Detailed Item by Item Guide
For completing the
Authorization Request for PASRR Nursing Facility
Specialized Services
(NFSS) Form
Version 1.0
# CONTENTS

Overview .................................................................................................................................................................................... 3
Purpose ...................................................................................................................................................................................... 4
Section 1. When to complete and submit an NFSS form ................................................................. 5
Section 2. Performing an Assessment for the NFSS form ........................................................................ 5
Section 3. How to submit a Request for authorization for an Assessment on the NFSS Form .......... 6
Section 4. How to submit a Request for authorization for a Service on the NFSS Form ................. 9
Section 5. Uploading MSRP Quotes, Signature Sheets, and Receipt Certifications .................... 10
Section 6. PASRR Transaction ID (PTID) and Workflow process .................................................. 11
Section 7. Updating the NFSS Form ......................................................................................................................... 12
Section 8. Notifications on the Status of the NFSS Form ...................................................................... 13
    Letters ........................................................................................................................................................................... 13
    Alerts ........................................................................................................................................................................... 13
Section 9. Form Status Inquiry of the NFSS Form .............................................................................. 13
Section 10. NFSS Form Retention Period .............................................................................................. 14
Section 11. Coding Conventions ......................................................................................................................... 14
Section 12. Assistance ..................................................................................................................................................... 16
Section 13. Item by Item steps for completing the NFSS Form ......................................................... 17
    Resident/NF Tab ......................................................................................................................................................... 17
    CMWC/DME Assessment Tab .......................................................................................................................... 19
    CMWC Request Tab ............................................................................................................................................. 25
    DME Request Tabs ........................................................................................................................................... 31
    Therapy (OT, PT, ST) Assessment Tabs .......................................................................................................... 38
    Therapy Service Tab ........................................................................................................................................... 42
    Authorization Summary Tab ........................................................................................................................ 46
Section 14. LIDDA\LMHA Permissions ................................................................................................. 48
OVERVIEW
This guide is to be used in conjunction with the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal to complete the Authorization Request for PASRR Nursing Facility Specialized Services (NFSS) form for submission to the Health and Human Services Commission (HHSC).

The NFSS form is used to request specialized services including durable medical equipment, customized manual wheelchair, and habilitative therapies.

In order for a resident to become eligible for specialized services, and prior to an authorization request being submitted, the standard Preadmission Screening and Resident Review (PASRR) procedures must be followed as described below:

PL1
The PASRR Level I (PL1) Screening Form is designed to identify persons who are suspected of having mental illness (MI), intellectual disability (ID) or a developmental disability (DD) also referred to as related conditions (RC).

The referring entity (RE), local intellectual or developmental disability authority (LIDDA), or nursing facility will screen the resident and fill out all fields of the PL1 Screening Form and enter the PL1 into the Portal.

If documentation entered on the PL1 indicates MI/ID/DD, a PASRR Evaluation (PE) must be completed.

PE
The PE is completed by the LIDDA or local mental health authority (LMHA) and is designed to confirm the suspicion of MI, ID, or DD/RC, ensure the resident is placed in the most integrated residential setting and is receiving the specialized services needed to improve and maintain the resident’s level of functioning.

IDT
For a resident with a positive PE, the initial interdisciplinary team (IDT) meeting is held within 14 days of a resident’s admission into the nursing facility to determine whether the resident is best served in a facility or community setting. In addition, the IDT meeting is used to identify which of the specialized services recommended for the resident that the resident, or legally authorized representative (LAR) on the resident’s behalf, wants to receive.

Once the IDT meeting is held, a specialized services review meeting is held annually thereafter to review and update any specialized services the resident or the resident’s LAR wants to receive.

The interdisciplinary team consists of:
• the resident;
• the resident’s LAR, if any;
• a registered nurse from the nursing facility with responsibility for the resident;
• a representative of the LIDDA or LMHA; and
• others as follows:
  o concerned persons whose inclusion is requested by the resident or LAR;
  o persons specified by the resident or LAR, nursing facility, or LIDDA or LMHA, as applicable, who are professionally qualified or certified or licensed with special training and experience in the diagnosis, management, needs, and treatment of people with MI, ID, or DD; and
  o representatives of the appropriate school district, if the resident is school eligible, as requested by the resident or LAR.

As a required member of the IDT, a representative of the LIDDA or LMHA will confirm its attendance at the meeting (in person or by phone) and that the specialized services listed on the IDT or in a specialized services review meeting were those agreed to during the meeting.

NFSS
The nursing facility has 30 days from the date of the initial IDT or a specialized services review meeting to initiate all PASRR nursing facility specialized services recommended and agreed to at the meeting. The following nursing facility specialized services must be requested using the NFSS Form on the LTC Online Portal:

• physical therapy (PT),
• occupational therapy (OT), and
• speech therapy (ST);
• a customized manual wheelchair (CMWC); and
• durable medical equipment (DME), which consists of:
  o a gait trainer;
  o a standing board;
  o a special needs car seat or travel restraint;
  o a specialized or treated pressure-reducing support surface mattress;
  o a positioning wedge;
  o a prosthetic device; and
  o an orthotic device.

PURPOSE

This document will describe details about the NFSS form, when it should be used, how to request a service, and how the NFSS forms will be approved by HHSC for service authorization.

The NFSS form cannot be used to request nursing facility rehabilitative services or customized power wheelchairs. Approval of rehabilitative services, DME and customized
power wheelchairs for any individual enrolled in STAR+PLUS Managed Care must be requested from the managed care organization (MCO) of the enrolled individual.

SECTION 1. WHEN TO COMPLETE AND SUBMIT AN NFSS FORM

Before providing a PASRR nursing facility specialized service, a nursing facility must request and receive approval (pre-authorization) from HHSC through the LTC Online Portal to provide the service. Once approval is obtained from HHSC, a nursing facility must submit a complete and accurate claim within 12 months of the end of the month in which the service was provided. Only nursing facilities can submit an NFSS form on the LTC Online Portal.

After a service authorization request has been approved or denied by HHSC, the LIDDA and LMHA will be able to view the status of the request on the LTC Online Portal.

The nursing facility has 30 days from the date of the IDT or specialized services review meeting to initiate the recommended PASRR nursing facility specialized services. If the NFSS form is submitted after the 30th day, the submitter will receive a warning message of “Request was not submitted within 30 calendar days of IDT meeting” per §19.2704. If no IDT has been submitted prior to initiation of the NFSS form, the submitter will receive a warning message of “IDT not found.”

Once a PASRR specialized service has been recommended through the IDT or the LIDDA’s service planning team meeting, the nursing facility should initiate the required assessment to verify and confirm the needs of the resident. If the assessment confirms the need for the specialized service, authorization for the assessment and the service should be submitted to the LTC Online Portal together using the same NFSS form. If the assessment does not confirm the need for the particular service, the nursing facility may still request authorization for payment for performing the assessment (Assessment Only).

The NFSS form on the LTC Online Portal is used to submit both assessment and service requests. An assessment must typically be entered with a service request, the only exception being a therapy recertification.

SECTION 2. PERFORMING AN ASSESSMENT FOR THE NFSS FORM

A nursing facility will see an "Initiate NFSS" button on the Form Actions bar of the PL1 for residents who are PASRR positive (have a diagnosis of ID, DD, or MI) and have a supporting PE with a diagnosis of IDD or IDD/MI. Additionally, the resident must be at least 21 years of age to qualify for NF PASRR specialized services. For residents who are under 21 years of age, nursing facilities can access services through the Texas Health Steps program at https://www.mychildrensmedicaid.org/.

For any of the PASRR nursing facility specialized services requested, a licensed therapist must perform, or have recently performed, an assessment on the resident to determine
whether the service being requested is medically necessary. Depending on the service being requested, the therapist must be either a physical therapist, occupational therapist, or a speech language pathologist and be licensed in the state of Texas.

The assessment by the therapist should be performed using the assessment tool normally used by the therapist, or the therapist may choose to use the Assessment section of the relevant NFSS form. **No matter which assessment instrument is used, all assessment information required on the NFSS form must be entered with the approval request.** Once the assessment has been performed, the nursing facility must submit the request through the LTC Online Portal no more than 30 days from the date it was performed by the therapist. The original assessment is maintained in the individual resident’s medical record.

A therapist can perform an assessment at any time to evaluate the needs of the resident; however, HHSC will only authorize payment for the same type of assessment for the same resident, in the same nursing facility, every 180 days. However, changes in therapy services identified as necessary to meet the resident’s needs can still be submitted for authorization regardless of when an assessment is completed as long as there is an authorized assessment on file with HHSC within the previous 180 days for the specific therapy service being requested. In this case, the new assessment should be entered with the request for authorization of the service.

**SECTION 3. HOW TO SUBMIT A REQUEST FOR AUTHORIZATION FOR AN ASSESSMENT ON THE NFSS FORM**

A therapist will complete the assessment using either the assessment tool normally used by the therapist or the nursing facility, or may download and/or print an NFSS form and use the appropriate assessment tab. If the assessment confirms the need for a particular PASRR specialized service, both the assessment and the related service request should be submitted on the LTC Online Portal using the same NFSS form. If the assessment does not indicate the need for a particular specialized service, the assessment may be entered on the NFSS form on the LTC Online Portal and submitted for service authorization separately as an “Assessment Only” request.

After the assessment is completed, information from the assessment must be data entered into the NFSS form and successfully submitted. The original assessment is maintained in the resident’s medical record.

**PDF Form**
A copy of the NFSS form in PDF format is available for downloading at: http://www.tmhp.com/Pages/LTC/ltc_forms.aspx

If a therapist chooses to use the downloaded PDF copy of the NFSS form to record the assessment, all information from the Assessment section must be data entered on the NFSS
form and the original assessment completed on the PDF form is maintained in the resident’s medical record.

Using the hyperlink shown above, the therapist will be able to access the NFSS form(s) to be used when performing an assessment for a CMWC, a DME, or a habilitative therapy. Each type of service and the related assessment is represented on a separate PDF file on the forms page at the link above. The following NFSS forms are available on the site:

- Authorization Request for NF Specialized Services (NFSS) for CMWC
- Authorization Request for NF Specialized Services (NFSS) for DME
- Authorization Request for NF Specialized Services (NFSS) for Habilitative Therapies (OT, PT, ST)

The PDF NFSS form should NOT be faxed to TMHP or HHSC as a means to request a specialized service. These requests will not be addressed based on paper forms.

