

PCSP Form and Functionality

IDD Services

<u>Health and Human Services Commission</u>

Introduction



- Identify and complete the Preadmission Screening and Resident Review (PASRR) Comprehensive Service Planform.
- Identify the Nursing Facility role and the Local Authority role in completing the PASSR Comprehensive Service Plan (PCSP).
- Demonstrate process of updating PCSP form.

What is the PCSP Form?



- The PCSP form replaced the existing Interdisciplinary Team Meeting (IDT) and PASRR Specialized Services (PSS) form in the long-term care (LTC) portal
- The PCSP was established to document the specialized services agreed upon at the initial IDT/Service Planning Team (SPT), annual IDT/SPT, quarterly and update meetings



Why the PCSP Form is Important

• Provides a "one team" approach for nursing facilities (NF) and local authorities (LAs) to help individuals succeed.

• Ensures providers and Health and Human Services Commission (HHSC) have a comprehensive picture of the progression of PASRR services over a 12-month period.



Completion of the PCSP

- The nursing facility staff completes the PCSP for all initial IDT/SPT and annual IDT/SPT meetings
- The habilitation coordinator completes the PCSP to address all quarterly/update SPT meetings and critical events for a person receiving habilitation coordination.
- The habilitation coordinator enters the PCSP into the LTC Portal



Documentation and Forms

- 1. <u>The PCSP Form</u> (available from the HHSC PASRR website)
- 2. <u>Detailed Item by Item Guide for completing the PCSP</u> (available from the HHSC PASRR website)
- 3. <u>Long Term Care PASRR User Guide for Local</u>
 <u>Authorities</u> (available from the TMHP website).
- *All PASRR related documentation are to be retained (drafts, notes, forms, electronic submissions, etc.) until further notice from HHSC.

What's Current with PCSP?





Review of Major Change



- The PCSP form was first deployed in January 2019.
- Since the form was implemented, there have been a few updates to the form to improve functionality.
 - Medicaid Eligibility field added to form (November 2019).

Medicaid Eligibility Field

 When the PCSP form was first established, the form did not indicate whether the person had Medicaid Eligibility (ME).

 With the update to the form, a field was added to the PCSP form indicating the person's ME status.



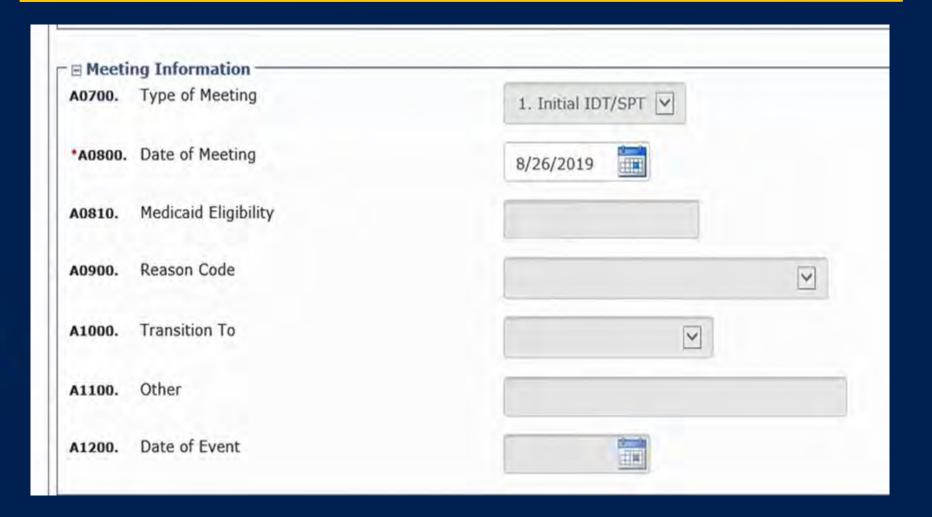
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TIMHP Verifies Medicaid Eligibility

- At the time a meeting is submitted, an ME check will be performed for the following:
 - Initiate PCSP
 - Add Meeting
 - Update Form
- A new field will be added to indicate ME:
 - Field will be displayed for each meeting submitted on the PCSP form.
 - Field will be disabled at all times.
 - Field will be populated with one of the following values:
 - ♦ O. ME Not Found
 - ♦ 1. ME Confirmed
 - ♦ 2. ME Undetermined

Documentation of Medicaid Eligibility





Medicaid Ineligibility Error



- The portal issues two types of warnings to the staff person submitting the PCSP.
- This first warns submitter of Medicaid ineligibility.



