



Example: enter P-20074 or 20074. Both will bring up the correct packet number.

PI	Search	Mary Vee.
My Recent Items		
😹 <mark>P.</mark> 17497		
😹 P.17543		
😹 P.17559		
😹 P.19101		
E 😹 P.20068	QRST	U V W X Y Z Other All
P-20069		
P.20069	eated Date	Owner Last Name
 P.20069 P.20070 P.20073 	eated Date /2016	Owner Last Name
₩ P-20070		Owner Last Name
 P.20070 P.20073 	/2016	Owner Last Name
 P.20070 P.20073 P.20074 P.20075 	/2016 /2016	Owner Last Name
 P.20070 P.20073 P.20074 	/2016 /2016 /2016	Owner Last Name

Note: Use the Search All function to return results relevant to all available categories.

11. Search for an Employee (Provider Contacts)

Under each provider account profile, there is a section titled **Provider Contact Access**. It lists all the employees within the business that have registered for portal access. In cases where this list is longer than five names, click on the **Go to list (+) to** view additional contact details.

Action	Provider Access ID	Contact Name	Contact Email Address
Edit	PID-0154	Charles Parles	charlesparles@maildrop.cc
Edit	PID-0155	Hodor Stark	hodor@maildrop.cc

12. Search for an Individual (Contacts)

Under each provider account profile, there is a section titled **Contacts**. It lists all the individuals receiving services from the provider facility. In cases where this list is longer than five names, click on the **Go to list (+)** to view additional contact details.

Co	ntacts			
Action	Contact	Name		
Edit	Arya Sta	<u>rk</u>		
Edit	Jon Sno	lon Snow		
Edit	Sansa S	Sansa Stark		
Edit	Ned Sta	Ned Stark		
Edit	Bran Sta	<u>ırk</u>		
Show 2	more »	<u>Go to list (7) »</u>		

13. Adding an Individual contact

The only contacts that can be added without going through the Single User Setup are the individual contact records (see <u>section 2.G</u> for instructions on single user registration).

Employees cannot submit a packet for an individual who does not have a Medicaid number until they are added to the provider contact list.

- Go to provider details page and scroll down to the **Contacts Section.**
- Click on **New Contact**.
- Complete the **Contact Information** in the contact edit section and click **Save**.
- If more than one individual contact needs to be added, click **Save & New** to open a new contact section.

Note: Contacts with dates of birth prior to 2000 must be manually entered in MM/DD/YYYY format.

14. Editing an individual contact

- Go to provider's account page and scroll down to the **Contacts** section.
- Click on the **Edit** button for the contact name you need to edit.
- Complete all necessary updates then select the Save button. The Account screen is displayed again.

🗽 Co	ontacts	Sansa Stark	
Action	Contact Name	Contacts not associated with accounts are private and cannot be viewed by other users or included in report	rts.
Edit	Arya Stark	Contact Edit Save	Save & New
		Contact Information	
Edit	Jon Snow	SalutationNone V	
Edit	Sansa Stark	First Name Sansa ×	
Lan		Middle Name	
Edit	Ned Stark	Last Name Stark	
		Suffix	

Note: Any portal user may edit an *individual* contact record. Only a security authority may edit *staff* contact records. See <u>section 2.E</u> for instructions.

2. GETTING STARTED

A. Confidentiality and HIPAA Requirements

The provider/LIDDA is responsible for ensuring all users who have been granted access acknowledge and comply with the HIPAA requirements. In addition to HIPAA, all activities associated with the usage of the IDD Operations Portal must comply with all state and federal laws and standards applicable to the type of Confidential Information accessed, created, disclosed, maintained, received, transmitted or used. Please refer to your Base Contract and Data Use Agreement for a specific list of those laws and standards.

If Confidential Information has been used or disclosed in an unauthorized manner or by an unauthorized person, it needs to be reported to the HHS Privacy Office using the form and process defined on the HHS <u>website</u>. The HHS Privacy Office can be contacted by phone at 877-378-9869 or by email at <u>privacy@hhsc.state.tx.us</u>.

The provider/LIDDA is responsible for any actions taken by their respective security authority. At the initial login of the day, the user will receive the pop-up message below and must agree by clicking OK.



B. Accessing the Portal

a. Requesting First Access

In order for an organization to use the portal, a user must complete Initial Set Up and register as a Security Authority. After Initial Account Setup is complete, more users may register as Staff or Security Authority. Follow the steps outlined in the following sections to request either Initial or Single User access.

TEX Health a Services	nd Human
Username	
Password	
Sign in	
Forgot your password?	Request Access

b. Regaining Lost Access

After Initial or Single User Setup is complete and access is granted, a user can reset a forgotten password through the login page. Click *Forgot your password?* and enter your username.

TEXAS Health and Human Services
Forgot Your Password
To reset your password, enter your username. Username
hodor@maildrop.cc.txhhs
Cancel Continue

Your username is your email address followed by **.txhhs**. Click **Continue** to request the reset and an email will be sent within an hour. Reset links are only valid for one use, and **must be used within 24 hours** or they will expire.

C. Initial Account Setup – Overview

LIDDAs and providers must have access to a computer with internet connection and the ability to scan and upload documents to set up registration and use the portal.

To begin the initial set up process for the IDD Operations Portal:

- A LIDDA or program provider must go to the following link <u>http://txhhs.force.com/</u> and request portal access.
- An Employer Identification Number (EIN) and an HHSC contract number must be entered for validation. If multiple contract numbers are on file with HHSC, only one is necessary for the business validation.
 - If a facility has more than one EIN, a user can request access to those additional EINs during or after setup.

- A security authority must be assigned when a business initially registers. The security authority is responsible for managing access to the portal for the business by controlling access for others, including additional security authority access.
 - When the initial set-up process is complete, the security authority will receive an email with their username and a link to the portal to set up a unique password.
- After the LIDDA or program provider has completed initial set up and been granted access by HHSC, staff may begin requesting single-user access to the portal.

To set-up a single-user access request, LIDDA or provider staff must use the business EIN. Once submitted, the request is sent to the assigned security authorities who grants or denies access on behalf of the LIDDA or provider. After the security authority grants access, each user receives an email with their username and link to the portal. The user must click on the link **within 24 hours** and set up their unique password. The security authority can grant security authority access to any user who has registered to the portal.

D. Initial Account Setup – Detailed Instructions

The Initial Account Setup process is for organizations that are registering with the portal for the first time. Single User Setup should be used for staff registrations (see <u>section 2.G</u> for instructions).

1. Begin the Initial Setup process by clicking on the link provided in the information letter: <u>http://txhhs.force.com/</u>

2. Click **Request Access** and select **IDD Operations Portal Initial Account Setup** from the drop-down menu. Other options do not pertain to the IDD Operations Portal.

Select Type of Registration	
Select	*
Select HHS Disaster Expense Tracking IDD Operations Portal Single User Setup	
IDD Operations Portal Initial Account Setup Relocation Services	

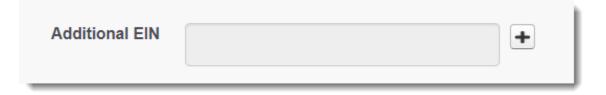
3. Complete all blank fields. The red bar indicates a required field.

ovisioning Form - IDD Operations Portal Initial	Account Setup	
First Name	l .	
Midde Initial		
Last Name		
Email Address	T	
Re-Type Email Address	i i	
Phone		
Role	Owner	
	Security Authority	
Taxpayer Identification Number (EIN or 13N)		
Contract Number		
	*Additional leading zeros will be added automatically for Contract Numbers less than 9 digits.	

4. Re-type your email address into the validation field to verify that your spelling is correct.

Email Address	hodor@maildrop.cc
Re-Type Email Address	hodor@maildrop.cc

- 5. You must select at least one role: if you are registering the organization with the portal for the first time (Initial Account Setup) you must choose Security Authority. If you are the owner of the facility, select Owner and Security Authority.
- 6. An Employer Identification Number (EIN) and an HHSC contract number must be entered for validation. If multiple contract numbers are on file with HHS, only one is necessary for the business validation.
 - Nine digits are required for HHSC contract numbers. If less than nine digits are entered, two or more leadings zeroes will be automatically added by the form.
- If your facility services multiple EINs, these can be added during or after registration. To request access to additional EINs during registration, click the + sign beside Additional EIN.