**Required Signatures**
Each assessment entered on the NFSS form must be accompanied by an attachment with the therapist’s signature.

When requesting authorization for an assessment, a nursing facility must ensure the assessment is signed by the therapist that performed the assessment. If the submission will also be requesting authorization for a service, the attachment must contain the signatures of the referring physician and the nursing facility administrator. This is done by downloading the signature page from the LTC Online Portal, having the therapist sign the signature page to indicate they are the therapist performing the assessment, and uploading the signed (scanned) page on the LTC Online Portal as part of the NFSS form submission.

**Attachments**
Attachments that must be submitted in conjunction with the NFSS form:

For CMWC:
- PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page (for Therapist, Referring Physician and NF Administrator signatures)
- PASRR NF Specialized Services (NFSS) - CMWC Supplier Acknowledgment and Signature Page
- PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification (for Therapist and NF Administrator signatures)

For DME:
- PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page
- PASRR NF Specialized Services (NFSS) - DME Supplier Acknowledgment and Signature Page
- PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification

For Habilitative Therapies:
• PASRR NF Specialized Services (NFSS) - Therapy Signature Page (for Therapist, Referring Physician and Nursing Facility Administrator signatures)

A nursing facility may request the assessment and the service by completing both the assessment tab and the corresponding service tab on the NFSS form. If a nursing facility is asking for authorization for an “Assessment Only”, then select one of the following:

- Authorization Request for NF Specialized Services (NFSS) for CMWC – CMWC Assessment Only.
- Authorization Request for NF Specialized Services (NFSS) for DME – DME Assessment Only.
- Authorization Request for NF Specialized Services (NFSS) for Habilitative Therapies (OT, PT, ST) – Under Authorization Type: Assessment Only (on the therapy assessment tab)

**Note:** There are three types of therapy service authorization requests:

- **New (Submit initial assessment)** – An initial therapy assessment completed by the therapist is required. The service request must include a treatment plan. A physician’s signature is required.
- **Recertification (Does not require updated treatment plan)** – An updated assessment completed by the therapist is not required if the frequency, duration, and intensity remain the same.
  - If the frequency, duration, and intensity have changed, a **new** assessment is required.
- **Restart (Submit assessment)** – An updated assessment completed by the therapist must be submitted. The service request must include a treatment plan. A physician’s signature is required.

For those services that a resident receives on a recurring basis, such as therapies, the submitter can use the Populate button on the NFSS form to populate data from a previous assessment into a new NFSS service request. This populated information can be edited in order to update assessment information, alleviating the need for the submitter to key in all assessment information again.

For therapy recertification requests, the data will be auto-populated and captures data from the previous assessment, but this information will not be able to be edited.

**Assessment Procedure**

NFSS submission procedure for an assessment request:

1. From the PL1, Click on the “Initiate NFSS” button.
2. From the Resident/NF tab under “Type of Service Requested”, select the service for which the assessment was performed from the list of available nursing facility specialized services (CMWC, DME, or Habilitation Therapies).
3. From the appropriate Assessment tab, select “assessment only OR if requesting a service, select either the “CMWC” or “DME” service type, OR if requesting a therapy service(s) check all those therapies for which an assessment was performed.
4. The related tabs will then be made available for data entry.
5. Complete the assessment tab first. Enter the data from the hand written therapist’s assessment paper form into the online version of the NFSS form.
6. Retain a copy of the hand written therapist’s assessment paper form, with the appropriate original signatures, in the resident’s record.
7. The NFSS form must include the phone number of the therapist where they can be contacted.
8. The NFSS form must include one uploaded signature page per assessment being requested (OT, PT, ST, CMWC, DME). The signature pages required for each assessment or service can be found in the Upload Attachments section of each tab.
9. Once the submitter enters the required information, click the “Save as Draft,” button located at the bottom right of the screen or click the “Save as Draft” button located in the yellow Form Actions bar to save the document.
10. The submitter will then print the necessary attachment signature page from the assessment or service tab, obtain the required signatures, scan and upload the signature sheet(s), and submit the NFSS form.
11. Successful submission of the NFSS form will generate a unique Document Locator Number (DLN).

SECTION 4. HOW TO SUBMIT A REQUEST FOR AUTHORIZATION FOR A SERVICE ON THE NFSS FORM

As previously indicated, for any of the PASRR nursing facility specialized services being requested, a therapist licensed in the state of Texas must perform an assessment on the resident to determine whether the service being requested is medically necessary. When requesting a PASRR specialized service, a nursing facility must ensure that the service is required by the resident’s comprehensive care plan, is based on a relevant diagnosis, and ordered by the resident’s attending physician.

The referring physician’s signature is submitted by downloading the Signature Page from the relevant tab on the NFSS form (CMWC Request, OT Assessment, etc.), and having the physician sign the signature page to indicate the service is medically necessary and provided under the resident’s treatment plan. This signed Signature Page must then be uploaded to the Upload Attachment subdivision as part of the NFSS form service request submission. For therapy recertification requests, a physician’s signature is not required.

Note: A nursing facility must request the service by completing both the assessment tab and the service tab on the NFSS form.

Service Request Procedure
NFSS submission procedure for a service request:
1. From the PL1, Click on the “Initiate NFSS” button.
2. Under “Type of Service Requested”, select the service for which the assessment was performed from the list of available nursing facility specialized services (CMWC, DME, or Habilitation Therapies).

3. Select either the “CMWC” or “DME” service type, OR if requesting a therapy service(s) select all those therapies for which an assessment was performed.

4. Complete the assessment tab first. Enter the data from the therapist’s hand written assessment paper form into the online version of the NFSS form.

5. Data enter the required information based on the service being requested from the hand written therapist’s assessment paper form into the specific service sections of the NFSS form.

6. Retain a copy of the hand written therapist’s assessment paper form, with the appropriate original signatures, in the resident’s record.

7. The NFSS form must include the phone number of the therapist where they can be contacted.

8. The submitter can data enter the required information then click the “Save as Draft,” button located at the bottom right of the screen or click the “Save as Draft” button located in the yellow Form Actions bar to save the document.

9. The submitter will then obtain the required signatures, upload the signature sheet(s) and submit the NFSS form.

10. For habilitative therapy requests (OT, PT, ST), the NFSS form must upload one signature page (attachment) per service being requested for the therapist, physician, and nursing facility administrator.

11. For CMWC or DME requests, the NFSS form must uploaded one signature page (attachment) per service being requested (DME, CMWC) for the therapist, physician, and nursing facility administrator as well as a CMWC/DME supplier signature page.

12. For a therapy service, DME item, or CMWC request, the administrator’s signature acknowledges their awareness that a request for services has been submitted for a resident in their facility.

13. For DME and CMWC requests, the NFSS form must include uploaded Manufactured Suggested Retail Price (MSRP) quotes.

14. Successful submission of the NFSS form will generate a unique Document Locator Number (DLN).

**SECTION 5. UPLOADING MSRP QUOTES, SIGNATURE SHEETS, AND RECEIPT CERTIFICATIONS**

As indicated in Sections 3 and 4 under the NFSS form submission procedures, the NFSS form submission must include the attachments listed under each service category. The attachments are added to the assessment or service request by using the “Upload Attachment” feature on each tab.

Habilitative Therapies:

1. One uploaded signature page per assessment being requested (OT, PT, and ST).
2. One uploaded signature page per service being requested (OT, PT, and ST) for the therapist, physician, and nursing facility administrator.
   • PASRR NF Specialized Services (NFSS) - Therapy Signature Page

DME/CMWC
3. One uploaded signature page per service being requested (DME, CMWC) for the therapist, physician, CMWC/DME supplier, and nursing facility administrator.
4. For DME and CMWC requests, the NFSS form must include uploaded MSRP catalog pricing. The supplier must furnish information that verifies the prices listed on the Itemized MSRP List for each of the items listed. The catalog pricing for the item must indicate the item is priced at an amount that is the same as, or less than, the MSRP. Quotes are not acceptable substitutes for the catalog pricing documentation.
5. Additionally, for any approved DME item or CMWC in “Pending NF Receipt” status, a receipt certification attachment must be uploaded into the LTC Portal after the item has been delivered. The signature by the therapist on this attachment certifies that the item meets the needs of the resident as specified in the assessment. It also indicates, by the administrator’s signature, that the item was delivered and received by the nursing facility.
6. **Failure to submit this receipt confirmation will delay or prevent the facility’s reimbursement.**
   • PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page
   • PASRR NF Specialized Services (NFSS) - CMWC Supplier Acknowledgment and Signature Page
   • PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification
   • For DME:PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page
   • PASRR NF Specialized Services (NFSS) - DME Supplier Acknowledgment and Signature Page
   • PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification

An icon on each tab will indicate the required pages and attachments for downloading. The submitter will click on this icon and download the page/attachment, obtain the appropriate signatures or information and upload the page/attachment back to the appropriate request/PTID. Multiple file types are acceptable for upload.

**SECTION 6. PASRR TRANSACTION IDENTIFICATION (PTID) AND WORKFLOW PROCESS**

A PASRR Transaction Identification (PTID) will be created for each assessment or service successfully submitted with an NFSS form. The PTID is similar to the form status, but is created to track each individual assessment or service authorization associated with the
form. Each PTID will represent a request as it moves through the system workflow from submission to review by the PASRR Unit and if approved, to the Service Authorization System to be set up for payment. Once a form is submitted, the PTIDs created will be listed on the Auth Summary tab along with their status. The PTID is also listed at the bottom of each assessment or service tab in the Authorization Section (i.e. CMWC/DME Assessment, Gait Trainer).

Some of the more common statuses that the nursing facility will need to monitor are:

- Pending State Review – request is awaiting state staff’s review
- Pending Denial – more information is needed from the facility. If not received by the deadline, the request will be denied
- Denied – the request does not meet the criteria for approval
- Pending NF Receipt – for approved DMEs or CMWCs, a receipt confirmation must be submitted
- Pending State Confirmation - once the nursing facility submits a receipt confirmation for a DME or CMWC, the request is submitted for state staff’s review and final approval

PTID History will be displayed at the bottom of each assessment or service tab and records the different PTID statuses as it moves through the system workflow.

Every NFSS form will also have a Form History that can also be found at the bottom of each assessment or service tab. This history shows the different statuses the form processes through during submission and workflow processes.