Common Issues/Frequently Asked Questions

- Local authority agreement or disagreement;
- Nursing facility and local intellectual and developmental disability authority (LIDDA) Initial/Service Planning Team (SPT) meeting not aligned;
- PL1 Data Entry Errors; and
- Events vs. Update Meetings.



Local Authority Agreement or Disagreement



- The LA, both the LIDDAs, and Local Mental Health Authority (LMHA)/Local Behavioral Health Authority (LBHA) will receive a "Confirm IDT" alert any time a NF submits a PCSP initial and annual meeting form.
- The content of this alert can be viewed by the LA by navigating to the "Alerts" link on the dark blue navigation bar, and by clicking on the Alert Subject.

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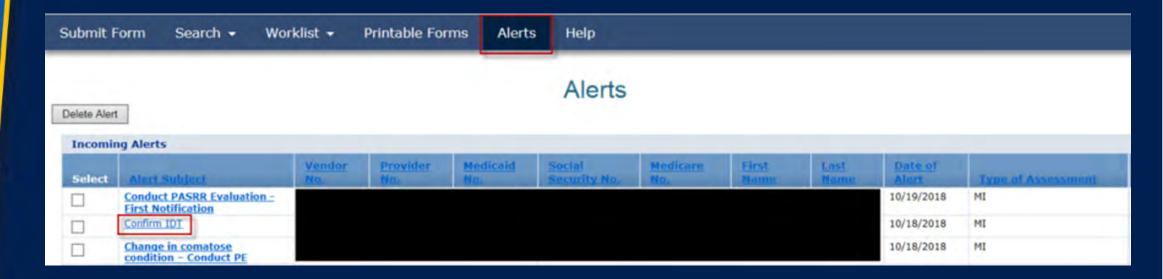
LA Disagreement

Issue #1: NF is entering Initial IDT/SPT meeting information in the TMHP Portal incorrectly by not including all specialized services or meeting attendees. This causes the LIDDA/LMHA to delay confirming the meeting which could potentially cause the LIDDA/LMHA to be non-compliant regarding confirming meeting and services for the individual in the NF.

Solution: If the LA were to disagree with the specialized services submitted by the NF, the LA staff would notify the NF staff of disagreement and allow seven calendar days for NF to revise the PCSP. If after seven days, the NF has not responded, the LA may mark "No." This invalidates the initial or annual IDT/SPT meeting and another must be scheduled.

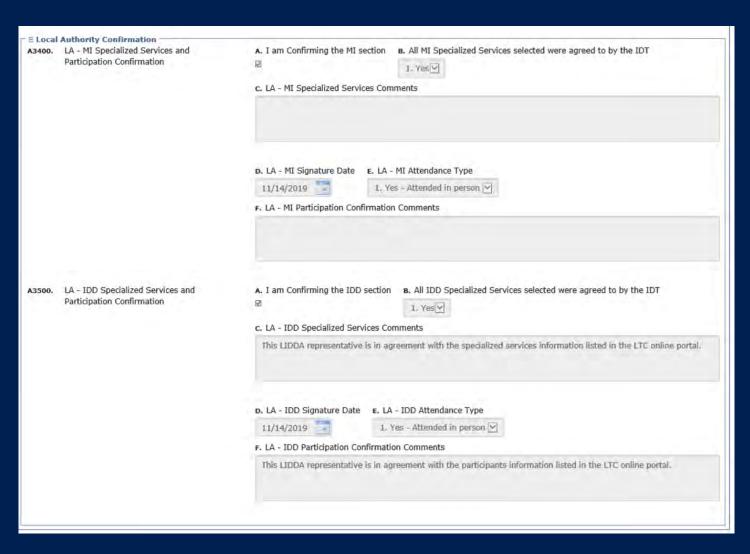
Documenting Agreement or Disagreement: Part 1





Documenting Agreement or Disagreement: Part 2





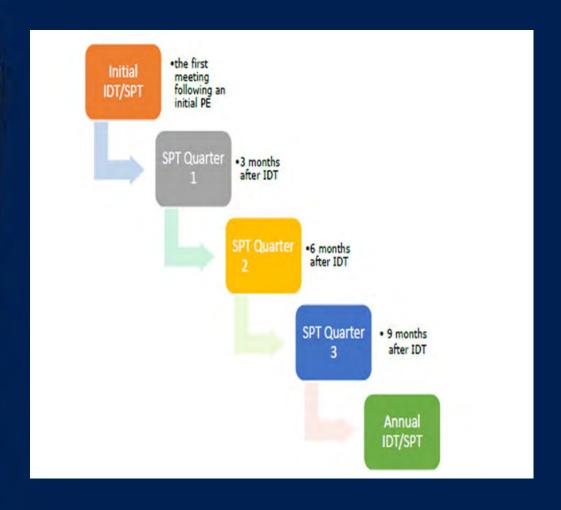
Documenting Agreement or Disagreement: Part 2 Continued