An overlay screen will appear. Choose your role within this EIN, enter the EIN, and enter the contract number. If there are multiple contract number associated with this additional EIN, only one is required.

If you have another EIN to add, choose **Save and New**. Otherwise, click **Save** to return to the setup form.

Role	Owner Security Authority Staff
Taxpayer Identification Number (EIN or SSN) Contract Number	
	Save Save And New Cano

- 8. Enter the security code pictured at the bottom of the form and click **Submit**.
- 9. A confirmation email will arrive within an hour of submitting the form. You must follow the link within 24 hours of receipt to complete registration and set up a password.

From	Subject
noreply-hhs-salesforce=hhsc.state.b	cus_3o6bjr9h9ccdnrqx@ff9d4sp Sandbox: Welcome to the IDD Operations Portal
Hi Hodor,	
	ns Portal! To get started, go to https://preprod-txhhs.cs32.force cgChloSCmhOKTtQITqtlDqjxjMnPKExCpQTZKklTRhEOdFVzovPrs8e6xk8ncdShvqj
Thanks, Texas Health and Human Serv	ices

10. Once registration is complete, your username will be your email address followed by **.txhhs**. Use this username to login and request password resets.

AS Id Human
Request Access

E. Security Authority Responsibilities

Security Authorities are responsible for maintaining LIDDA or provider staff access to the portal. Once a staff person with access to the portal is no longer employed with the entity, security authorities are responsible for deactivating access immediately.

The security authority is responsible for verifying the type of role selected during registration when granting access to the IDD Operations Portal. For example, if the staff member selects a security authority role and should not have that role, the security authority is responsible for changing the role.

Security Authority Role:

- Grant, deny, and deactivate access
- Change roles
- Create packets
- Edit individual and staff contact information
- View all packets that have been created, submitted, or completed, or are pending further action
- Edit packets in draft status

Note: In the event of a staff change, Security Authorities must deactivate the staff user from each EIN to which that staff had access. The staff user will then lose access to the portal.

F. Assigning Security Authorities

After the initial set-up is complete, the **Security Authority** delegates security authority access and can change a user's role, if needed. Available roles are Owner, Security Authority, and Staff.

Owner and Staff roles have the ability to create packets and view all packets created, submitted, pending, and completed. Owner and Staff roles can edit packets only in draft or pending status. Changes cannot be made to packets when they are in submitted or completed status.

Security Authority role has the same access as the Owner and Staff roles, with the added ability to grant, deny and deactivate access, or change the role of a user.

G. Single User Setup – Detailed Instructions

Staff can request access only after the LIDDA or provider completes the initial setup and **Security Authorities** have been assigned.

1. Begin the Single User Setup process by clicking on the link provided in the information letter: <u>http://txhhs.force.com/</u>

2. Click **Request Access** and select **IDD Operations Portal Single User Setup** from the drop-down menu. Other options available do not pertain to the IDD Operations Portal.

TEXAS Health and Hu Services	man
	Select Type of Registration
	Select
	Select HHS Disaster Expense Tracking IDD Operations Portal Single User Setup IDD Operations Portal Initial Account Setup Relocation Services

3. Complete all blank fields. The red bar indicates a required field.

Provisioning Form - IDO Operations Portal Initial	Account Setup	
First Name	1	
Middle Initial	•	
LastName		
Email Address		
Re-Type Email Address		
Phone		
Role	Owner	
	Security Authority	
Taxpayer Identification Number (EIN or 35N)		
Contract Number		
	* Additional leading zeros will be added automatically for Contract Numbers less than 9 digits.	

4. Re-type your email address into the validation field to verify that your spelling is correct.

	hodor@maildrop.cc
Re-Type Email Address	hodor@maildrop.cc

- 5. You must select at least one role: if you are registering the organization with the portal for the first time (Initial Account Setup) you must choose Security Authority. If you are the owner of the facility, select Owner and Security Authority.
- 6. An Employer Identification Number (EIN) and an HHSC contract number must be entered for validation. If multiple contract numbers are on file with HHS, only one is necessary for the business validation.
 - Nine digits are required for HHSC contract numbers. If less than nine digits are entered, two or more leadings zeroes will be automatically added by the form.
- If your facility services multiple EINs, these can be added during or after registration. To request access to additional EINs during registration, click the + sign beside Additional EIN.

Additional EIN	•

An overlay screen will appear. Choose your role within this EIN, enter the EIN, and enter the contract number. If there are multiple contract number associated with this additional EIN, only one is required.

If you have another EIN to add, choose **Save and New**. Otherwise, click **Save** to return to the setup form.

Role	Owner Security Authority Staff
Taxpayer Identification Number (EIN or SSN) Contract Number	
	Save Save And New Cance

- 8. Enter the security code pictured at the bottom of the form and click **Submit**.
- 9. A confirmation email will arrive within an hour of submitting the form. You must follow the link within 24 hours of receipt to complete registration and set up a password.

From	Subject
noreply-hhs-salesforce-hhsc.state.tx.us_	3o6bjr9h9ccdnrqx@ff9d4sp Sandbox: Welcome to the IDD Operations Portal
Hi Hodor,	
	ortal! To get started, go to https://preprod-txhhs.cs32.force LoSCmhOKTtQITQtlDqjxjMnPKExCpQTZKklTRhEOdFVzovPrs8e6xk8ncdShvq4
Thanks, Texas Health and Human Services	

10. Once registration is complete, your username will be your email address followed by **.txhhs**. Use this username to log in and request password resets.

AS Id Human
Request Access

After the **Single User Setup** form has been submitted, the security authorities for the requesting entity will receive the portal email request and will determine whether to grant or deny access. You will receive an email from the security authority through the portal notifying you whether access was granted or denied.

During the single user set up, you must choose a role. The <u>Assigning Security</u> <u>Authorities</u> section of this guide describes the roles for Owner, Staff and Security Authority. Choose the correct role to avoid any delays in getting access.

Role	Owner
	Security Authority
	Staff

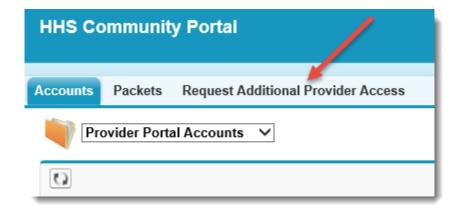
If access is granted, you will receive an email containing the link to the IDD Operations Portal to set up a password.



H. Requesting Additional Provider Access after Registration

If your organization serves multiple EINs, you can request access to those EINs during or after registration. This will allow you to view the contacts and packets corresponding to those EINs.

To request access to an additional EIN after registration, click the **Request Additional Provider Access** tab.



A new screen will open.

Provider Setup a	Ind Access Request
Role	Cowner Security Authority
Taxpayer Identification Number (EIN or SSN)	
Contract Number	* Additional leading zeros will be added automatically for Contract Numbers less than 9 digits.
	Save Save & New Cancel

Choose your role, then enter the EIN and any contract number associated with that EIN. Select **Save and New** if you have another to request, otherwise click **Save** to return to Accounts tab.

I. Creating a Packet

Users follow the same steps to create any packet; however, depending on the program type, submission type, and submitter type, some steps will differ before sending the packet to the provider or LIDDA.

The following sections contain instructions for creating each of these packets for the following programs CLASS, DBMD, HCS, TxHmL, ICF-IID, and CFC non-waiver.