Once an NFSS form is submitted, the user can check both the Form status and the PTID status by referring to the individual assessment or service tab, or the Authorization tab of the NFSS form.

For a complete list of provider workflow and PTID statuses, refer to the User Guide for Nursing Facilities and Hospice Providers.

SECTION 7. UPDATING THE NFSS FORM

The “Update” NFSS form feature allows the submitter to make corrections to the NFSS form fields on the assessment or service tabs until the point that HHSC takes action on the request by changing the status to approved or denied. Once HHSC changes the status, the submitter can make no further updates to the form fields (data entry); however, attachments (signature pages, acknowledgement, and receipt certification pages, etc.) can still be uploaded and attached to the specific NFSS form.

The nursing facility may use the “Update” button on the PTID action bar to add or change data.
Submitters will also have the ability to add notes on the NFSS form on the LTCOP. The NFSS form allows the user to add a note using either the “Add Note” button on the yellow Form Action bar under the Resident/NF tab or by using the “Add Note” button located on each PTID action bar.

SECTION 8. NOTIFICATIONS ON THE STATUS OF THE NFSS FORM

LETTERS
After a nursing facility submits a request for authorization to provide specialized services, HHSC will notify the resident or the resident's LAR of the status of the request via letter: that the request has been approved, denied, set to pending denial, and the result of a fair hearing, if one was requested.

 ALERTS
The nursing facility will receive an alert for an approval, denial, or pending denial (request for additional information) of its request for specialized services through the LTC Online Portal. It is important for nursing facility staff to access the Alert screen on the LTC Online Portal on a daily basis in order to meet the timelines associated with a specialized service request. Failure to provide HHSC with the specific requested information by the due date will result in the request being denied.

LIDDA and LMHA staff with LTC Online Portal access have view-only access to the NFSS form submitted by the nursing facility and will also receive alerts that the nursing facility receives (approvals and denials) in order to monitor the status of a specialized service request.

Note: Providers who use third-party vendors will not have access to these alerts.

SECTION 9. FORM STATUS INQUIRY OF THE NFSS FORM

Form Status Inquiry (FSI) feature provides a query tool for monitoring the status of NFSS forms that have been successfully submitted. FSI is located on the LTC Online Portal and can be accessed by clicking the Search link on the blue navigational bar and then choosing Form Status Inquiry from the drop-down box.

The user should select “NFSS: Authorization Request for PASRR NF Specialized Services” for the “Type of Form” in the drop-down box on the FSI and enter their vendor number.

The user will be able to search from the following search criteria to find an NFSS request:

- DLN
- Medicaid Number
- Last Name
- First Name
- Form Status
The “From Date” and “To Date” will be pre-populated.

Type of Service
- CMWC Assessment Only
- CMWC
- DME Assessment Only
- DME
- Occupational Therapy
- Physical Therapy
- Speech Therapy

Requested DME Item
- Gait Trainer
- Orthotic Device
- Positioning Wedge
- Prosthetic Device
- Special Needs Car Seat or Travel Restraint
- Specialized or Treated Pressure-Reducing Support Surface Mattress
- Standing Board/Frame

Therapy Authorization Type
- Assessment Only
- New
- Restart
- Recertification

The search results will return one Document Locator Number (DLN) and two PTIDs when there is a request for an assessment and another request for a service for those NFSS forms submitted within the date range. Otherwise, the search result will return one DLN and one PTID for “assessment only” requests.

SECTION 10. NFSS FORM RETENTION PERIOD

The electronic version of the NFSS form will be retained on the LTC Online Portal for a period of seven (7) years from the date of submission. Nursing facilities will keep the original therapist assessment with the appropriate original signatures in the resident’s record until notified otherwise by HHSC Legal Services.

SECTION 11. CODING CONVENTIONS
The following coding conventions should be used when submitting the NFSS Form:
• All fields with red dot are required fields. The form cannot be submitted without populating these fields.
• Not all fields are required. Some fields are conditionally required. Answers to various fields determine what downstream fields are required. For example, ‘If yes, explain’ (B0100B) is only required if an answer of “1. Yes” is entered for ‘Is there a history of decubitus/skin breakdown?’ (B0100A).
• Enter a date automatically by clicking the date picker icon next to the field you need to complete, and then select the appropriate date. When entering dates manually, use the following format: “mm/dd/yyyy”. For example, July 6, 2017, would be recorded as 07/06/2017.
• Click on the appropriate check boxes where the instructions state to “Select all that apply” or “check only one”, if specified condition is met; otherwise these boxes remain blank.
• Clicking on the “Enter” or “Return” button on the keyboard when data entering information into the NFSS form will cause unexpected results.
• Text fields on the NFSS form will only accept a combination of the following alphanumeric characters and symbols:
  • 1234567890
  • QWERTYUIOPASDFGHJKLMZXCWBNM
  • qwertyuiopasdfghjzxcvbnm
  • @ , ./ + - 
  • Embedded spaces
• The NFSS can only be viewed using Internet Explorer (IE) 11 in a desktop mode.

How to prevent **Timing Out** of the LTC Online Portal:

It is important to note that when submitting the NFSS Form on the LTC Online Portal, the system will time-out after 20 minutes of no activity and any information that has been entered will be lost. To prevent this from happening, the submitter must continue entering data on the NFSS form in order to prevent the time-out (this can include navigating between NFSS tabs on the form).
SECTION 12. ASSISTANCE

Call **TMHP** at 1-800-626-4117, Option 1 for:

- General Inquiries
- PASRR Level I (PL1) Screening Form Status
- PASRR Evaluation (PE) Form Status
- IDT Form Submission and Confirmation Process
- NFSS Form Submission and Form Status
- Assistance in submitting attachments to an NFSS form
- Claim Forms
- Claim Submissions

Call **HHSC IDD PASRR Unit** at 1-855-435-7180 for:

- Questions specifically related to ID/DD
- Assistance with locating information to complete the PL1 Screening Form
- Assistance/cooperation from a Referring Entity, Local Authority or Nursing Facility
- Assistance locating forms, residents, Local Authority or additional training resources
- Assistance with the interdisciplinary team (IDT) process
- Assistance with locating information to complete the NFSS Form
- Assistance with requests that are in "Pending Denial" status.

Contact the **HHSC MI PASRR Unit** by emailing pasrr@dshs.state.tx.us for:

- Questions specifically related to MI
- Assistance with locating information to complete the PL1 Screening Form
- Assistance/cooperation from a referring entity, local authority or Nursing Facility
- Assistance locating forms, residents, local authority or additional training resources
- Assistance with the IDT process
SECTION 13. ITEM BY ITEM STEPS FOR COMPLETING THE NFSS FORM

RESIDENT/NF TAB

INTENT: The purpose of this tab is to document the identifying and contact information for the resident, legally authorized representative (if applicable), nursing facility, local intellectual and developmental disability authority, and local mental health authority in order to submit the Nursing Facility Specialized Services Request Form.

Resident Information Subdivision: will be disabled and auto populated with demographic information from the PL1.

A0100. Resident Name
A0100 A. First name - Prepopulated from the initiating PL1 First Name.
A0100 B. Middle Initial - Prepopulated from the initiating PL1 Middle Initial.
A0100 C. Last name - Prepopulated from the initiating PL1 Last Name.
A0100 D. Suffix - Prepopulated from the initiating PL1 Suffix.
A0200 A. Social Security No. - Prepopulated from the initiating PL1 social security number.
A0200 B. Medicare No. - Prepopulated from the initiating PL1 Medicare number.
A0300. Medicaid No. - Prepopulated from the initiating PL1 Medicaid number.
A0400 A. Birth Date - Prepopulated from the initiating PL1 Birth Date.
A0400 B. Age - Prepopulated with the resident’s age at the time of the NFSS form submission. The resident must be 21 years of age to qualify for PASRR nursing facility Specialized Services.

Legally Authorized Representative (LAR) Subdivision: will be prepopulated with demographic information from the PL1 if the resident has an LAR and the data is available. These fields will be enabled to edit as desired.

A0500. Resident’s LAR Name - enter the name of the resident’s legally authorized representative or update prepopulated information.
A0500 A. First name - Prepopulated from the initiating PL1 First Name when available.
A0500 B. Last name - Prepopulated from the initiating PL1 Last Name when available.

A0600 Resident’s LAR Address and Phone Number
A0600 A. Street Address Prepopulated from the initiating PL1 address for the LAR when available.
A600 B. City - Prepopulated from the initiating PL1 city for the LAR when available.
A600 C. State - Prepopulated from the initiating PL1 the state for the LAR when available.
A600 D. Zip Code - Prepopulated from the initiating PL1 the zip code for the LAR when available.
A600 E. Phone No. - Prepopulated from the initiating PL1 the phone number for the LAR when available.

Last Updated 5/24/17
Nursing Facility Information Subdivision: will be disabled and auto populated with submitter identifying information linked to the submitter's LTC Online Portal logon identification number from the PL1 with the exception of A0900A (Phone number) and A900B (Fax number) which are required fields.

A0700 A. Contract No. - Prepopulated with the contract number of the logged-in nursing facility.
A0700 B. Vendor No. - Prepopulated with the vendor number of the logged-in nursing facility.
A0700 C. NPI - Prepopulated with the national provider identifier (NPI) number of the logged-in nursing facility.
A0700 D. Facility Name - Prepopulated with the facility name of the logged-in nursing facility.
A0800 A. Street Address - Prepopulated with the street address of the logged-in nursing facility.
A0800 B. City - Prepopulated with the city of the logged-in nursing facility.
A0800 C. State - Prepopulated with the state of the logged-in nursing facility.
A0800 D. ZIP Code - Prepopulated with the zip code of the logged-in nursing facility.
A0800 E. County - Prepopulated from the initiating PL1 County.
A0900 A. Phone No. - enter the area code and phone number of the person to be contacted at the nursing facility with questions regarding information entered into the NFSS form.
A0900 B. Fax No. - enter the area code and fax number of the person to be contacted at the nursing facility with questions regarding information entered into the NFSS form.

LIDDA and LMHA Information Subdivision:

A1000 A. Contract No. - Prepopulated from the county entered under Nursing Facility Information: Address Field A0800E County.
A1000 B. Vendor No. - Prepopulated from the county entered under Nursing Facility Information: Address Field A0800E County.
A1100 A. Contract No. - Prepopulated from the county entered under Nursing Facility Information: Address Field A0800E County.
A1100 B. Vendor No. - Prepopulated from the county entered under Nursing Facility Information: Address Field A0800E County.
A1100 C. NPI/API No. - Prepopulated from the county entered under Nursing Facility Information: Address Field A0800E County.