- Any disagreement between the NF and LA regarding the information documented on the IDT meeting after it was confirmed, indicates the LA must hold an LA Update meeting to work out the disagreement
- If the NF can no longer update the IDT meeting, then the NF can contact the HHS PASRR Unit to have the necessary corrections made as long as it is not more than 30 days since the meeting was submitted or updated, the LA has not confirmed the IDT meeting, or a Quarterly or LA Update meeting has not been added to the form.

LIDDA's Quarterlies Timelines





- The initial or annual IDT/SPT Meeting date sets the schedule for the remainder of that plan year.
- All Quarterly Dates are set and must serve as the base schedule—they cannot be revised.
- All meeting results will be documented on the PCSP using the assigned DLN.

NF and LA Initial IDT/SPT Meeting Not Aligned



Issue #2: NF and LIDDA Initial IDT/SPT meeting is occasionally not aligned with HHSC PASRR requirements which causes TMHP portal to reject PCSP form.

- 1a) Initial meeting not held within the correct timeframe.
- 1b) Initial meeting not entered within a timely manner.

Solution: Enter the quarterly after the IDT entered and add a note that says the IDT wasn't submitted until March. Make sure to document this on their PASRR Non-Compliance Form.





Issue #3: LA and NF occasionally enters information incorrectly in PL1, PASRR Evaluation, or both. This causes long term care portal to reject the PCSP form which requires in-depth research to resolve this issue.

Example: Demographic details are entered incorrectly on the PE or PL1. If the LAs have an update meeting after the initial, then it will give them an error message.

Demographic Information Error





- NF and LA need to work as a team to review the PL1 and PE for errors in the demographic sections.
- It will be necessary to redo PL1, PE and IDT/SPT meetings once the correct information is located and entered.
- If the LA and NF can't establish an error in demographic information—contact 1-800-626-4117.

Events vs. Special Update

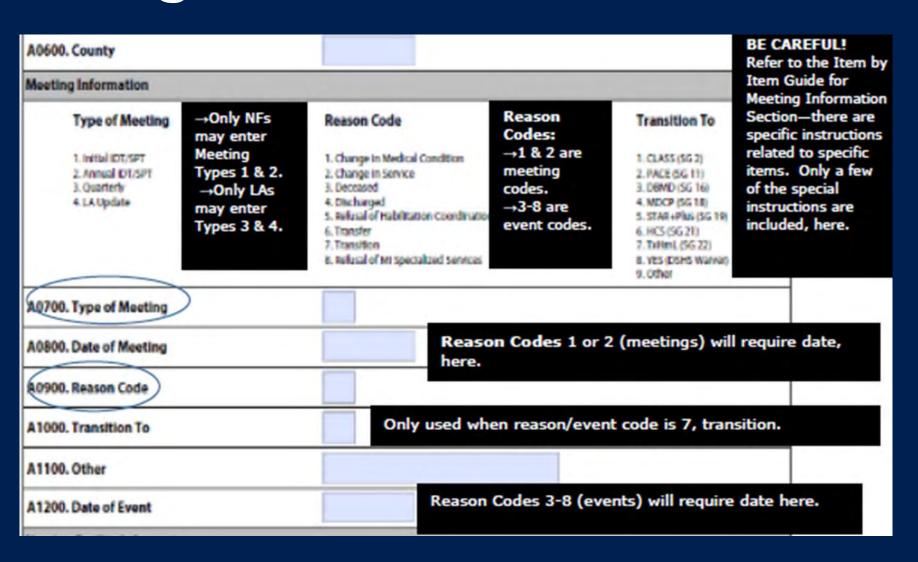


• The LIDDA habilitation coordinator adds meeting results or events results to the current PCSP for all quarterly and LA update meetings of the LIDDA's SPT; these quarterlies or updates are added to the Document Locator Number (DLN) assigned when the NF submitted the Initial/Annual IDT/SPT meeting to the LTC Portal for the plan year.