3. CLASS and DBMD Submissions

A. Electronic Forms – CLASS & DBMD

The IDD Operations Portal includes some electronic forms for the CLASS and DBMD programs. The following forms are required:

CLASS Electronic Forms required:

- Form 3621, Individual Plan of Care
- Form 3621 T, IPC Service Delivery Transfer Worksheet
- Form 3625, Documentation of Services Delivered
- Form 8578, Intellectual Disability/Related Condition Assessment

DBMD Electronic Forms required:

- Form 6500, Individual Plan of Care
- Form 6500 T, Individual Plan of Care
- Form 6503, Summary of Services Delivered
- Form 8578, Intellectual Disability/Related Condition Assessment

Some information is preloaded into the electronic forms, including the **Applicant/Individual Name**, **Social Security Number** (SSN), and **Medicaid Number**. The submitter completes all the fields to match the uploaded form. Fields marked with a red bar are required.

Service Planning Team (SPT) Signatures:				
Individual/Legally Authorized Representative	Date	Case Manager	Date	
Provider Representative	Date	DBMD Program Contact	Date	
Other	Date	Other	Date	
Sav	e Save & Close Close			

Note: You must enter the name of the person who signed the form and the date they signed it to confirm you have verified the signature on the form.

B. Creating a Packet – CLASS

See the <u>Creating a Packet</u> section for a list of all program types.

Log into the IDD Operations Portal and click on the **Packets** tab to create a new packet. Select the **New Packet** button.

HHS Community Portal				
	_			
Accounts	Packets	Request Additio	nal Provider	Access
View: All	ome	♥.	Go!	
Recent	Packets		Create Nev	v Packet
Packet Nu	mber Date 8	Time of Submission	Program Type	Provider Conta

Select the **Program Type** on the **Packet Detail** screen. The next level of detail shows only options relevant to the program type selected.

Choose **CLASS** from the **Program Type** drop-down menu. The following screenshot shows all the options for program types.

Created Date	
Status	Draft
Packet Number	
Program Type	-None CLASS Community Services Contract Management DBMD HCS ICF-IID TxHmL CFC Non-Waiver
Primary Contact	8

Detailed information about the business and the submitter's name populates in the **Primary Contact** field.

The last section on the screen shows **Individual Information**.

• Enter the **Individual Name** in the corresponding field and click the magnifying glass icon. A new window will open with the results of the search.

🔍 Lookup		
arya × Go!		
Search Name All Fields		
< <u>Clear Search Results</u>		
Search Results		
Contacts [1] Show Filters		
Name Account Name Medicaid Number	Care ID	Mailir
Arva Stark House Stark		

- If there are multiple entries with similar names, click to select the correct name.
- The individual's information populates the remaining fields when the name is found and selected.

✓ Individual Information	
Individual	Arya Stark
Mailing Address	
Medicaid Number	
Social Security Number	55555555
	Save & Next Next Page Cancel

• Select the **Save & Next** button when all information has been entered to move forward to the next screen.

Tip: The new contact must be added before a packet can be created for them. To add a new contact, follow the instructions in the <u>Navigating the Portal</u> section of this guide.

a. Submitter Type – CMA

Read the <u>Creating a Packet</u> - CLASS section and follow the instructions for creating a packet before starting this section.

Select the **Submitter Type** from the drop-down menu. When **CLASS** and **CMA** are selected, only the submission types that apply to a CLASS CMA can be selected.

Program Type	CLASS	\checkmark
Submitter Type	-None- CMA DSA	
Notification Date		
Response Due Date		

Those options appear in bold, while types that are not available appear as light grey text. If the submission type is a **CLASS DSA**, the list shows different options. See the <u>Submitter Type - DSA</u> section for details.

Submission Type	None Pre-enrollment Assessment (Partial) Pre-enrollment Assessment (Full) Enrollment IPC
nission. With your subn	IPC Renewal IPC Revision Transfer Request Request for Suspension
Required Form	Request for Continuation of Suspension Termination Request FTF IPC Review SPT Denial Request Fair Hearing Request SPT Reduction Request

- The list of Upload Forms appearing in the file list depends on the type of submission selected. Upload Forms are the forms required to submit the type of packet selected.
- Not all forms are required. Forms that are required will have a checkmark under the column heading **Required**. If a form is marked required, it must be finished to submit a packet.
- **Attachments** are any additional documents relevant to the packet's submission (for example individual program plans [IPPs] or habilitation plan, etc.).

The following image shows an example of the **Upload Forms** list for a **Pre**enrollment Assessment (Full).

k .	Form Number	Program Type	Submission Type	Submitter Type	Required	Form Type
Click to View This Form	3625	CLASS	Pre-enroliment Assessment	DSA	8	Electronic Form
Click to View Attachment	3625	CLASS	Pre-enrollment Assessment	DSA	ж.	Atachment
Click to View This Form	8578	CLASS	Pre-enrolment Assessment	DSA	× .	Electronic Form
Click to View Attachment	8578	CLASS	Pre-enrollment Assessment	DSA		Attachment

A user must ensure each packet meets all program submission standards by attaching copies of signed forms and additional documents or information, as required. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

For each packet, the list might not be an entire list of forms or documents/information required for a particular submission type.

The following screenshot is a sample of the electronic Form 3621, Individual Plan of Care, as it appears in the portal. All fields that display a red bar are required.

• Click to Fill This Form will open the form to be filled.

ervices Community Living		Services (CLASS) a al Plan of Care	nd Community First Choice (CFC)	Form 3621 October 2018-
			= Requir	ed.
1. Name of Individual (Last, First, MI)	2. Social Security N	lumber	3. Medicaid No. (9 digits)	4. DOB
Individual UAT	787878787			(MM/DD/YYYY) 1/31/1980
5. Mailing Address of Individual (Street,	6. County Name	7. ABL	8. Primary DX Code	9. LOC Effective
City, State, Zip)	-None- *	02 = Moc *	123	Date 1/4/2019

- **Click to Upload an Attachment** will open a file list to choose the appropriate attachment. All required electronic forms must be completed to match the uploaded attachment.
- Save & Close will close the form and return you to the Upload Forms section. Click Save & Close after the electronic form is completed. Repeat until all forms are completed and added.
- **File** list shows forms that are finished and have been added to the packet. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

This list might not be all-inclusive of the required documents for the type of submission. Please upload other relevant documentation as required in the <u>CLASS</u> <u>Provider Manual</u>.

When all forms have been uploaded or completed, proceed to the <u>Entering</u> <u>Comments</u> section of this guide.

b. Submitter Type – DSA

Read the <u>Creating a Packet - CLASS</u> section and follow the instructions for creating a packet before starting this section.

Select the **Submitter Type** from the drop-down menu.

Program Type	CLASS	\checkmark
Submitter Type	-None- CMA DSA	
Notification Date		
Response Due Date		

When **CLASS** and **DSA** are selected, only the submission types that apply to the **CLASS DSA** can be selected. Those options appear in bold, while types that are not available appear as light grey text.

Program Type	CLASS	\checkmark
Submitter Type	DSA	M
Submission Type	-None- Pre-enrollment Assessment	
im Manual/Handbook	Enrollment IDIRC IDIRC Renewal FTF IPC Review	

- The list of **Upload Forms** appearing in the file list depends on the type of submission selected. **Upload Forms** are the forms required to submit the type of packet selected.
- Not all forms are required. Forms that are required will have a checkmark under the column heading **Required.** If a form is indicated as required, it must be finished to submit a packet.
- **Attachments** are any additional documents relevant to the packet's submission (for example the IPPs or habilitation plan, etc.).

Note: You must enter the name of the person who signed the form and the date they signed it to confirm you have verified the signature on the form.

A user must ensure each packet meets all program submission standards by attaching copies of signed forms and additional documents or information, as required. All relevant forms will display in a blue color. Click on the link, and the form will open for completion or upload.

le .	Form Number	Program Type	Submission Type	Submitter Type	Required	Form Type
lick to Fill This Form	3625	CLASS	Pre-enrolment Assessment	DSA	×	Electronic Form
lick to Upload an Atlachment	3625	CLASS	Pre-enrollment Assessment	DSA		Atlachment
lick to Fill This Form	8578	CLASS	Pre-enrollment Assessment	DSA	8	Electronic Form
lick to Upload an Attachment	8578	CLASS	Pre-envollment Assessment	DSA	8	Attachment
ditional Attachments						
g & Drop-Additional Documentation If An	Y					
He: Additional Attachments can be Upio	aded by Dragging and Dropping	the Documents in the box be	low (OR) By using the choose File and Upload B	ittons		

For each packet, the list might not be an entire list of forms or documents/information required for a particular submission type.