Type of Service Requested Subdivision:

A2000 Request Type - from the drop-down box, select one category of service for this request from the following: 1. Customized Manual Wheel Chair (CMWC), 2. Durable Medical Equipment (DME), 3. Habilitative Therapies.
A2100 CMWC Service Type - if CMWC was selected under A2000 Request Type, then from the drop-down box select either 1. CMWC Assessment Only or 2. CMWC for the service type.
**A2200 DME Service Type** - if DME was selected under A2000 Request Type, then from the drop-down box select either 1. DME Assessment Only or 2. DME for the service type.

**A2210 Requested DME Item** - if DME was selected under A2200 DME Service Type, then select all the DME items being requested. One assessment by a therapist can be used to request multiple DME items as long as all relevant data is entered into the DME assessment tab.

**A2300 Habilitative Therapies** - if Habilitative Therapies was selected under A2000 Request Type, then select all the therapies being requested. An assessment by a therapist will be required for each therapy (OT, PT, or ST) checked.

**CMWC/DME ASSESSMENT TAB**

**INTENT:** The purpose of this tab is to document the information on the LTC Online Portal from the assessment completed by a licensed therapist for a durable medical equipment (DME) or a customized manual wheelchair (CMWC). Nursing facilities can use the assessment tool available for downloading at [http://www.tmhp.com/Pages/LTC/ltc_forms.aspx](http://www.tmhp.com/Pages/LTC/ltc_forms.aspx)

The information from the assessment must be data entered into the CMWC/DME Assessment tab on the LTC Portal.

**Steps for Assessment**

1. The information requested in this section is required, unless otherwise indicated.
2. Refer to Section 2 and 3 of this item-by-item guide for additional information regarding how to complete assessments.

**Therapist Identifying Information Subdivision:**

**B0100 A. First Name** - enter the first name of the therapist who completed the DME or CMWC assessment.

**B0100 B. Last Name** - enter the last name of the therapist who completed the DME or CMWC assessment.

**B0200 A. License Type** - enter the type of license held by the therapist who completed the assessment: 1. Occupational Therapist or 2. Physical Therapist.

**B0200 B. License No.** - enter the license number of the therapist who completed the assessment.

**B0200 C. License State** - enter the state in which the license of the therapist who conducted the assessment was issued. If the therapist who conducted the assessment is not licensed in Texas, then the remaining fields in this Subdivision will become disabled and the NFSS form cannot be submitted.

**B0300 Is the therapist employed by the Nursing Facility** - if the therapist who completed the assessment works for the nursing facility enter 1.Yes. If the therapist who
completed the assessment does not work for the nursing facility, but is a contracted therapist, enter 0. No.

**B0400 Therapist’s Employer Name** - enter the name of the employer of the therapist who conducted the assessment when the employer is not the nursing facility. If the therapist works for the nursing facility and B0300 = 1. Yes, this field will be automatically filled.

**B0500 A. Street Address** - enter the street address of the employer of the therapist who conducted the assessment. If the therapist works for the nursing facility and B0300 = 1. Yes, this field will be automatically filled.

**B0500 B. City** - enter the city in which the employer of the therapist who conducted the assessment is located. If the therapist works for the nursing facility and B0300 = 1. Yes, this field will be automatically filled.

**B0500 C. State** - enter the state in which the employer of the therapist who conducted the assessment is located. If the therapist works for the nursing facility and B0300 = 1. Yes, this field will be automatically filled.

**B0500 D. ZIP Code** - enter the zip code in which the employer of the therapist who conducted the assessment is located. If the therapist works for the nursing facility and B0300 = 1. Yes, this field will be automatically filled.

**B0600 A. Phone No.** - enter the area code and phone number of the employer of the therapist who conducted the assessment.

**B0600 B. FAX No.** - enter the area code and fax number of the employer of the therapist who conducted the assessment.

**B0700 Therapist’s Signature Date** - enter the date the therapist who conducted the assessment signed the CMWC/DME – Signature page. The signature date:

- cannot be more than 29 calendar days prior to the original submission date for a service. The assessment by the therapist must be completed within 30 days before the nursing facility requests pre-authorization for the service as stated in section 2 of the item-by-item guide.
- must be greater than or equal to Date of Assessment (B0800).
- must match the signature date submitted on the CMWC/DME – Signature page that is uploaded

**Date of Assessment Subdivision:**

**B0800 Date of Assessment** - enter the date the assessment was completed by the therapist.

**Postural Control Subdivision:**

**B0900 A. Head Control** - enter the resident’s level of head control by selecting one of the following: 1. Good, 2. Fair, 3. Poor, 4. None.

**B0900 B. Trunk Control** - enter the resident’s level of trunk control by selecting one of the following: 1. Good, 2. Fair, 3. Poor, 4. None.

**B0900 C. Upper Extremities** - enter the resident’s level of control of the upper extremities by selecting one of the following: 1. Good, 2. Fair, 3. Poor, 4. None.
**B0900 D. Lower Extremities** - enter the resident’s level of control of the lower extremities by selecting one of the following: 1. Good, 2. Fair, 3. Poor, 4. None.

**Medical Surgical History and Plan Subdivision:**

**B1000 A. Is there a history of decubitus/skin breakdown** - indicate if there is a history of decubitus or skin breakdown by entering: 1. Yes, 0. No

**B1000 B. If Yes, explain** - if 1. Yes was selected for B1000A, enter an explanation of any past history of decubitus/skin breakdown. (Minimum is 50 alphanumeric characters).

**B1100 A. Is there a current decubitus/skin breakdown** - indicate if there is a current breakdown of the decubitus/skin, by entering: 1. Yes, 0. No

**B1100 B. If Yes, explain and include the wound stage and wound dimensions of each current site** - if 1. Yes was selected for B1100A, indicating there is a current decubitus/skin breakdown, enter the wound/pressure sore (bed sore) stage and dimensions. (Minimum is 50 alphanumeric characters.)

**B1200 Describe orthopedic conditions and/or range of motion limitations requiring special considerations (e.g. contractures, degree of spinal curvature, etc.)** - Describe any orthopedic conditions caused by neuro-motor impairments, degenerative diseases, or musculoskeletal disorders that limit the joint’s range of motion. (Minimum is 50 alphanumeric characters.)

**B1300 Describe physical limitations or concerns (i.e. respiratory)** - enter any conditions such as respiratory disorders, heart condition, epilepsy, or other physical impairments. (Minimum is 50 alphanumeric characters.)

**B1400 Describe any recent expected changes in medical/physical/functional status** - describe any changes during the past 2-5 years, including past surgeries, if any. (Minimum is 50 alphanumeric characters.)

**B1500 A. Is surgery anticipated** - if surgery is anticipated in the near future, enter: 1. Yes, 0. No.

**B1500 B. If Yes, indicate the expected date** - if 1. Yes was selected for B1500A, enter the expected date of the surgery.

**B1500 C. If Yes, describe the procedure** - if 1. Yes was selected for B1500A, enter a description of the surgical procedure. (Minimum is 50 alphanumeric characters.)

**Neurological Factors Subdivision:**

**B1600 Indicate resident’s muscle tone:**

**B1600 A. indicate resident’s muscle tone** - enter a description of the resident’s muscle tone by selecting one of the following: 1. Absent, 2. Fluctuating, 3. Hypertonic, 4. Other.

**B1600 B. Describe resident’s muscle tone** - enter a description of the resident’s muscle tone. (Minimum is 50 alphanumeric characters.)

**B1600 C. Describe active movements affected by muscle tone** - describe the active movements affected by muscle tone. (Minimum is 50 alphanumeric characters.)

**B1600 D. Describe passive movements affected by muscle tone** - describe the passive movements affected by muscle tone. (Minimum is 50 alphanumeric characters.)
**B1600 E. Describe reflexes present** - describe which reflexes are present. (Minimum is 50 alphanumeric characters.)

**Functional Assessment Subdivision:**

**B1700 Ambulatory Status**

**B1700 A. Ambulatory Status** - enter the resident’s ambulatory status by selecting one of the following: 1. Community ambulatory, 2. Non - ambulatory, 3. Short distance only, 4. With assistance.

**B1700 B. No. of feet** - if 3. Short distance only is entered for B1700 A., enter the distance (in feet) the resident is able to ambulate.

**B1700 C. Is the resident dependent upon a wheelchair or walker for ambulation** - if 4. With Assistance, is entered for B1700 A, enter whether the resident is dependent upon a wheelchair or walker for ambulation by selecting: 1. Yes, 0. No.

**B1700 D. If Yes, describe the level of dependence. If No, describe the resident’s ability to ambulate** - If 1. Yes was entered for B1700 C, describe the resident’s level of dependence on a wheelchair or walker. If 0. No was entered for B1700 C, describe the residents’ ability to ambulate without a wheelchair or walker. (Minimum is 50 alphanumeric characters.)

**B1800 A. Indicate the resident’s ambulation potential** - enter the resident’s ambulation potential by selecting one of the following: 1. Not expected, 2. Expected within 1 year, 3. Expected in the future.

**B1800 B. No. of Years** - If 3. Expected in the future was entered for B1800 A, enter the number of years by selecting one of the following:

1. 1 year
2. 2 years
3. 3 years
4. 4 years
5. 5 years

**B1900 - Reserved.**

**B2000 Feeding** - enter the resident’s level of assistance required for eating by selecting one of the following: 1. Maximum assistance, 2. Moderate assistance, 3. Minimum assistance.

4. Independent

**B2100 A. Is the resident tube fed** - if the resident is tube fed, enter: 1. Yes, 0. No.

**B2100 B. If yes, explain** - if 1. Yes was entered in B2100 A, enter a detailed explanation about the method used when the resident is tube fed. (Minimum is 50 alphanumeric characters.)

**B2200 B. Dressing** - enter the resident’s level of assistance required to dress by selecting one of the following: 1. Maximum assistance, 2. Moderate assistance, 3. Minimum assistance, 4. Independent.

**Educational/Vocational Setting Subdivision:**
B2300 A. Does the resident have a current education/vocational setting - if the resident currently attends an education/vocational setting enter: 1. Yes, 0. No.

