

PASRR Comprehensive Service Plan (PCSP) Form

PCSP		
Submitter Information		
A0100. Name	<input style="width: 100%;" type="text"/>	
A0200. Address	<input style="width: 100%;" type="text"/>	
A0300. NPI/API No.	<input style="width: 100%;" type="text"/>	
A0400. Provider No.	<input style="width: 100%;" type="text"/>	
A0500. Vendor No.	<input style="width: 100%;" type="text"/>	
A0600. County	<input style="width: 100%;" type="text"/>	
Meeting Information		
Type of Meeting	Reason Code	Transition To
1. Initial IDT/SPT 2. Annual IDT/SPT 3. Quarterly 4. LA Update	1. Change in Medical Condition 2. Change in Service 3. Deceased 4. Discharged 5. Refusal of Habilitation Coordination 6. Transfer 7. Transition 8. Refusal of MI Specialized Services	1. CLASS (SG 2) 2. PACE (SG 11) 3. DBMD (SG 16) 4. MDCP (SG 18) 5. STAR+Plus (SG 19) 6. HCS (SG 21) 7. TxHmL (SG 22) 8. YES (DSHS Waiver) 9. Other
A0700. Type of Meeting	<input style="width: 100%;" type="text"/>	
A0800. Date of Meeting	<input style="width: 100%;" type="text"/>	
A0900. Reason Code	<input style="width: 100%;" type="text"/>	
A1000. Transition To	<input style="width: 100%;" type="text"/>	
A1100. Other	<input style="width: 100%;" type="text"/>	
A1200. Date of Event	<input style="width: 100%;" type="text"/>	
Nursing Facility Information		
A1300. Provider No.	<input style="width: 100%;" type="text"/>	
A1400. Vendor No.	<input style="width: 100%;" type="text"/>	
A1500. NPI No.	<input style="width: 100%;" type="text"/>	
A1600. Facility Name	<input style="width: 100%;" type="text"/>	

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Local Authority Information

A1700. LA-MI Information

A. LA-MI Provider No. B. LA-MI Vendor No.

C. LA-MI NPI/API No.

A1800. LA-IDD Information

A. LA-IDD Provider No. B. LA-IDD Vendor No.

C. LA-IDD NPI/API No.

Individual Information

A1900. Individual Name

A. First Name B. Middle Initial

C. Last Name D. Suffix

A2000. Social Security No.

A2100. Medicare No.

A2200. Medicaid No.

A2300. Birth Date

A2400. Individual is PASRR positive for: 1. IDD only 2. MI only 3. IDD and MI

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Alternate Placement Consideration

A2600. Alternate Placement Consideration	1. PASRR Evaluation	2. Meeting Type <input style="width: 100%;" type="text"/>
		Date of Meeting = <input style="width: 100%;" type="text"/>
A. Individual Is Best Served In	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> 0. Nursing Facility 1. Community Setting
B. Does the individual wish to transition into the community?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> 0. No 1. Yes

Specialized Services Information

A2700. Specialized Services Indication	1. PASRR Evaluation	2. Meeting Type <input style="width: 100%;" type="text"/>
		Date of Meeting = <input style="width: 100%;" type="text"/>
A. I certify that the need for all habilitative therapies (not rehabilitative therapies) were discussed.	<input type="checkbox"/>	<input type="checkbox"/>

Options for the drop-downs for the Specialized Services

- | | | | |
|---------------------------|-----------------|------------------|---------------|
| 1. Individual/LAR Refused | 3. Ongoing | 5. Item Received | 7. Not Needed |
| 2. New | 4. Discontinued | 6. Pending | 8. Completed |

A2800. Nursing Facility Specialized Services For each service, select the appropriate option from the drop-down list.

	1. PASRR Evaluation	2. Meeting Type <input style="width: 100%;" type="text"/>
		Date of Meeting = <input style="width: 100%;" type="text"/>
A. Individual/LAR Refused all Services	<input type="checkbox"/>	<input type="checkbox"/>
B. Customized Manual Wheelchair (CMWC)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
C. Durable Medical Equipment (DME)	<input type="checkbox"/>	Please See Below
D. Specialized Assessment Occupational Therapy (OT)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
E. Specialized Assessment Physical Therapy (PT)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
F. Specialized Assessment Speech Therapy (ST)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
G. Specialized Occupational Therapy (OT)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
H. Specialized Physical Therapy (PT)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
I. Specialized Speech Therapy (ST)	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