The following screenshot is a sample of the electronic Form 3621, Individual Plan of Care, as it appears in the Portal. All fields that display a red bar are required.

ervices Community Living /		Services (CLASS) al Plan of Car	and Community First Choice (CFC) e	Form 3621 October 2018-
			= Requir	ed.
1. Name of Individual (Last, First, MI)	2. Social Security N	lumber	3. Medicaid No. (9 digits)	4. DOB
Individual UAT	787878787			(MM/DD/YYYY)
				1/31/1980
5. Mailing Address of Individual (Street,	6. County Name	7. ABL	8. Primary DX Code	9. LOC Effective
City, State, Zip)	None *	02 = Moc	* 123	Date
				1/4/2019

- **Click to Fill This Form** will open up the form to be filled.
- **Click to Upload an Attachment** will open up a file list to choose the appropriate attachment. All required electronic forms must be completed to match the uploaded attachment.
- Save & Close will close the form and return you to the Upload Forms section. Click Save & Close after the electronic form is completed. Repeat until all forms are completed and added.
- **File** list shows forms that are finished and have been added to the packet. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

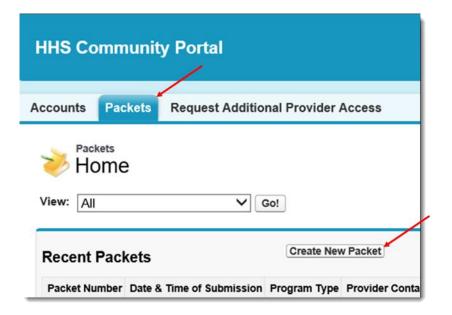
This list might not be all-inclusive of the required documents for the type of submission. Please upload other relevant documentation as required in the <u>CLASS</u> <u>Provider Manual</u>.

When all forms have been uploaded or completed, proceed to the **Entering Comments** section of this guide.

C. Creating a Packet – DBMD

See the <u>Creating a Packet</u> section for a list of all program types.

Log into the portal and click on the **Packets** tab to create a new packet. Select the **Create New Packet** button.



Select the **Program Type** on the **Packet Detail** screen. The next level of detail shows only options relevant to the program type selected. For example, if the program type selected is **DBMD**, only options available for the **DBMD** program will be shown.

Created Date		
Status	Draft	
Packet Number		
Program Type	-None- CLASS Community Services Contract Management DBMD HCS ICF-IID TxHmL	
	CFC Non-Walver	
Primary Contact	9	

Chose **DBMD** from the **Program Type** drop-down menu.

Detailed information about the business and the submitter's name populates in the **Primary Contact** field.

The last section on the screen shows Individual Information.

• Enter the **Individual Name** in the corresponding field and click the magnifying glass icon. A new window will open with results.

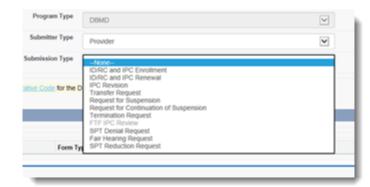
🔍 Lookup
arya × Go!
Search 🖲 Name 🔿 All Fields
< <u>Clear Search Results</u>
Search Results
Contacts [1] Show Eiltern
Contacts [1] Show Filters
Name Account Name Medicaid Number Care ID Mailin

- If there are multiple entries with similar names, click to select the correct name.
- The individual's information populates the remaining fields when the name is found and selected.

 Individual Information 	
Individual	Arya Stark
Mailing Address	
Medicaid Number	
Social Security Number	555555555
	Save & Next Next Page Cancel

Select the **Save & Next** button when all information has been entered to move forward to the next screen.

Tip: To add a new contact, follow the instructions in the <u>Portal Navigation</u> <u>Information</u> section of this guide. The <u>new contact</u> must be added before a packet can be created for them. Select the **Submission Type** from the drop-down menu. This list shows only submission types for the **DBMD** program because that is the program type selected. Those options appear in bold, while types that are not available appear as light grey text.



- The list of **Upload Forms** appearing in the file list depend on the type of submission selected. **Upload Forms** are the forms required to submit the type of packet selected.
- Not all forms are required. Forms that are required will have a checkmark under the column heading **Required.** If a form is indicated as required, it must be finished to submit a packet.
- **Attachments** are any additional documentation relevant to the packet's submission (for example the IPPs or habilitation plan, etc.).

File	Form Number	Program Type	Submission Type	Submitter Type	Required	Form Type
Click to Fill This Form.	6500	DBMD	ID/RC and IPC Enrollment	Provider	N.	Electronic Form
Click to Upload a Attachment	6500	DBMD	ID/RC and IPC Enrollment	Provider	20	Attachment
Click to Fill This Form.	6503	DBMD	ID/RC and IPC Enrollment	Provider		Electronic For
Click to Upload an Attachment	6503	DBMD	ID/RC and IPC Enrollment	Provider		Attachment
Click to Fill This Form	8578	DBMD	ID/RC and IPC Enrollment	Provider	2	Electronic Form
Click to Upload an Attachment	8578	DBMD	ID/RC and IPC Enrollment	Provider	2	Attachment
ote: Additional Attachments can be Unio			low (OR) By using the choose File and Upload B			
		itional files here				
	Drop Addi	itional files here				

A user must ensure each packet meets all program submission standards by attaching copies of signed forms and additional documents or information, as required. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

For each packet, the list might not be an entire list of forms or documents/information required for a particular submission type.

Some information is preloaded into the form, including the **Applicant/Individual Name**, **SSN**, and **Medicaid Number**. Complete all the fields to match the uploaded form. Fields marked with a red bar are required.

xas Health and Human rvices Community Living		Services (CLASS) a Ial Plan of Care	nd Community First Choice (CFC)	Form 3621 October 2018
			= Requir	ed.
1. Name of Individual (Last, First, MI)	2. Social Security N	Number	3. Medicaid No. (9 digits)	4. DOB (MM/DD/YYYY)
Individual UAT	787878787			1/31/1980
5. Mailing Address of Individual (Street,	6. County Name	7. ABL	8. Primary DX Code	9. LOC Effective
City, State, Zip)	None	02 = Moc 🔹	123	Date

When the electronic form is filled in, click the **Save** button to confirm all of the required fields are populated. Click the **Save & Close** button to close the form. The packet will remain open for additional work.

Note: You must enter the name of the person who signed the form and the date they signed it to confirm you have verified the signature on the form.

All required uploads must be added by clicking on the **Click to Upload an Attachment** link.

- Submit all relevant documents by using either **Drag and Drop** or **Browse** to locate a document and upload.
- Click the **Save** button after all documents have been uploaded. This action will close the form and return you to the **Upload Forms** section.

• Repeat these steps until all forms are finished and added to the packet's **File** list. All relevant forms will display in a blue color.

This list might not be all-inclusive of the required documents for the type of submission. With your submission, please upload other documentation as required in the <u>Texas Administrative Code</u> for the DBMD program.

When all forms have been uploaded or completed, proceed to the <u>Entering</u> <u>Comments</u> section of this guide.

4. Provider Submissions – HCS and ICF-IID

A. Creating a Packet – HCS and ICF-IID

See the <u>Creating a Packet</u> section for a list of all the program types.

Log into the IDD Operations Portal and click on the **Packets** tab to create a new packet. Select the **Create New Packet** button.

HHS Co	ommunit	ty Portal		
Accounts	Packets	Request Additio	nal Provider /	Access
View: All	ome	v [30!	
Recent	Packets		Create New	v Packet
Packet Nu	mber Date &	& Time of Submission	Program Type	Provider Conta

Select the **Program Type** on the **Packet Detail** screen of the individual for whom they are making a packet submission. For example, although a business may operate under the HCS, TxHmL, and ICF-IID programs, the packet may be for an individual enrolled in the HCS program. In this case, choose HCS from the **Program Type** drop-down menu.