B2300 B. Name of education/vocational site - If 1.Yes was entered in B2300 A, enter the name of the education/vocational site the resident attends.

B2300 C. Has a therapist from the education/vocational setting been involved in this assessment - if a therapist was involved in completing the assessment, enter: 1. Yes, 0. No.

B2310 If yes, therapist's name and phone number - If 1.Yes was entered in B2300 C, enter the enter the name and phone number of the therapist from the education/vocational setting who was involved in completing the assessment.

Referring Physician Identifying Information Subdivision:
The referring physician is the one who will be attesting to medical necessity when requesting prior authorization for a DME item or a CMWC.

B2400 A. Last name - enter the last name of the referring physician.

B2400 B. License State - from the drop-down box, select the state in which the physician is licensed.

B2400 C. License number - enter the state license number of the referring physician. The physician's license number will be validated against Texas Medical Board records.

B2400 D. Military Spec. Code - if the physician is on duty with the military, enter a military specialty code rather than the state license number of the referring physician.

B2400 E. Date Resident Last Seen - enter the date the resident was last seen by the physician.

B2400 F. Signature Date - enter the date the referring physician signed the CMWC/DME Signature page. This date must match the signature date submitted on the CMWC/DME Signature page that is uploaded

B2400 G. Physician's Additional Comments - enter any additional comments by the referring physician that would help support the resident's need for the DME item(s) or CMWC.

B2500 A. First Name - enter the first name of the physician only if the physician holds an out of state license (state selected in B2400 B is any state other than Texas).

B2600 A. Street Address - enter the street address of the physician's office when the physician holds an out - of - state license (state selected in B2400 B is any state other than Texas).

B2600 B. City - enter the city where the physician's office is located when the physician holds an out - of - state license (state selected in B2400 B is any state other than Texas).

B2600 C. State - enter the state of the physician's office when the physician holds an out - of - state license (state selected in B2400 B is any state other than Texas).

B2600 D. Zip Code - enter the zip code of the physician's office when the physician holds an out - of - state license (state selected in B2400 B is any state other than Texas).

B2600 E. Phone No. - enter the phone number, including area code; of the physician's office when the physician holds an out-of-state license (state selected in B2400 B is any state other than Texas).
Upload Attachments Subdivision:
As described in Section 3 of this item-by-item guide, the request for authorization is not complete until a signature page has been uploaded and attached to the specific request (PTID). The submitter can data enter the required information, "Save as Draft," obtain the required signatures, upload the signature sheet(s) and submit the NFSS form.

Required Document:
NFSS CMWC/DME Signature Page Icon: Click on the “CMWC/DME Signature Page” hyperlink and it will open a blank fillable PDF version of the "CMWC/DME Signature page" in a new window. After filling out the signature page, print it to obtain signatures.

Obtain signatures as instructed in B0700 Therapist’s Signature Date for an assessment and B2400 F. Signature Date for a CMWC or DME request.

Upload Document: After obtaining the required signatures, the signature page must be scanned and saved to a directory accessible to the person entering the form. Once the page is saved, retrieve the NFSS form from “Drafts,” and click the "Click Here to Upload Documents" button to upload attachment. The attachment will be whatever file name the submitter has assigned to the signature page when the PDF, with all signatures, was saved on their computer. Upload the signature page(s) and submit the NFSS form.

Note: Up to 10 files can be uploaded, at any time. Files cannot exceed 10mb per file. Supported file types are: PDF, Image (JPG, TIF, and PNG), MS Word, MS Excel, and RTF. When the attachment is successfully uploaded, an icon will be displayed indicating the attachment is successful and the hyperlink with the PDF file name will be displayed. Upon clicking the hyperlink with the File Name, the uploaded attachment will open in a new window in read only format.

Faxing Attachments: Attachments that are to be used in conjunction with an NFSS form to request an assessment or specialized service can be faxed in after they have been printed and all required signatures are obtained.

To fax a required attachment (signature page, receipt confirmation, MSRP quotes, etc.) the NFSS Fax Cover Sheet must be completely filled out and all documents faxed to the number on the Fax Cover Sheet. This form can be downloaded at www.tmhp.com.

The PDF NFSS form should NOT be faxed to TMHP or HHSC as a means to request a specialized service.

Authorization Subdivision:

Upon successful submission of an NFSS form, the LTC Online Portal will generate a DLN and return the user to the Resident/NF tab. The user will need to navigate to the assessment tab and scroll down to the authorization section to view the PTID and status.

Assessment
**B5000 A. PTID** - The LTC Online Portal will assign a PTID upon successful submission of NFSS form.

**B5000 B. Status** - Upon successful submission of the NFSS form, the PTID status will be “Pending State Review” until HHSC makes a determination to approve or deny the request. If there is an issue with the submission, there will be another status listed in B5000 B Status, and the submitter will need to reference the form History to determine how to resolve the issue.

**B5000 C. Action** – After HHSC reviews the information and makes a determination on the request, the user will see one of the following actions taken by HHSC: “Approved,” “Denied,” “Pending Denial.”

*Note:* The status of “Pending Denial” indicates that HHSC needs additional information from the submitter within a designated period, in order to make a determination on the request. It is recommended that the submitter check the status daily in order not to miss any requests for information and submit it by the requested deadline. Refer to section 6 of this item-by-item guide for additional information on pending denials.

**B5000 D. Reason Code** – If the request is denied, the reason for denial is listed in B5000D.

**B5000 E. If other** - A reason for the denial will be listed here if the reason for the denial in B500D is “Other.”

**B5000 F. Date of Assessment** - Prepulate from B0800 Date of Assessment.

**CMWC REQUEST TAB**

**INTENT:** The purpose of this tab is to document the information on the LTC Online Portal from the assessment completed by a licensed therapist in order to request a CMWC. Nursing facilities can use the Authorization for NFSS for CMWC request tab available for downloading at [http://www.tmhp.com/Pages/LTC/ltc_forms.aspx](http://www.tmhp.com/Pages/LTC/ltc_forms.aspx) to describe the CMWC.

However the CMWC request must include assessment information entered on the CMWC/DME Assessment tab of the LTC Online Portal.

**Current Seating Equipment Subdivision:**

**C0100 A. Does the resident have a current seating system** - indicate if the resident has a current seating system, by entering: 1. Yes, 0. No.

**C0100 B.** - if 1. Yes was entered in C0100 A, describe the resident’s current seating system, including the mobility base and age of the system/base. (Minimum is 50 alphanumeric characters.)

**C0100 C. Describe the wheelchair type** - if 1. Yes was entered in C0100 A, describe the resident’s current wheelchair type (e.g. manual wheelchair, scooter, power wheelchair). (Minimum is 50 alphanumeric characters.)

**C0100 D. Date of Purchase** - if 1. Yes was entered in C0100 A, enter the date the wheelchair was purchased.
C0100 E. Describe why the current seating system does not meet the resident’s needs - if 1. Yes was entered in C0100 A, enter the reason the current seating system no longer meets the resident's needs. (Minimum is 50 alphanumeric characters.)

Requested Customized Seating Equipment Subdivision:

C0200 Describe the seating system that is being requested and how it must be customized to meet the resident’s specific medical needs - describe the seating system being requested (e.g. how the seating system will offer postural control and skin protection, etc.) and the resident's specific medical needs for these customizations. (Minimum is 50 alphanumeric characters.)

C0300 Describe the mobility base that is being requested - describe the type of manual mobility base needed by the resident’s physical and and/or functional deficits that cannot be met using other standard wheelchair bases, including the appropriate configuration of wheelchair accessories. (Minimum is 50 alphanumeric characters.)

C0400 Describe the medical necessity for the requested customized seating system - enter a description of the medical necessity for the requested customized seating system. (Minimum is 50 alphanumeric characters.)

C0500 Describe any anticipated modifications/changes to the requested equipment within the next five years - enter a description of any anticipated modifications/changes to the requested equipment within the next five years due to weight change, tissue atrophy, postural changes, etc. (Minimum is 50 alphanumeric characters.)

C0600 Describe other activities performed while in the CMWC. Describe access to equipment while in the CMWC to include any equipment that may be mounted or adapted to the CMWC (i.e. augmented communication device, other.) - describe other activities the resident will performed while in the custom manual wheelchair such as eating and the equipment which may be mounted or adapted to the custom manual wheelchair such as a molded tray or a feeding pole. (Minimum is 50 alphanumeric characters.)

Note: The DME Supplier is responsible for modifications and adjustments required within the first six months of delivery of the CMWC because they are covered within the authorized amount. After the first six months, the nursing facility is responsible for modifications and adjustments to the CMWC.

Measuring Worksheet Subdivision:
Nursing facilities can use the measurement worksheet in the assessment tool available for downloading at http://www.tmhp.com/Pages/LTC/ltc_forms.aspx to complete this section. All data from the worksheet must be data entered into this tab on the LTC Portal.

C0700 A. First Name - enter the first name of person who completed the measurements.
C0700 B. Last Name - enter the last name of the person who completed the measurements.
C0700 C. Title - enter the title of the person who completed the measurements.
C0800 A. Measurement Date - enter the date the measurements were taken.
C0800 B. Height - enter the resident's height in inches.
C0800 C. Weight - enter the resident's weight in pounds.
C0900 A. Top of head to bottom of buttocks - after measuring from the top of the resident’s head to bottom of the buttocks, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 B. Top of shoulder to bottom of buttocks - after measuring from the top of the resident’s shoulder to bottom of the buttocks, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 C. Arm pit to bottom of buttocks - after measuring from the resident’s armpit to bottom of the buttocks, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 D. Elbow to bottom of buttocks - after measuring from the resident’s elbow to bottom of the buttocks, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 E. Back of buttocks to back of knee - after measuring from the back of the resident’s buttocks to the back of their knee, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 F. Foot length - after measuring the length of the resident’s foot, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 G. Head width - after measuring the width of the resident’s head, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 H. Shoulder width - after measuring the width between the resident’s shoulders as indicated on the measuring worksheet, enter the measurement in inches.

C0900 I. Armpit to armpit - after measuring the width between the resident’s armpits as indicated on the measuring worksheet, enter the measurement in inches.

C0900 J. Hip width - after measuring the width of the resident’s hip, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 K. Distance to bottom of left leg (popliteal to heel) - after measuring from the back of the resident’s left knee to the bottom of their left heel, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 L. Distance to bottom of right leg (popliteal to heel) - after measuring from the back of the resident’s right knee to the bottom of their right heel, as indicated on the measuring worksheet, enter the measurement in inches.