• FYI, a new change for a person who is PASRR positive for mental illness (MI)-only, the PCSP is used for LMHA to submit special updates and now required quarterly meetings for PASRR positive MI people into the portal.

Meeting Information





Review of Services



- Just like the initial and annual review, all services the individual is eligible for should be discussed and every service have a recorded action from the key code.
- The exception to this rule is during Update options #3-8.
- Individuals who are non-Medicaid eligible or under 21 must have services discussed and recorded in the LA comment section.

When can Special Update Meeting Occur?



Update meetings can be held at any time after the initial meeting to:

- Add a service;
- Change in services;
- Remove services; and
- To discuss transfers, transitions or discharges.

Special Update Meetings

Special update meetings that occur outside the timelines are routinely convened to address any of the following:

- Person experiences a change in medical condition that will affect his/her specialized services.
- 2. A change in the person's specialized services are necessary.
- A recent assessment shows the person cannot benefit from a specialized service.
- 4. An outcome or goal, not previously identified, needs to be added.
- 5. Person/LAR express significant dissatisfaction with specialized services.
- 6. A specialized service isn't being delivered.
- 7. Changes in circumstances that expose the person to additional risks.
- 8. Staff changes that have a direct impact on the delivery of specialized services.
- 9. Any other reason that has significant impact on the person or their specialized services.







- When the LIDDA is completing the PCSP for a special update the LIDDA uses **Reason Code** "1" or "2" to indicate the meeting type.
- For example: LIDDA convenes a meeting to discuss someone's pending transition that would be a reason code "2-Change in Service" because it is a meeting to review potential change in services.





Events can be held at any time after the initial meeting.

Event codes are:

- (3) Deceased,
- (4) Discharged,
- (5) Refusal of Habilitation Coordination,
- (6) Transfer,
- (7) Transition, or
- (8) Refusal of MI Specialized Services

Documenting an "Event" on the PCSP



When the LIDDA is completing the PCSP for an event the LIDDA uses **Reason Code "3"** - **"8"** to indicate the event type.

- For example: you may have a meeting to discuss someone's pending transition—that would be a reason code "2-Change in Service" because it is a meeting to review a potential change in service. If the person transitions to a new community living option, the Hab Coordinator would use code "7-Transition" to report the person's transition (after-the-fact) to the LTC Portal.
- Basically, Reason Codes 3-8 alert the LTC Portal that no more PCSP submittals will be forthcoming for that person using that DLN.

Basic Points to Remember about the PCSP (1 of 3)



- Communication is key! At the beginning of each meeting identify for all
 participants what type of meeting is being conducted and determine
 who has responsibility (NF or LA) to submit the PCSP to the LTC Portal.
- For initial IDT/SPT meetings, review the PL1's and PE's demographic info to ensure accuracy. Info from the PE is used to populate the PCSP form.
- The NF (and only the NF) initiates the PCSP form for people (who are PASRR Positive) initially and annually, thereafter.
- Following the NF's submittal of the initial or annual PCSP, the LA receives an alert to review the PCSP and confirm—the LA must do so within 5 business days of the alert.

Basic Points to Remember about the PCSP (2 of 3)



- If the person receives services from the LA, the LA will use the DLN, initiated by the NF, to post quarterlies or special updates to the LTC portal for the entire plan year (LIDDAs and LMHA/LBHAs).
- The LIDDA Hab Coordinator adds meeting results to the PCSP for all quarterly meetings of the LIDDA's SPT.
- After each LIDDA-SPT meeting (the quarterlies and any special updates), the Hab Coordinator will complete a PCSP form and ensure its submittal to the LTC Portal.

Basic Points to Remember about the PCSP (3 of 3)



- After significant events the Hab Coordinator completes a PCSP form for entry into the LTC Portal within 5 days of being informed of the event.
- The Long-Term Care User Guide & Item-by-Item Instructions provide information on how to access, complete and submit the PCSP form to the LTC Portal.
- For all PASRR positive recipients who have had a positive PE conducted following a CHOW or relocation to another NF, the receiving NF will conduct a new IDT and initiate a new "INITIAL" PCSP.

Conclusion



- In summary, the PCSP form is used to input key information into the LTC Portal regarding the provision of Specialized Services and the person/LAR's preference regarding community living options.
- If you are experiencing difficulty completing the form, itself, you may call Contract Accountability and Oversight at 512-438-5042 for assistance.
- If you are experiencing difficulty inputting the form into the LTC Portal, call 1-800-626-4117:



Thank you

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