Created Date	
Status	Draft
Packet Number	
Program Type	None- CLASS Community Services Contract Management DBMD HCS ICF-IID TxHmL CFC Non-Waiver
Primary Contact	<u>S</u>

Detailed information about the business and the submitter's name populates in the **Primary Contact** field.

The last section on the screen shows **Individual Information**.

• Enter the **Individual Name** in the corresponding field and click the magnifying glass icon. A new window will open with results.

🔍 Lo	ookup			
arya		X Go!		
Search 🤅	● Name ○ A	All Fields		
< <u>Clear Se</u>	earch Results	2		
Search	Results			
Co	ntacts [1]	Show Filters		
Name A	ccount Name	Medicaid Number	Care ID	Mailir
<u>Arya</u> Ho <u>Stark</u> Ho	ouse Stark			

- If there are multiple entries with similar names, click to select the correct name.
- The individual's information populates the remaining fields when the name is found and selected.

 Individual Information 	
Individual	Arya Stark
Mailing Address	
Medicaid Number	
Social Security Number	55555555
	Save & Next Next Page Cancel
	Save a Next Page Cancer

• Select the **Save & Next** button when all information has been entered to move forward to the next screen.

Tip: To add a new contact, follow the instructions in the <u>Portal Navigation</u> section of this guide. The new contact must be added before a packet can be created for them.

a. Creating a Packet – HCS

Read the <u>Creating a Packet - HCS, and ICF-IID</u> section and follow the instructions for creating a packet before starting this section.

Select the Submitter **Type** from the drop-down menu. When **HCS Provider** is selected as the submitter type, only the submission types that apply to an **HCS Provider** can be selected. Those options appear in bold, while types that are not available appear as light grey text.

Program Type	HCS	\checkmark
Submitter Type	HCS Provider	
Submission Type	-None- ID/RC Renewal IPC Renewal IPC Revision FTF IPC Review LON Review ETF LON Review	

- The list of **Upload Forms** appearing in the file list depends on the type of submission selected. **Upload Forms** are the forms required submit the type of packet selected.
- Not all forms are required. Forms that are required will have a checkmark under the column heading **Required.** If a form is indicated as required, it must be finished to submit a packet.

• **Attachments** are any additional documentation relevant to the packet's submission. If a form is indicated as required, it must be finished to submit a packet.

A user must ensure each packet meets all program submission standards by attaching copies of signed forms and additional documents, or information, as required. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

For each packet, the list might not be an entire list of forms, documents, or information required for a particular submission type.

 Upload Forms 						
File	Form Number	Program Type	Submission Type	Submitter Type	Required	Form Type
Click to Upload an Attachment	8578	HCS	ID/RC Renewal	HCS Provider	V	Attachment
Click to Upload an Attachment	Determination of Intellectual Disability	HCS	ID/RC Renewal	HCS Provider	V	Attachment

All required uploads must be added by clicking on the **Click to Upload an Attachment** link.

• Submit any additional documentation by either using **Drag and Drop** or **Browse** to locate a document and upload.

Additional Attachments	
Drag & Drop Additional Documentation If Any	
Note: Additional Attachments can be Uploaded by Dragging and Dropping	the Documents in the box below (OR) By using the cho
Drop Add	litional files here
Select File Using Choose File Button Upload Browse	
]	Previous Page Submit Packet Add Comment Close

• Click the **Save** button after all documents have been uploaded. This action will close the form and return you to the **Upload Forms** section.

• Repeat these steps until all forms are finished and added to the packet's **File** list. All relevant forms will display in a blue color.

File		Form Number	Program Type	
Upload	Browse	8578	HCS	
Click to Upload an	Attachment	Determination of Intellectual Disability	HCS	

This list might not be all-inclusive of the required documents for the type of submission. Be sure to upload other documentation as required in the <u>HCS</u> <u>Handbook</u>.

When all forms have been uploaded or completed, proceed to the <u>Entering</u> <u>Comments</u> section of this guide.

b. Creating a Packet – ICF

Read the <u>Creating a Packet – HCS and ICF-IID</u> section and follow the instructions for creating a packet before starting this section.

Select the **Submitter Type** from the drop-down menu. When an **ICF-IID Provider** is selected as the submitter type, only the submission types that apply to an **ICF-IID Provider** can be selected. Those options appear in bold, while types that are not available appear as light grey text.

Program Type	ICF-IID	$\mathbf{\mathbf{v}}$
Submitter Type	ICF-IID Provider	~
Submission Type	-None ID/RC Renewal LON Review	
pload other documer	tation as required in the ICF-IID Program Manual/Ha	andbook

- The list of **Upload Forms** appearing in the file list depends on the type of submission selected. **Upload Forms** are the forms required to submit the type of packet selected.
- **Attachments** are any additional documentation relevant to the packet's submission.

• Not all forms are required. Forms that are required will have a checkmark under the column heading **Required**. If a form is indicated as required, it must be finished to submit a packet.

A user must ensure each packet meets all program submission standards by attaching copies of signed forms and additional documents, or information, as required. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

For each packet, the list might not be an entire list of forms, documents, or information required for a particular submission type.

✓ Upload Forms						
File	Form Number	Program Type	Submission Type	Submitter Type	Required	Form Type
Click to Upload an Attachment	8578	ICF-IID	ID/RC Renewal	ICF-IID Provider	×	Attachment
Click to Upload an Attachment	Determination of Intellectual Disability	ICF-IID	ID/RC Renewal	ICF-IID Provider	y	Attachment

All required uploads must be added by clicking on the **Click to Upload an Attachment** link.

• Submit any additional documentation by either using **Drag and Drop** or **Browse** to locate a document and upload.

Additional Attachments
Drag & Drop Additional Documentation If Any
Note: Additional Attachments can be Uploaded by Dragging and Dropping the Documents in the box below (OR) By using the cho
Drop Additional files here
Select File Using Choose File Button and Click Upload Browse
Previous Page Submit Packet Add Comment Close

- Click the Save button after all documents have been uploaded. This action will close the form and return you to the Upload Forms section.
- Repeat these steps until all forms are finished and added to the packet's File list. All relevant forms will display in a blue color.

This list might not be all-inclusive of the required documents for the type of submission. Be sure to upload other documentation as required in the <u>ICF-IID</u> <u>rules</u>.

When all forms have been uploaded or completed, proceed to the <u>Entering</u> <u>Comments</u> section of this guide.

5. LIDDA Submissions – HCS, TxHmL, ICF-IID, CFC non-waiver

A. Creating a Packet – LIDDAs

See the <u>Creating a Packet</u> section for a list of all program types.

Log into the IDD Operations Portal and click on the **Packets** tab to create a new packet. Select the **Create New Packet** button.

HHS Co	ommunit	y Portal		
Accounts	Packets	Request Additio	nal Provider /	Access
View: All	ome	v](Go!	
Recent	Packets		Create Nev	w Packet
Packet Nu	mber Date 8	Time of Submission	Program Type	Provider Conta

Select the **Program Type o**n the **Packet Detail** screen of the individual for whom they are making a packet submission. For example, a business may operate under the HCS, TxHmL, and ICF-IID programs, and the packet may be for an individual enrolled in the ICF-IID program. In this case, select ICF-IID as the program type.

The following screenshot shows all available options for program type. Depending on the option selected, the Portal will show only options relevant to the **Program Type**.

Created Date	
Status	Draft
Packet Number	
Program Type	-None- CLASS Community Services Contract Management DBMD HCS ICF-IID TXHmL CFC Non-Waiver
Primary Contact	€

Detailed information about the business and the submitter's name populates in the **Primary Contact** field.

The last section on the screen shows **Individual Information**.

• Enter the **Individual Name** in the corresponding field and click the magnifying glass icon. A new window will open with results.