C0900 M. Additional Comments/Observations - enter any additional comments or observations that would assist with prescription specifications for the wheelchair.

Environmental Assessment Subdivision:

C1000 Is the resident’s living environment accessible and safe for use of the CMWC requested - Indicate if the living environment is accessible and safe for the use of the custom manual wheelchair, by entering: 1. Yes, 0. No. For example is the home equipped with ramps, accessible bathrooms, is storage for a wheelchair available, etc.

C1100 A. Will the CMWC need to be transported - indicate if the custom manual wheelchair will be transported, by enter: 1. Yes, 0. No.

C1100 B. If Yes, describe how the item will be transported - if 1. Yes was entered in C1100 A, describe the manner in which the custom manual wheelchair will be transported (e.g. van, adapted wheelchair lift, ambulance, public transportation, other, etc.) and
whether the resident will be sitting in the wheelchair during transportation. (Minimum is 50 alphanumeric characters.)

**C1200 If the resident has a current education/vocational setting, complete the following:**
Is the education/vocational site accessible to the requested CMWC - if 1. Yes was entered in B2300 A, indicate whether the education/vocational site is accessible to the custom manual wheelchair enter: 1. Yes 0. No.

**C1300 Are ramps available at the educational/vocational site** - if 1. Yes was entered in B2300 A, indicate whether ramps are available at the education/vocational site enter: 1. Yes 0. No.

**C1400 Additional comments and observations of education/vocational therapist** - if B2310 A. Does the resident have a current educational/vocational setting is 1. Yes, then enter any additional comments or observations related to the specific requirements for mobility needed for educational or vocational (employment) purposes as recommended by the education/vocational therapist.

**Supplier Information and MSRP Quote Subdivision:**

**Supplier Information:**

**C1500 Supplier’s Business Name** - enter the DME supplier’s business name.

**C1600 A. First Name** - enter the first name of the supplier’s representative who will be providing the information on the cost of the CMWC.

**C1600 B. Last Name** - enter the last name of the supplier’s representative who will be providing the information on the cost of the CMWC.

**C1700 A. Street Address** - enter the street address of the DME supplier’s business.

**C1700 B. City** - enter the city in which the DME supplier’s business is located.

**C1700 C. State** - enter the state in which the DME supplier’s business is located.

**C1700 D. Zip Code** - enter the zip of the DME supplier’s business.

**C1800 A. Phone No.** - enter the phone number of the DME supplier’s business.

**C1800 B. FAX No.** - enter the fax number of the DME supplier’s business.

**Itemized Manufacturer’s Suggested Retail Price (MSRP) Quote Subdivision:**

DME Suppliers can use the Itemized MSRP quote worksheet in the assessment tool available for downloading at [http://www.tmhp.com/Pages/LTC/ltc_forms.aspx](http://www.tmhp.com/Pages/LTC/ltc_forms.aspx) however, the information from the worksheet will still need to be data entered into this tab on the LTC Portal by the submitter at the nursing facility. See Section 5 of this item-by-item guide for more information on MSRP quotes.

**C1900 A. Number of Items to Add** - enter the number of items being added to the MSRP quote list required to build the CMWC. The total number of items that can be added is 22.

**C1900 B. Item No.** - enter the item number of the item being added to the MSRP quote list.

**C1900 C. HCPCS code** - enter the Healthcare Common Procedure Coding System (HCPCS) code for the item provided by the DME supplier.

**C1900 D. Description of Item** – a standard description will be auto-filled, but can be modified.

**C1900 E. Item Price** - enter the price for the single item
C1900 F. Quantity - enter the quantity of items being requested. If it is a single item, enter “1”. Quantities between 1 and 20 are allowed.

C1900 G. Total Price - the total price will be disabled and pre-populated by calculating the Item Price multiplied by the Quantity.

C1900 H. Approved Price - this is the amount authorized by HHSC.

C1900 I.1. Total Amount of All Items Requested - the total amount of all item requested will be disabled and pre-populated by calculating the sum of the Total Price(s).

C1900 I.2. Total Amount of All Items Requested - the total amount of all items requested in the Approved Price fields authorized by HHSC.

C1900 J.1. Minus 18% - pre-populated calculating the total amount multiplied by 0.18.

C1900 J.2. Minus 18% - total amount multiplied by 0.18 authorized by HHSC.

C1900 K.1. Grand total - pre-populated calculating the 18% amount subtracted from the total amount.

C1900 K.2. Grand total - the 18% amount subtracted from the total amount authorized by HHSC.

Note: NOTE: The 18% will display two digits but uses 4 digits after the decimal point in the calculation. The Grand Total will be rounded to 2 digits after the decimal point so that it does not affect the approved price.

Note: HHSC does not pay for unallowable charges on DME or CMWC requests (e.g. assembly, delivery, shipping, etc.)

Therapist’s Certification of Delivered CMWC
C4300 A. First Name - enter the first name of the therapist who is certifying the item meets the needs of the resident as specified in the assessment.

C4300 B. Last Name - enter the last name of the therapist who is certifying the item meets the needs of the resident as specified in the assessment.

C4400 A. License Type - select the license type (OT or PT) of the therapist who is certifying the item meets the needs of the resident as specified in the assessment.

C4400 B. License No. - enter the license number of the therapist who is certifying the item meets the needs of the resident as specified in the assessment.

C4500 Therapist’s Certification Date - enter the date the therapist certified the item meets the needs of the resident as specified in the assessment by signing the NFSS CMWC/DME Receipt Certification attachment. This date must match the signature date submitted on the NFSS CMWC/DME Receipt Certification attachment that is uploaded into the LTC Online Portal.

Nursing Facility Administrator Certification of Delivered Device

C4600 A. First Name - enter the first name of the nursing facility administrator who certified that the item was delivered and received by the nursing facility.

C4600 B. Last Name - enter the last name of the nursing facility administrator who certified that the item was delivered and received by the nursing facility.

C4700 CMWC Received Date - enter the date the custom manual wheelchair was received by the nursing facility.
C4800 NF Administrator’s Certification Date - enter the date the nursing facility administrator certified that the item was delivered and received by the nursing facility on the CMWC/DME Receipt Certification signature page. This date must match the signature date submitted on the DME/CMWC Signature Page that is uploaded into the LTC Portal.

Upload Attachments Subdivision:
As described in Section 3 of this item-by-item guide, the request for authorization is not complete until an “NFSS Therapist, Referring Physician, and nursing facility Administrator CMWC/DME” signature page has been uploaded and attached to the specific request PTID. The submitter can data enter the required information, “Save as Draft,” obtain the required signatures, upload the signature sheet(s) and submit the NFSS form.

Required Document:
NFSS CMWC Supplier Acknowledgement and Signature Page Icon: Click on the “NFSS CMWC Supplier Acknowledgement and Signature page” hyperlink and it will open a blank fillable PDF version of the “CMWC - Supplier Acknowledgement and Signature page” in a new window. After filling out the form, print it to obtain signatures.

Obtain signatures as instructed in sections 2 and 3 of this item-by-item guide.

CMWC Receipt Certification Subdivision:
For any request involving a DME or CMWC, a receipt certification must be uploaded into the LTC Online Portal after the item has been delivered. The signature by the therapist on this page certifies that the item meets the needs of the resident as specified in the assessment. It also indicates, by the administrator's signature, that the item was delivered and received by the nursing facility.

Failure to submit this receipt confirmation will delay or prevent the facility's reimbursement.

Click on the “NFSS CMWC - DME Receipt Certification” hyperlink and it will open a blank fillable PDF version of the "NFSS CMWC - DME Receipt Certification” in a new window. After filling out the form, print it to obtain signatures.

Obtain signatures as instructed in C4500 and C4800.

Upload Document: After signatures are obtained from the DME supplier representative, retrieve the NFSS form from “Drafts,” click the "Click Here to Upload Documents" button to upload attachment. The attachment will be whatever file name the submitter has assigned to the signature page when the PDF, with all signatures, was saved on their computer. Upload the signature page(s) and submit the NFSS form.

Note: Up to 10 files can be uploaded, at any time. Files cannot exceed 10mb per file. Supported file types are: PDF, Image (JPG, TIF, and PNG), MS Word, MS Excel, and RTF. When the attachment is successfully uploaded, an icon will be displayed indicating the attachment is successful and the hyperlink with the PDF file name will be displayed.
Upon clicking the hyperlink with the File Name, the uploaded attachment will open in a new window in read-only format.

**Faxing Attachments:** Attachments that are to be used in conjunction with an NFSS form to request an assessment or specialized service can be faxed in after they have been printed and all required signatures are obtained.

To fax a required attachment (signature page, receipt confirmation, MSRP quotes, etc.) the NFSS Fax Cover Sheet must be completely filled out and all documents faxed to the number on the form. This form can be downloaded at [www.tmhp.com](http://www.tmhp.com). The PDF NFSS form should NOT be faxed to TMHP or HHSC as a means to request a specialized service.

**Authorization Subdivision:**
Upon successful submission of an NFSS form, the LTC Online Portal will generate a DLN and return the user to the Resident/NF tab. The user will need to navigate to the CMWC request tab and scroll down to the authorization section to view the PTID and status.

**C6000. CMWC Request**
**C6000A. PTID** - The Portal will assign a PTID upon successful submission of NFSS form.
**C6000 B. Status** - Upon successful submission of the NFSS form, the PTID status will be “Pending State Review” until HHSC makes a determination to approve or deny the request. If there is an issue with the submission, there will be another status listed in B5000 B Status, and the submitter will need to reference the form History of the form to determine how to resolve the issue.

**C6000 C. Action** - After HHSC reviews the information and makes a determination on the request, the user will see one of the following actions taken by HHSC: “Approved,” “Denied,” “Pending Denial.”

**Note:** The status of “Pending Denial” indicates that HHSC needs additional information from the submitter within a designated period, in order to make a determination on the request. It is recommended that the submitter check the status daily in order not to miss any requests for information and submit it by the requested deadline. Refer to section 6 of this item-by-item guide for additional information on pending denials.