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Participants Information

A2500. Meeting Participation *Identify all meeting participants:*

- | | | | | |
|--|---|---|--|---|
| <p>A. Participant Type</p> <ol style="list-style-type: none"> 1. Individual 2. LA - IDD 3. LA - MI 4. Legally Authorized Representative 5. Nursing Facility - RN 6. Nursing Facility 7. Specialized Services Provider 8. Other | <p>B. Attendance Type</p> <ol style="list-style-type: none"> 1. Yes - Attended in person 2. Yes - Attended via phone 3. No - Did not attend 4. No - Declined | <p>C. Title</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <ol style="list-style-type: none"> 1. Diversion Coordinator 2. Habilitation Coordinator 3. Licensed Clinical Social Worker (LCSW) 4. Licensed Professional Counselor (LPC) 5. Licensed Psychologist 6. Occupational Therapist 7. Physical Therapist 8. Physician (MD or DO) 9. Qualified Mental Health Professional (QMHP) 10. Registered Nurse (RN) </td> <td style="width: 50%;"> <ol style="list-style-type: none"> 11. Service Coordinator 12. Speech Therapist 13. Other 14. N/A </td> </tr> </table> | <ol style="list-style-type: none"> 1. Diversion Coordinator 2. Habilitation Coordinator 3. Licensed Clinical Social Worker (LCSW) 4. Licensed Professional Counselor (LPC) 5. Licensed Psychologist 6. Occupational Therapist 7. Physical Therapist 8. Physician (MD or DO) 9. Qualified Mental Health Professional (QMHP) 10. Registered Nurse (RN) | <ol style="list-style-type: none"> 11. Service Coordinator 12. Speech Therapist 13. Other 14. N/A |
| <ol style="list-style-type: none"> 1. Diversion Coordinator 2. Habilitation Coordinator 3. Licensed Clinical Social Worker (LCSW) 4. Licensed Professional Counselor (LPC) 5. Licensed Psychologist 6. Occupational Therapist 7. Physical Therapist 8. Physician (MD or DO) 9. Qualified Mental Health Professional (QMHP) 10. Registered Nurse (RN) | <ol style="list-style-type: none"> 11. Service Coordinator 12. Speech Therapist 13. Other 14. N/A | | | |

	A.	B.	C.	D. Other	E. Full Name	F. Type of Meeting	G. Date of Meeting
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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A2900. Durable Medical Equipment (DME)

For each service, select the appropriate option from the drop-down list.

	1. PASRR Evaluation	2. Meeting Type <input type="text"/> Date of Meeting = <input type="text"/>
A. Gait Trainer	<input type="checkbox"/>	<input type="checkbox"/>
B. Orthotic Device	<input type="checkbox"/>	<input type="checkbox"/>
C. Positioning Wedge	<input type="checkbox"/>	<input type="checkbox"/>
D. Prosthetic Device	<input type="checkbox"/>	<input type="checkbox"/>
E. Special Needs Car Seat or Travel Restraint	<input type="checkbox"/>	<input type="checkbox"/>
F. Specialized or Treated Pressure-Reducing Support Surface Mattress	<input type="checkbox"/>	<input type="checkbox"/>
G. Standing Board/Frame	<input type="checkbox"/>	<input type="checkbox"/>

A3000. IDD Specialized Services

For each service, select the appropriate option from the drop-down list.

	1. PASRR Evaluation	2. Meeting Type <input type="text"/> Date of Meeting = <input type="text"/>
A. Individual/LAR Refused all Services	<input type="checkbox"/>	<input type="checkbox"/>
B. Alternate Placement Services	<input type="checkbox"/>	<input type="checkbox"/>
C. Behavioral Support	<input type="checkbox"/>	<input type="checkbox"/>
D. Day Habilitation	<input type="checkbox"/>	<input type="checkbox"/>
E. Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
F. Habilitation Coordination	<input type="checkbox"/>	<input type="checkbox"/>
G. Independent Living Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
H. Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>
I. Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>

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A3100. MI Specialized Services

For each service, select the appropriate option from the drop-down list.

	1. PASRR Evaluation	2. Meeting Type Date of Meeting =
A. Individual/LAR Refused all Services	<input type="checkbox"/>	<input type="checkbox"/>
B. Group Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
C. Individual Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
D. Intensive Case Management	<input type="checkbox"/>	<input type="checkbox"/>
E. Medication Training (Group)	<input type="checkbox"/>	<input type="checkbox"/>
F. Medication Training (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
G. Medication Training & Support Services (Group)	<input type="checkbox"/>	<input type="checkbox"/>
H. Medication Training & Support Services (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
I. Psychiatric Diagnostic Interview Examination	<input type="checkbox"/>	<input type="checkbox"/>
J. Psychosocial Rehabilitative Services (Group)	<input type="checkbox"/>	<input type="checkbox"/>
K. Psychosocial Rehabilitative Services (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
L. Routine Case Management	<input type="checkbox"/>	<input type="checkbox"/>
M. Skills Training & Development (Group)	<input type="checkbox"/>	<input type="checkbox"/>
N. Skills Training & Development (Individual)	<input type="checkbox"/>	<input type="checkbox"/>

Comments

A3200. Nursing Facility Comments

A3300. Local Authority Comments

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Local Authority Confirmation

A3400. LA-MI Specialized Services and Participation Confirmation

A. I am Confirming the MI section

B. All MI Specialized Services selected were agreed to by the IDT

0. No
1. Yes

C. LA-MI Specialized Services Comments

D. LA-MI Signature Date

E. LA-MI Attendance Type

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

F. LA-MI Participation Confirmation Comments

A3500. LA-IDD Specialized Services and Participation Confirmation

A. I am Confirming the IDD section

B. All IDD Specialized Services selected were agreed to by the IDT

0. No
1. Yes

C. LA-IDD Specialized Services Comments

D. LA-IDD Signature Date

E. LA-IDD Attendance Type

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

F. LA-IDD Participation Confirmation Comments

DRAFT