🔍 Lookup	
arya × Go!	
Search Name All Fields	
< <u>Clear Search Results</u>	
Search Results	
Contacts [1] Show Filters	
Name Account Name Medicaid Number Care ID Mail	ir
<u>Arya</u> <u>Stark</u> House Stark	_

• If there are multiple entries with similar names, the click to select the correct name.

• The individual's information populates the remaining fields when the name is found and selected.

Individual Information	
Individual	Arya Stark
Mailing Address	
Medicaid Number	
Social Security Number	55555555
	Save & Next Next Page Cancel

• Select the **Save & Next** button when all information has been entered to move forward to the next screen.

Tip: To add a new contact, follow the instructions in the <u>Navigating the Portal</u> section of this guide. The new contact must be added before a packet can be created for them.

a. Submitter Type – HCS Local Authority

Read the <u>Creating a Packet - LIDDAs</u> section and follow the instructions for creating a packet before starting this section.

Select the **Submitter Type** from the drop-down menu. When **HCS Local Authority** is selected as the **Submitter Type**, only the submission types that apply to an **HCS Local Authority** can be selected. Those options appear in bold, while types that are not available appear as light grey text.

Submitter Type	HCS Local Auth	ority		~
Submission Type	None Enroliment ID/R Enroliment IPC	с		
Response Received	LOC Redetermin Transfer Request Request for Sus Request for Con Termination Red	st pension ntinuation of Si quest	uspension	
mentation as required i	FTF IPC Review IDRC Renewal (IPC Renewal (IPC Renewal (FTF LON Review LON Review (IPC Revision ((no provider-C o provider-CD w o provider-CDS	S only) S only)	
Form Number		Program Type	Submission Type	Submitter Type

- The list of **Upload Forms** appearing in the file list depends on the type of submission selected. **Upload Forms** are the forms required to submit the type of packet selected.
- Not all forms are required. Forms that are required will have a checkmark under the column heading **Required.** If a form is indicated as required, it must be finished to submit a packet.
- **Attachments** are any additional documentation relevant to the packet's submission. If a form is indicated as required, it must be finished to submit a packet.

A user must ensure each packet meets all program submission standards by attaching copies of signed forms and additional documents or information as required. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

For each packet, the list might not be an entire list of forms, documents or information required for a particular submission type.

, Upload Forms						
File	Form Number	Program Type	Submission Type	Submitter Type	Required	Form Type
Browse	3617	TxHmL	Transfer Request	TxHmL Local Authority	N	Attachment
Click to Upload an Attachment	8582	TxHmL	Transfer Request	TxHmL Local Authority	×	Attachment

This list might not be all-inclusive of the required documents for the type of submission. Be sure to upload other documentation as required in the Texas Administrative Code concerning <u>LIDDA</u> roles and responsibilities.

When all forms have been uploaded or completed, proceed to the <u>Entering</u> <u>Comments</u> section of this guide.

b. Submitter Type – TxHmL Local Authority

Read the <u>Creating a Packet - LIDDAs</u> section and follow the instructions for creating a packet before starting this section.

Select the **Submitter Type** from the drop-down menu. When **TxHmL Local Authority** is selected as the submission type, only the submission types that apply to a **TxHmL Local Authority** can be selected. Those options appear in bold, while types that are not available appear as light grey text.

Program Type	TxHmL	⊻
Submitter Type	TxHmL Local Authority	•
Submission Type	-None Enrollment ID/RC Enrollment IPC Enrollment Denial Request ID/RC Renewal IPC Renewal IPC Revision Transfer Request	
Form Ty	Request for Suspension Request for Continuation of Suspension Termination Request FTF IPC Review	

- The list of **Upload Forms** appearing in the file list depends on the type of submission selected. **Upload Forms** are the forms required to submit the type of packet selected.
- Not all forms are required. Required forms will have a checkmark under the column heading **Required**. If a form is indicated as required, it must be finished to submit a packet.
- **Attachments** are any additional documentation relevant to the packet's submission.

A user must ensure each packet meets all program submission standards by attaching copies of signed forms and additional documents or information as required. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

For each packet, the list might not be an entire list of forms, documents, or information required for a particular submission type.

✔ Upload Forms						
File	Form Number	Program Type	Submission Type	Submitter Type	Required	Form Type
Upload	3617	TxHmL	Transfer Request	TxHmL Local Authority	N	Attachment
Click to Upload an Attachment	8582	TxHmL	Transfer Request	TxHmL Local Authority	V	Attachment

All required uploads must be added by clicking on the **Click to Upload an Attachment** link.

• Submit any additional documentation by either using **Drag and Drop** or **Browse** to locate a document and upload.

Additional Attachments		
Drag & Drop Additional Docum	entation If /	Any
Note: Additional Attachments	can be Up	ploaded by Dragging and Dropping the Documents in the box below (Of
(
		Drop Additional files here

Colort File Uning Chases Fi	la Button	
Select File Using Choose Fi and Click Upload	le Button	Upload
B	rowse	

- Click the Save button after all documents have been uploaded. This action will close the form and return you to the **Upload Forms** section.
- Repeat these steps until all forms are finished and added to the packet's **File** list.

This list might not be all-inclusive of the required documents for the type of submission. With submission, the user should upload other documentation as required in the <u>TxHmL Program Handbook</u>.

When all forms have been uploaded or completed, proceed to the <u>Entering</u> <u>Comments</u> section of this guide.

c. Submitter Type – ICF-IID Local Authority

Read the <u>Creating a Packet - LIDDAS</u> section and follow the instructions for creating a packet before starting this section.

Select the **Submitter Type** from the drop-down menu. When **ICF-IID Local Authority** is selected as the submission type, only the submission types that apply to **ICF-IID** can be selected. Those options appear in bold, while types that are not available appear as light grey text.

Program Type	ICF-IID	
Submitter Type	ICF-IID Local Authority	~
Submission Type	-None- Enrollment ID/RC	

Based on the **Submission Type**, the corresponding forms will appear in the **Upload Forms** section.

The figure below is an example of the forms for an ID/RC Enrollment.

- The list of **Upload Forms** appearing in the file list depends on the type of submission selected. **Upload Forms** are the forms required to submit the type of packet selected.
- Not all forms are required. Forms that are required will have a checkmark under the column heading **Required.** If a form is indicated as required, it must be finished to submit a packet.
- **Attachments** are any additional documentation relevant to the packet's submission.

A user must ensure each packet meets all program submission standards by attaching copies of signed forms and additional documents or information, as required. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

For each packet, the list might not be an entire list of forms, documents, or information required for a particular submission type.

All required uploads must be added by clicking on the **Click to Upload an Attachment** link.

• Submit any additional documentation by either using **Drag and Drop** or **Browse** to locate a document and upload.

	e Documents in the box below (OR) By using the choose File and Upload Buttons
Drop Addit	ional files here
Upload	
	Upload

- Click the **Save** button after all documents have been uploaded. This action will close the form and return you to the **Upload Forms** section.
- Repeat these steps until all forms are finished and added to the packet's File list.

This list might not be all-inclusive of the required documents for the type of submission. Be sure to upload other documentation as required in the Texas Administrative Code concerning <u>LIDDA</u> roles and responsibilities.

When all forms have been uploaded or completed, proceed to the <u>Entering</u> <u>Comments</u> section of this guide.

 Upload Forms 						
File	Form Number	Program Type	Submission Type	Submitter Type	Required	Form Type
Click to Upload an Attachment	8578	ICF-IID	Enrollment ID/RC	ICF-IID Local Authority	N	Attachment
Click to Upload an Attachment	Determination of Intellectual Disability	ICF-IID	Enrollment ID/RC	ICF-IID Local Authority	R	Attachment

d. Submitter Type – CFC Local Authority

Read the <u>Creating a Packet - LIDDAs</u> section and follow the instructions for creating a packet before starting this section.

Select the **Submitter Type** from the drop-down menu. When **CFC Local Authority** is selected as the submitter type, only the submission types that apply to a **CFC Local Authority** can be selected. Those options appear in bold, while types that are not available appear as light grey text.