**C6000 D. Reason Code** - If the request is denied, the reason for denial is listed in C6000D.

**C6000 E. If Other** - A reason for the denial will be listed here if the reason for the denial in C6000D is “Other.”

**C6000 F. Date of Assessment** - Prepopulate from B0800 Date of Assessment.

**C6000 G. Total Approved Price** - Prepopulated from HHSC Authorized Amount C1900 K.2.

**DME Request Tabs**

**INTENT:** The purpose of this tab is to document the information on the LTC Online Portal from the assessment completed by a licensed therapist in order to request DME item or items. Nursing facilities can use the assessment tool available for downloading at [http://www.tmhp.com/Pages/LTC/ltc_forms.aspx](http://www.tmhp.com/Pages/LTC/ltc_forms.aspx) however the information from the assessment will still need to be data entered into this tab on the LTC Online Portal.

Last Updated 5/24/17
Instructions for requesting DME item(s) apply to the following tabs:

- Car Seat/Travel Restraint
- Gait Trainer
- Mattress
- Orthotic Device
- Positioning Wedge
- Prosthetic Device
- Standing Board/Frame

HHSC only authorize PASRR DME items greater than $1,000, but less than $5,000.

Nursing facilities are required to provide medical equipment and supplies, which cost less than $1,000, in order to ensure that care meets the health needs and promotes the maximum well being of the residents. This equipment and supplies are included as a part of the per diem reimbursement paid to the facility by HHSC. Any item over $5,000 may require additional information and review by HHSC.

Environmental Assessment Subdivision

D1000, D2000, D3000, D4000, D5000, D6000, D7000 A. Is the resident's living environment accessible and safe for the use of the DME item requested - For example is the home equipped with ramps, accessible bathrooms, is storage for a wheelchair available, etc.? If the living environment is accessible and safe for the use of the custom manual wheelchair, enter: 1. Yes, 0. No.

D1000, D2000, D3000, D4000, D5000, D6000, D7000 B. Will the DME item need to be transported - if the item will be transported, enter: 1. Yes, 0. No.

D1000, D2000, D3000, D4000, D5000, D6000, D7000 C. If Yes, describe how the item will be transported - if 1. Yes was entered in D1000, D2000, D3000, D4000, D5000, D6000, D7000 B, describe the manner in which the DME item will be transported (e.g. car, van, adapted wheelchair lift, ambulance, public transportation, other, etc.). (Minimum is 50 alphanumeric characters.)

D1100, D2100, D3100, D4100, D5100, D6100, D7100 If the resident has a current education/vocational setting, complete the following:

D1100, D2100, D3100, D4100, D5100, D6100, D7100 A. Was a DME similar to the one requested used at this site? - if the educational/vocational site provided a DME item similar to the one being requested enter: 1. Yes, 0. No.

D1100, D2100, D3100, D4100, D5100, D6100, D7100 B. If Yes, is the site accessible and safe for use of the DME item - if 1. Yes was entered in D1100, D2100, D3100, D4100, D5100, D6100, D7100 B, is the education/vocational site accessible and safe for the use of the DME item? Enter: 1. Yes, 0. No.

D1200, D2200, D3200, D4200, D5200, D6200, D7200 Additional comments and observations of education/vocational therapist for this DME item - enter any additional comments or observations related to the specific requirements for the DME item being requested needed for educational or vocational(employment) purposes as
recommended by the education/vocational therapist. (Minimum is 50 alphanumeric characters.)

Current DME Item Subdivision

D1300, D2300, D3300, D4300, D5300, D6300, D7300 Does the resident have a current DME item or items - if the resident has a current DME item similar to the one being requested enter: 1. Yes, 0. No.
D1310, D2310, D3310, D4310, D5310, D6310, D7310 Describe the resident’s current DME Item(s) - if 1. Yes was entered in D1300, D2300, D3300, D4300, D5300, D6300, D7300, describe the resident’s current DME item, date it was purchased, or approximate age of the resident’s current DME item.
D1320, D2320, D3320, D4320, D5320, D6320, D7320 Describe why the current DME item(s) does/do not meet the resident’s needs - describe the reason the current DME item no longer meets the resident’s needs. (Minimum is 50 alphanumeric characters.)

Requested DME Item Subdivision

D1400, D2400, D3400, D4400, D5400, D6400, D7400 Describe the DME item that is being requested - Enter a description of the DME item that is being requested and the resident’s specific medical needs for this item. Depending on the specific DME item, describe the DME item will assist the resident (e.g. weight bearing, stretching muscles, reduce spasticity, improve functional transfers, improve mobility, improved posture, prevention or improvement of lower limb contractures by improving range of motion and joint flexibility, prevention of pressure ulcers caused by prolonged sitting or laying down, preventing muscle wasting (atrophy), use an artificial limb to complete activities of daily living relieve abnormal pressure, stress, or pain in the foot, ankle, or lower extremity, or to provide safety and stability when traveling). (Minimum is 50 alphanumeric characters.)

D1410, D2410, D3410, D4410, D5410, D6410, D7410 Describe the medical necessity for the requested DME item - enter a description of the medical necessity for the DME item being requested. Depending on the specific DME item, describe the medical condition the DME item will ameliorate for the resident (e.g. completely immobile or limited mobility (resident can not make changes in body position without assistance significant enough to alleviate pressure), impaired nutritional status, fecal or urinary incontinence, altered sensory perception, compromised circulatory status, etc.) (Minimum is 50 alphanumeric characters.)

D1420, D2420, D3420, D4420, D5420, D6420, D7420 Describe any anticipated modification/changes to the DME item within the next five years - enter a description of any anticipated modifications/changes to the requested DME item within the next five years due to changes in health condition, weight change, tissue atrophy, postural changes, etc. (Minimum is 50 alphanumeric characters.)
D1430, D2430, D3430, D4430, D5430, D6430, D7430 Describe any equipment the resident must access on a regular basis and the effect, if any, this has on the use of the requested DME item (i.e. augmented communication device, wheelchair, other) - enter a description of the equipment the resident must access on a regular basis and the effect, if any, this has on the use of the requested durable medical equipment. (Minimum is 50 alphanumeric characters.)

Supplier Information and MSRP Quote Subdivision:
DME Suppliers can use the Itemized MSRP quote worksheet in the assessment tool available for downloading at http://www.tmhp.com/Pages/LTC/ltc_forms.aspx however, the information from the worksheet will still need to be data entered into this tab on the LTC Portal by the submitter at the nursing facility. See section 9 of this item-by-item guide for more information on MSRP quotes.

Supplier Information

D1500, D2500, D3500, D4500, D5500, D6500, D7500 Supplier's Business Name - enter the DME supplier's business name.

D1510, D2510, D3510, D4510, D5510, D6510, D7510 A. First name - enter the first name of the supplier's representative who will be providing the information on the cost of the DME item.

D1510, D2510, D3510, D4510, D5510, D6510, D7510 B. Last name - enter the last name of the supplier's representative who will be providing the information on the cost of the DME item.

D1520, D2520, D3520, D4520, D5520, D6520, D7520 A. Street Address - enter the street address of the DME supplier's business.

D1520, D2520, D3520, D4520, D5520, D6520, D7520 B. City - enter the city in which the DME supplier's business is located.

D1520, D2520, D3520, D4520, D5520, D6520, D7520 C. State - enter the state in which the DME supplier's business is located.

D1520, D2520, D3520, D4520, D5520, D6520, D7520 D. ZIP code - enter the zip code in which the DME supplier's business is located.

D1530, D2530, D3530, D4530, D5530, D6530, D7530 A. Phone No. - enter the phone number of the DME supplier's business.

D1530, D2530, D3530, D4530, D5530, D6530, D7530 B. FAX No. - enter the fax number of the DME supplier's business.

Itemized Manufacturer's Suggested Retail Price (MSRP Quote)

D1900, D2900, D3900, D4900, D5900, D6900, D7900 A. Number of items to add - enter the number of DME items being added to the MSRP quote list. The total number of items that can be added is 22.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 B. Item No. - enter the item number of the item being added to the MSRP quote list.
D1900, D2900, D3900, D4900, D5900, D6900, D7900 C. HCPCS Code - enter the Healthcare Common Procedure Coding System (HCPCS) code for the item provided by the DME supplier.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 D. Description of item - enter a description of the item being requested.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 E. Item Price - enter the price for the single item.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 F. Quantity - enter the quantity of items being requested. If it is a single item, enter “1”.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 G. Total Price - the total price will be pre-populated by calculating the item price multiplied by the quantity.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 H. Approved Price - this is the amount authorized by HHSC.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 I.1. Total amount of all items requested - the total amount of all item requested will be pre-populated by calculating the sum of the total price(s).

D1900, D2900, D3900, D4900, D5900, D6900, D7900 I.2. - the total amount of all items requested in the Approved Price fields authorized by HHSC.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 J.1. Minus 18% - pre-populated calculating the total amount multiplied by 0.18.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 J.2. - total amount multiplied by 0.18 authorized by HHSC.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 K.1. Grand total - pre-populated calculating the 18% amount subtracted from the total amount.

D1900, D2900, D3900, D4900, D5900, D6900, D7900 K.2. Grand total - the 18% amount subtracted from the total amount authorized by HHSC.

Note: The 18% will display two digits but uses 4 digits after the decimal point in the calculation. The Grand Total will be rounded to 2 digits after the decimal point so that it does not affect the approved price.

Note: HHSC does not pay for unallowable charges on DME or CMWC requests (e.g. assembly, delivery, shipping, etc.)

DME Receipt Certification Subdivision:
For any request involving a DME or CMWC, a receipt certification must be uploaded into the LTC Portal after the item has been delivered. The signature by the therapist on this form certifies that the item meets the needs of the resident as specified in the assessment. It also indicates, by the administrator’s signature, that the item was delivered and received by the nursing facility.

Failure to submit this receipt confirmation will delay or prevent the facility’s reimbursement process.

Therapist’s Certification of Delivered DME
D1600, D2600, D3600, D4600, D5600, D6600, D7600 A. First Name - enter the first name of the therapist who is certifying the item meets the needs of the resident as specified in the assessment.

D1600, D2600, D3600, D4600, D5600, D6600, D7600 B. Last Name - enter the last name of the therapist who is certifying the item meets the needs of the resident as specified in the assessment.

D1610, D2610, D3610, D4610, D5610, D6610, D7610 A. License type - enter the license type of the therapist who is certifying the item meets the needs of the resident as specified in the assessment.

