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# **Changes to the PASRR Comprehensive Service Plan**

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## **HHS PASRR Staff**

September 2019

# What's New With The PASRR Comprehensive Service Plan (PCSP)?



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# A2500 B Attendance

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If a Habilitation Coordinator has been assigned, there are certain meeting types that the Coordinator has to attend in person (Initial, Annual and Quarterly).

If there is not an assigned Habilitation Coordinator, use A2500 A 2 for LA-IDD.



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# Meeting Types/Codes

## Meeting Information

### Type of Meeting

1. Initial IDT/SPT
2. Annual IDT/SPT
3. Quarterly
4. LA Update

### Reason Code

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



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# Field A2500 C

Added Qualified Intellectual Disability Professional as a new value for field A2500 C.

## C. Title

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)
11. Service Coordinator
12. Speech Therapist
13. Other
14. N/A
15. Qualified Intellectual Disability Professional (QIDP)



# Field A2700

Field A2700 updated to "Nursing Facility Specialized Services Indication" and will only be required when field A2400. Individual is PASRR positive for: displays "1. IDD only" or "3. IDD and MI".

Specialized Services Information		
<b>A2700. Nursing Facility Specialized Services Indication</b>	Complete only if A2400 = '1. IDD only' or '3. IDD and MI'.	
	<b>1. PASRR Evaluation</b>	<b>2. Meeting Type</b> <input type="text"/> Date of Meeting = <input type="text"/>
A. I certify that the need for all habilitative therapies (not rehabilitative therapies) were discussed.	<input type="checkbox"/>	<input type="checkbox"/>

# Disposition of Specialized Services

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You will now only be required to address the Specialized Services the individual is eligible for based on their PASRR condition.

A2800, A2900, A3000, A3100 drop-down fields may be grayed out in column 2 of each of these sections based on the information noted on A2400.



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# Pending Medicaid/Under 21

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For individuals who do not have Medicaid at the time of the meeting or are under the age of 21, use "Pending" as the drop-down choice instead of "Not Needed".

This change indicates that as soon as the individual receives Medicaid or turns 21 years of age, the services can begin.





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# Pending Medicaid/Under 21

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You must use the comment boxes to describe how the individual can obtain needed services while pending eligibility.

Once Medicaid is established and/or the person turns 21, an update meeting can be held to discuss services and to change the disposition.

# Additional Mental Health Services



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## New Section A3110

### A3110. Additional MI 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. Cognitive Processing Therapy	<input type="checkbox"/>	<input type="checkbox"/>
B. Counseling Services (CBT - Individual or Group)	<input type="checkbox"/>	<input type="checkbox"/>
C. Crisis Intervention Services	<input type="checkbox"/>	<input type="checkbox"/>
D. Peer Support	<input type="checkbox"/>	<input type="checkbox"/>
E. Pharmacological Management	<input type="checkbox"/>	<input type="checkbox"/>

# Additional Mental Health Services



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## PASRR Comprehensive Service Plan (PCSP) Form

### A3110. Additional MI Specialized Services continued

F. Screening Brief Intervention and Referral to Treatment (SBIRT) Screening - Brief Intervention Not Provided	<input type="checkbox"/>	<input type="checkbox"/>
G. Screening Brief Intervention and Referral to Treatment (SBIRT) Screening - Brief Intervention Provided	<input type="checkbox"/>	<input type="checkbox"/>



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# Error Message Changed

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When completing any text box on the PCSP, the following characters are allowed: 0-9, A-Z, a-z, and @'/+, -.

If you attempt to enter anything other than the accepted characters, you will receive this message:

“(field name) “contains invalid alphanumeric characters. Alphanumeric characters are limited to: 0-9, A-Z, a-z, and the following characters @'/+, \_-.”



# Comment Boxes

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Sections A3200 and A3300 are for the Nursing Facility and the Local Authority (LA) to record comments. They have been increased in size to allow up to 1000 characters.

Comments are required to address services indicated as "Not Needed", "Discontinued" or when "Pending" is used for individuals pending Medicaid or under 21.



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# LA Confirmation

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The form has been adjusted to allow both the LIDDA and the LMHA/LBHA to confirm services and attendance on the initial/annual Interdisciplinary Team (IDT)/Service Planning Team (SPT).

Before the enhancement, only one LIDDA or LMHA/LBHA could confirm and submit the form.



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# Concerns with PCSP

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LAs are submitting PCSP forms as quarterly reviews when the meeting type should have been indicated as an annual or initial meeting.

NFs are trying to submit annuals after a quarterly when the annual is not due yet. The system will not accept these.

# Communication IDT/SPT Meetings

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Communication is Key!

At the start of the meeting, identify the type of meeting being held.

Discuss who will enter the form information into the portal.

Work together to schedule meetings.





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# Review Needed

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Before you start the meeting, determine Medicaid eligibility and age.

Review the demographic information on the PASRR Level 1 Screening and PASRR Evaluation (PE) to ensure it is accurate.

Information from the PE is used to populate the PCSP form. If the information (DOB, SSN, Name, Medicaid and Medicare numbers) is wrong, the information on the PCSP will also be wrong.

### Form Activity

- All Forms
- 3618 / 3619
- LTCMI
- PASRR
- PCSP
- MCO Notification
- Prior Authorization
- NFSS
- TMHP Alerts

**A2500 Participants Information** Add Participant to this meeting

	A. Participant Type	B. Attendance Type	C. Title	D. Other
1	Individual	Yes - Atten	Other	test
2	LA - IDD	Yes - Atten	Speech Thera	test
3	<b>You must select an option.</b>	Yes - Atten	Licensed Clini	test
4	Habilitation Co	Yes - Atten	Licensed Profi	test

-- Please Select --

- Individual
- LA - IDD
- LA - MI
- Legally Authorized Representative
- Nursing Facility - RN
- Nursing Facility
- Specialized Services Provider
- Other
- Habilitation Coordinator**

**2. Meeting Type**

-- Please Select -- Individual Is Best Served In:

-- Please Select -- Does the Individual wish to tra

C. Title	D. Other	E. F
Qualified Intell		
<b>-- Please Sele</b>		
-- Please Select --		
<ul style="list-style-type: none"> <li>Diversion Coordinator</li> <li>Habilitation Coordinator</li> <li>Licensed Clinical Social Worker (LCSW)</li> <li>Licensed Professional Counselor (LPC)</li> <li>Licensed Psychologist</li> <li>Occupational Therapist</li> <li>Physical Therapist</li> <li>Physician (MD or DO)</li> <li>Qualified Mental Health Professional (QMHP)</li> <li>Registered Nurse (RN)</li> <li>Service Coordinator</li> <li>Speech Therapist</li> <li>Other</li> <li>N/A</li> <li>Qualified Intellectual Disability Professional (QIDP)</li> </ul>		

- All TMHP PCSP functionality has been duplicated in SimpleCFS™
- New PCSP functionality rolled out Aug. 22



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# Thank you

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