Program Type	CFC Non-Waiver	\checkmark
Submitter Type	CFC Local Authority	
Submission Type	None IDRC - Initial IDRC - Change	
iver Program Manual/h	IDRC - Renewal	

- The list of **Upload Forms** appearing in the file list depends on the type of submission selected. **Upload Forms** are the forms required to submit the type of packet selected.
- Not all forms are required. Forms that are required will have a checkmark under the column heading **Required.** If a form is indicated as required, it must be finished to submit a packet.
- **Attachments** are any additional documentation relevant to the packet's submission.

A user must ensure each packet meets all program submission standards by attaching copies of signed forms and additional documents or information as required. All relevant forms will display in a blue color. Click on the link and the form will open for completion or upload.

dditional Attachments					
Drag & Drop Additional Documentation If A	-vny				
Note: Additional Attachments can be Up	loaded by Dragging	and Dropping the Document	ts in the box belo	ow (OR) By usin	g the ch
Drop Additional files here					
Select File Using Choose File Button and Click Upload Browse	Upload				
		Previous Page	Submit Packet	Add Comment	Close

For each packet, the list might not be an entire list of forms, documents, or information required for a particular submission type.

The figure below is an example of the required forms for an Initial ID/RC.

Upload Forms							
File		Form Number	Program Type	Submission Type	Submitter Type	Required	Form Type
Upload	Browse	8578-CFC	CFC Non-Waiver	IDRC - Initial	CFC Local Authority	X	Attachmen
<u>Click to Upload an A</u>	ttachment	Determination of Intellectual Disability	CFC Non-Waiver	IDRC - Initial	Local Authority	Y	Attachmen

All required uploads must be added by clicking on the **Click to Upload an Attachment** link.

- Submit any additional documentation by either using the **Drag and Drop** function or **Browse** to locate a document and upload.
- Click the **Save** button after all documents have been uploaded. This action will close the form and return you to the **Upload Forms** section.
- Repeat these steps until all forms are finished and added to the packet's **File** list.

This list might not be an all-inclusive list of the required documents for the type of submission. Be sure to upload other documentation as required in CFC Texas Administrative Code. Information about the requirement for submitting LOC requests for individuals receiving CFC through an MCO can be found at <u>CFC Non-Waiver Program Manual/Handbook</u>.

When all forms have been uploaded or completed, proceed to the <u>Entering</u> <u>Comments</u> section of this guide.

6. Entering Comments

Submitters can click the **Add Comment** button at the bottom of the screen to enter a comment to any packet.

	Previous Page Submit Packet Add Comment Close
Comment History	
Comment	Created Date

Click the **Save and Close** button when the message is complete.

Packet - Commenti	ng
	Save & Close Cancel
	Global Comments
	Packet Number:
	P-000917
	Comment
	This packet is complete. Please contact me if you have questions. Thanks.
	Save & Close Close
c	comment History
c	omment Created Date

The comment now appears in the green **Comment History** section as a saved comment.

Previous Page Submit Packet Add Comment Close	
Comment History	
Comment	Created Date
This packet is complete. Please contact me if you have questions. Thanks.	7/28/2017 10:34 AM

7. Submitting a Packet

After all the documents have been uploaded and attached to the packet, click the **Submit Packet** button. No further work or documents can be changed or added once you click on the **Submit Packet** button.



You will see a success message display. Click **Close** to be routed back to the portal details page.

Packet - Submissions				
Success:				
Your packet P-002017 is submitted. We will notify you via email regarding the status of your packet.				
Previous Page Close				

8. Packets Created by IDD PES or IDD UR

Packets can be created by IDD PES or IDD UR and sent to a LIDDA or provider for submission. If IDD PES or IDD UR creates a packet, the LIDDA or provider contact will receive an email notification that a packet has been created on the portal and needs attention.

- Click the link in the email to access the portal and open the packet.
- Follow the steps provided in this user guide to fill-in an electronic form or upload and attach documents, based on the program type and submission type on the packet.
- Click Submit Packet to submit the packet once all documents have been uploaded and attached.

A. Packets Created by IDD PES or IDD UR

The following is a list of program types, submitter types and submission types that may be created by IDD PES or IDD UR.

- Program Type: CLASS
 - Submitter Type: CMA and DSA
 - Submission Type:
 - ◊ FTF IPC Review
- Program Type: **DBMD**
 - Submitter Type: Provider
 - Submission Type:
 - ◊ FTF IPC Review
- Program Type: HCS
 - Submitter Type: HCS Local Authority
 - Submission Types:
 - ♦ Enrollment ID/RC*
 - ♦ Enrollment IPC*
 - ♦ LOC Redetermination*

- ◊ Request for Suspension*
- ◊ FTF IPC Review*
- ◊ FTF LON Review*
- ◊ ID/RC Renewal (no provider-CDS only*)
- ◊ IPC Renewal (no provider-CDS only*)
- ◊ LON Review (no provider-CDS only*)
- ◊ IPC Revision (no provider-CDS only*)
- Program Type: HCS
 - Submitter Type: HCS Provider
 - Submission Types:
 - ♦ ID/RC Renewal
 - ◊ FTF IPC Review
 - ◊ IPC Renewal
 - ◊ IPC Revision
 - ◊ LON Review
 - ♦ FTF LON Review
- Program Type: **TxHmL**
 - Submitter Type: TxHmL Local Authority
 - Submission Types:
 - ♦ Enrollment ID/RC*
 - ♦ Enrollment IPC*
 - ◊ ID/RC Renewal*
 - ◊ IPC Renewal*
 - ◊ IPC Revision*
 - Request for Suspension*
 - ◊ FTF IPC Review*
- Program Type: **TxHmL**
 - Submitter Type: TxHmL Provider
 - Submission Types:

- ◊ FTF IPC Review
- Program Type: **ICF-IID**
 - Submitter Type: ICF-IID Local Authority
 - Submission Types that are initiated by HHS:
 - ♦ Enrollment ID/RC
- Program Type: **ICF-IID**
 - Submitter Type: ICF-IID Provider
 - Submission Types that are initiated by HHS:
 - ◊ ID/RC Renewal
 - ◊ LON Review

***Note:** When a user receives a packet with this submission type, the user must return the documentation listed on the IPC Call-back form attached to the packet.

a. Submitting a Packet Created by IDD PES or IDD UR

When a packet is created by IDD PES or IDD UR, the LIDDA or provider contact receives an email notification that a packet has been created in the portal and needs attention. The recipient clicks on the link in the email to open the **IDD Operations Portal** to view the packet.



- Determine what is needed by the program type, submission type, and by reading the comments and attached forms.
- Fill in electronic forms, upload and attach documents, and add comments.
- Click **Submit Packet.**

• You will see a success message display. Click **Close** to be routed back to the portal details page.

Note: The Security Authority can reassign the packet to another user within the same LIDDA/provider.

B. Checking the Status of a Packet

The LIDDA/provider can check the status of a packet at any time. The **status** of a packet is available under all the list views. The portal has five different status types:

Status
Draft
Submitted
Under Review
Returned for Revision
Complete

- **Draft** A packet created by a LIDDA or provider and not yet submitted to IDD PES or IDD UR or a packet created by IDD PES or IDD UR and sent to the LIDDA or provider for submission.
 - A packet can be edited, saved, and reopened for submission later. As long as a packet is in draft status, it can be edited.
- **Submitted** A packet submitted by a LIDDA or provider to IDD PES or IDD UR.
- **Under Review** A packet submitted and assigned to an IDD PES or IDD UR reviewer.
- **Returned for Revision** A packet returned to the submitter for additional documentation or information.
 - When you correct the packet, it does not go through the assignment process again. It is auto-assigned to the same IDD PES or IDD UR reviewer. You should enter your comments on the packet.

• **Complete** – The packet review is complete. An attachment or comments may be available.

a. Correcting a Returned Packet

IDD PES and IDD UR returns a packet for correction when additional documentation or information is needed to finish the review.

An email notification is sent to the provider contact when a packet is returned.



- When a packet is returned:
 - review the comments
 - upload and attach the requested documentation or information

b. Submitting a Corrected/Returned Packet

To submit a packet that was returned for correction:

- LIDDA or provider submits all relevant documents by either using **Drag and Drop** or **Browse** to locate a document to upload.
- Click the **Save** button once documents are uploaded to close the form.
- You will be routed back to the **Upload Forms** section.

Repeat these steps until all forms are finished and added to the packet's **File** list.

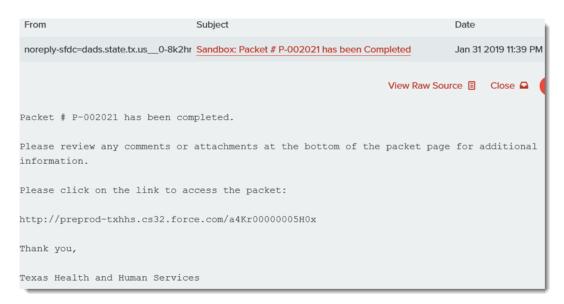
Additional Attachments					
Drag & Drop Additional Documentation If A	Any				
Note: Additional Attachments can be Uploaded by Dragging and Dropping the Documents in the box below (OR) By using the cho					
Drop Additional files here					
Select File Using Choose File Button and Click Upload Browse	Upload				
	Previous Page Submit Packet Add Comment Close				

Submitters can click the **Add Comment** button to add a comment to any packet.

- Click the **Submit for Approval** button at the top of the screen when all forms have been uploaded and attached.
- Click the **Submit Packet** button once you are finished with comments.
- You will receive a success message.
- Click **Close** to be routed back to the portal details page.

c. Completed Packets

When the reviewer completes the review, you will receive an email notification of the change in status.



The status will appear as Complete under the **Status** column. You can view and print information and attachments associated with the packet for the individual's comprehensive file, if needed.

The portal is not an approval/denial system. Please review any comments or attachments to determine the decision regarding your packet.

9. Packets Created by Interest List Management

Interest List Inquiry packets can be created by Interest List Management (ILM) and sent to a CLASS DSAs, CLASS CMAs, and DBMD program providers for submission. If Interest List Management creates a packet, the CLASS DSAs, CLASS CMAs, and DBMD program providers will receive an email notification that a packet has been created on the portal and needs attention.

Click the link in the email to access the portal and open the packet.

Follow the steps provided in this user guide to confirm receipt of Interest List Inquiry packet.

A. Packets Created by Interest List Management

The following is a list of program types, submitter types and submission types that may be created by ILM.

Program Type: CLASS

- Submitter Type: CMA and DSA
 - Submission Type: Interest List Inquiry
 - ◊ Form 3583, CLASS Provider Notice
 - ♦ Form 3588, CLASS Applicant Acknowledgement and
 - ♦ Selection Determination
 - ◊ CLASS Enrollment Delay Letter
 - ♦ Form 3585, CLASS/DBMD Provider Transfer Form

Program Type: **DBMD**

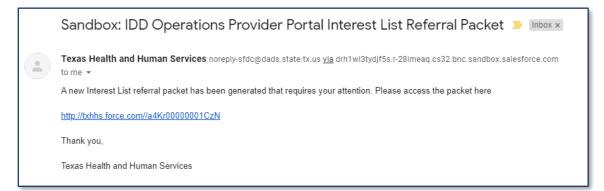
- Submitter Type: Provider
 - Submission Type: Interest List Inquiry
 - ♦ Form 6513, DBMD Applicant Acknowledgement
 - ♦ Form 6514, Provider Notice

- Occumentation of Provider Choice
- ◊ DBMD Enrollment Delay Letter
- ◊ Form 3585, CLASS/DBMD Provider Transfer Form

***Note:** When a user receives a packet with this submission type, the user must confirm receipt by clicking OK within portal.

a. Viewing a Packet Created by Interest List Management

When a packet is created by ILM, CLASS DSAs, CLASS CMAs, and DBMD program providers receive an email notification that an Interest List Inquiry packet has been created in the portal and needs attention. The recipient clicks on the link in the email to open the **IDD Operations Portal** to view the packet.



Click the link in the email to access the portal and open the Interest List Inquiry packet.

b. Receipt Confirmation and Packet Details

When the packet opens within portal, a window will pop up immediately. To proceed user must click "OK" to confirm receipt of Interest List Inquiry submission. This will send a notification to the ILM team user has confirmed reciept.



Once user clicks "OK", the "Interest List Inquiry" packet will be available for user review. Scroll for details including: Packet Information, Uploaded Forms, Packet History, Comment History.

TEXAS Health and Human Services	15			preprod-txhhs.cs32.t	iorce.com says	ОК			
 Messages This packet is now in prog Comments are available. 	ress. If you ne	ed to change to differ	ent Program Type/Submission Type	, please create a New pa	cket.				
			Previous Page Close						
Packet Information									
Pack	et Number	P-024059				Packet Status	Under Revie	w	
Name of the	Individual				Legal Na	ne Of Business	UCG CENTRAL TEXAS HOLDINGS LLC		
	Birthdate					Program Type	CLASS		~
Medica	id Number					Submitter Type	DSA		~
					S	ubmission Type	Interest List	Inquiry	~
•: This may not be an all-inclusive	e list of the req	uired documents for t	the type of submission. With your su	bmission, please upload	other documentation as required in t	e <u>CLASS Progra</u>	n Manuak Hans	HOOK .	
File Form Number	Prog	ram Type	Submission Type	Submitter Ty	pe Required	Form Ty	pe	Form Status	Needs Attention
ditional Attachments									
w/Download								Created Date	

This is a one-way submission from ILM replacing the previously used fax communication method.

10. Terms/Definitions

Terms	Definitions
Attach Form	Portal function upload an e-form to the packet
Cancel	Portal function button located on the Packet Details screen - When clicked, you return to the Packets list screen.
CFC	Community First Choice
CLASS	Community Living Assistance and Support Services, a 1915(c) waiver program
Close	Portal function button located on the Packet Submissions screen allows you to end input to the packet and return to the Packets list screen without further actions
СМА	Case Management Agency
DBMD	Deaf Blind with Multiple Disabilities, a 1915(c) waiver program
DSA	Direct Service Agency
EIN	Employer Identification Number
Electronic Form	Document linked to the Packet Submissions screen
HCS	Home and Community-based Services, a 1915(c) waiver program
HHS	Texas Health and Human Services
ICF-IID	Intermediate Care Facilities For Individuals With Intellectual Or Developmental Disability Or Related Conditions, the program provides residential and habilitation services to people with ID or a related condition
IDD	Intellectual and Developmental Disabilities
IDD PES	HHS Intellectual Developmental Disabilities Program Eligibility and Support section
ID/RC	Intellectual Disability/Related Condition Assessment
IDD UR	HHS Intellectual Developmental Disability Utilization Review section
Individual	A person receiving or interested in receiving services
IPC	Individual Plan of Care
IPP	Individual Program Plan

Terms	Definitions
LIDDA	Local Intellectual and Developmental Disability Authorities, serve as the point of entry for publicly funded IDD programs, whether the program is provided by a public or private entity
MESAV	Medicaid Eligibility Services Authorization Verification
Packet	A group of forms making up a submission for specific programs
Packet Number	Each packet is assigned a number which is unique to that particular packet. It's important to keep up with the number assigned to the packet
Portal	The IDD Operations Portal for submitting packets
Previous Page	Portal function button moved you to the page just before the current page
Program Type	Portal menu button on the Packet Details screen
Provider	A business contracted with the state to provide services to an individual
Save	Portal function button saves the current work
Save & Next	Portal function button saves the current work and moves you to the next screen
Security Authority	User function to delegate others in the same company to have portal access
Status	Column on the Packet list screen showing the progress of the packet submission
Submission Type	The type of request being made by the person submitting a packet
Submitter	A representative of the business submitting a packet
TxHmL	Texas Home Living, a 1915(c) waiver program
Upload Form	Portal function button that allows you to attached a document to the packet
User	A person with access to the IDD Operations Portal