D1610, D2610, D3610, D4610, D5610, D6610, D7610 B. License No. - enter the license number of the therapist who is certifying the item meets the needs of the resident as specified in the assessment.

D1620, D2620, D3620, D4620, D5620, D6620, D7620 Therapist’s Certification date - enter the date the therapist certified the item meets the needs of the resident as specified in the assessment by signing the CMWC/DME Receipt Certification signature page. This date must match the signature date submitted on the DME/CMWC Signature Page that is uploaded into the LTC Portal.

Nursing Facility Administrator Certification of Delivered Device

D1630, D2630, D3630, D4630, D5630, D6630, D7630 A. First name - enter the first name of the nursing facility administrator who certified that the item was delivered and received by the nursing facility.

D1630, D2630, D3630, D4630, D5630, D6630, D7630 B. Last name - enter the last name of the nursing facility administrator who certified that the item was delivered and received by the nursing facility.

D1640, D2640, D3640, D4640, D5640, D6640, D7640 DME Item Received Date - enter the date the DME item was received by the nursing facility.

D1650, D2650, D3650, D4650, D5650, D6650, D7650 Nursing Facility Administrator’s Certification date - enter the date the nursing facility administrator certified that the item was delivered and received by the nursing facility on the CMWC/DME Receipt Certification signature page. This date must match the signature date submitted on the DME/CMWC Signature Page that is uploaded into the LTC Portal.

Upload Attachments Subdivision:
As described in section 3 of this item-by-item guide, the request for prior authorization is not complete until a signature page has been uploaded and attached to the specific request (PTID). The submitter can data enter the required information, “save as draft,” obtain the required signatures, upload the signature sheet(s) and submit the NFSS form.

Required Document:
[DME Item] - Supplier Acknowledgement and Signature Page Icon: Click on the icon and a hyperlink “[DME Item] - Supplier Acknowledgement and Signature Page” will open a fillable PDF version of the "[DME item] - Supplier Acknowledgement and Signature Page" in a new window. After filling out the form, print it to obtain signatures.
Obtain signatures as instructed in Section 4 of this item-by-item guide.

[DME Item] - Receipt Certification:
For any request involving a DME or CMWC, a receipt certification must be uploaded into the LTC Portal after the item has been delivered. The signature by the therapist on this form certifies that the item meets the needs of the resident as specified in the assessment. It also indicates, by the administrator's signature, that the item was delivered and received by the nursing facility. **Failure to submit this receipt confirmation will delay or prevent the facility's reimbursement process.**

Click on the icon and a hyperlink “[DME Item] - Receipt Certification” will open a fillable PDF version of the "[DME Item] - Receipt Certification " in a new window. After filling out the form, print it to obtain signatures.

Obtain signatures as instructed in D1620, D2620, D3620, D4620, D5620, D6620, D7620 Therapist's Certification and D1650, D2650, D3650, D4650, D5650, D6650, D7650 Nursing Facility Administrator's Certification.

Upload Attachment Subdivision: After signatures are obtained from the DME supplier representative, retrieve the “NFSS DME Supplier Acknowledgement and Signature Page” from “Drafts,” click the "Click Here to Upload Documents" button to upload attachment. The attachment will be whatever file name the submitter has assigned to the signature page when the PDF, with all signatures, was saved on their computer. Upload the signature page(s) and submit the NFSS form.

Note: Up to 10 files can be uploaded, at any time. Files cannot exceed 10mb per file. Supported file types are: PDF, Image (JPG, TIF, and PNG), MS Word, MS Excel, and RTF. When the attachment is successfully uploaded, an icon will be displayed indicating the attachment is successful and the hyperlink with the PDF file name will be displayed. Upon clicking the hyperlink with the File Name, the uploaded attachment will open in a new window in read-only format.

Faxing Attachments: Attachments that are to be used in conjunction with an NFSS form to request an assessment or specialized service can be faxed in after they have been printed and all required signatures are obtained. To fax a required attachment (signature page, receipt confirmation, MSRP quotes, etc.) the NFSS Fax Cover Sheet must be completely filled out and all documents faxed to the number on the form. This form can be downloaded at www.tmhp.com

Authorization Subdivision:
Upon successful submission of an NFSS form, the LTC Online Portal will generate a DLN and return the user to the Resident/NF tab. The user will need to navigate to the [DME] request tab and scroll down to the authorization section to view the PTID and status.
D8100, D8200, D8300, D8400, D8500, D8600, D8700. DME Item

D8100, D8200, D8300, D8400, D8500, D8600, D8700 A. PTID - The Portal will assigned a PTID upon successful submission of NFSS form.

D8100, D8200, D8300, D8400, D8500, D8600, D8700 B. Status - Upon successful submission of the NFSS form, the PTID status will be “Pending State Review” until HHSC makes a determination to approve or deny the request. If there is an issue with the submission, there will be another status listed in B5000 B Status, and the submitter will need to reference the form History of the form to determine how to resolve the issue.

D8100, D8200, D8300, D8400, D8500, D8600, D8700 C. Action– After HHSC reviews the information and makes a determination on the request, the submitter will see one of the following actions taken by HHSC: “Approved,” “Denied,” “Pending Denial.”

Note: The status of “Pending Denial” indicates that HHSC needs additional information from the submitter within a designated period, in order to make a determination on the request. It is recommended that the submitter check the status daily in order not to miss any requests for information and submit it by the requested deadline. Refer to section 6 of this item-by-item guide for additional information on pending denials.

D8100, D8200, D8300, D8400, D8500, D8600, D8700 D. Reason Code– If the request is denied, the reason for denial is listed in D8100, D8200, D8300, D8400, D8500, D8600, D8700 D.

D6000 E If Other - A reason for the denial will be listed here if the reason for the denial in D8100, D8200, D8300, D8400, D8500, D8600, D8700 D. is “Other.”

D8100, D8200, D8300, D8400, D8500, D8600, D8700 F. Date of Assessment - Prepopulated from B0800. Date of Assessment.

D8100, D8200, D8300, D8400, D8500, D8600, D8700 G. Total Approved Price - Prepopulated by amount authorized by HHSC in D1900, D 2900, D3900, D4900, D5900, D6900, D7900.

THERAPY (OT, PT, ST) ASSESSMENT TABS

INTENT: The purpose of this tab is to document the information on the from the assessment completed by a licensed therapist for a habilitative therapy (occupational therapy, physical therapy, or speech therapy). Nursing facilities can use the assessment tool available for downloading at http://www.tmhp.com/Pages/LTC/ltc_forms.aspx. If the provided NFSS form assessment pages are not used, all required assessment information will still need to be data entered into this tab.

Steps for Assessment

1. The information requested in this section is required, unless otherwise indicated.
2. Refer to section 2 and 3 of this item - by - item guide for additional information regarding how to complete assessments.

Instructions for requesting a therapy assessment apply to the following tabs:

- Occupational Therapy (OT) Assessment
- Physical Therapy (PT) Assessment
- Speech Therapy (ST) Assessment
Authorization Type Subdivision
E0100, E3100, E6100 Therapy Authorization Type - select the therapy authorization type from the drop down menu by selecting one of the following: 1. Assessment Only, 2. New, 3. Restart, 4. Recertification.

Recertification do not require an updated treatment plan. An updated assessment completed by the therapist is not required if the frequency, duration, and intensity remain the same.
If the frequency, duration, and intensity have changed, then a new assessment is required.

Therapist Identifying Information Subdivision
E0200, E3200, E6200 Therapist’s Name
E0200, E3200, E6200 A. First Name - enter the first name of the therapist who completed the therapy assessment.
E0200, E3200, E6200 B. Last Name - enter the last name of the therapist who completed the DME or CMWC assessment.
E0300, E3300, E6300 A. License Type - enter the type of license held by the therapist who completed the assessment by selecting one of the following: 1. Occupational Therapist, 2. Physical Therapist, or 3. Speech Therapist.
E0300, E3300, E6300 B. License No. - enter the license number of the therapist who completed the assessment.
E0300, E330, E6300 C. License State - enter the license state in which the license of the therapist who conducted the assessment was issued.

Note: For recertification assessments, the therapist license must be from Texas and entered before data from a previous assessment will be auto-populated.
E0400, E3400, E6400 Is the Therapist employed by the nursing facility - if the therapist who completed the assessment works for the nursing facility enter 1.Yes. If the therapist who completed the assessment does not work for the nursing facility, but is a contracted therapist, enter 0. No.
E0500, E3500, E6500 Therapist’s Employer Name - enter the name of the employer of the therapist who conducted the assessment when the employer is not the nursing facility.
E0600, E3600, E6600 A. Therapist Employer Address: Street Address - enter the street address of the employer of the therapist who conducted the assessment.
E0600, E3600, E6600 B. Therapist Employer Address: City - enter the city in which the employer of the therapist who conducted the assessment is located.
E0600, E3600, E6600 C. Therapist Employer Address: State - enter the state in which the employer of the therapist who conducted the assessment is located.
E0600, E3600, E6600 D. Therapist Employer Address: ZIP Code - enter the zip code in which the employer of the therapist who conducted the assessment is located.
E0700, E3700, E6700 A. Therapist Phone and FAX number: Phone No. - enter the area code and phone number of the employer of the therapist who conducted the assessment.
E0700, E3700, E6700 B. Therapist Phone and FAX number: Fax No. - enter the area code and fax number of the employer of the therapist who conducted the assessment.
E0800, E3800, E6800 Therapist’s Signature Date - enter the date the therapist who completed the assessment signed the NFSS Therapy Signature Page. The signature date:
cannot be more than 29 calendar days prior to the original submission date for a service. The assessment by the therapist must be completed within 30 days before the nursing facility requests pre-authorization for the service as stated in section 2 of the item - item guide.

must be greater than or equal to Date of Assessment (E0900, E3900, E6900).

must match the signature date submitted on the NFSS Therapy Signature Page that is uploaded

**Date of Assessment - Therapy Subdivision:**

**E0900, E3900, E6900 Date of Assessment** - enter the date the assessment was completed by the therapist.

A therapy assessment must always be associated with a therapy requests, except for therapy recertification requests. The assessment date should be within the previous 180 days of the requested therapy submission date, even if the assessment was previously submitted.

**Therapy Assessment (OT, PT, ST) Subdivision**

**Note:** A therapist will complete the assessment using the assessment tool normally used by the therapist or nursing facility. The information requested below is information obtained from that assessment. Please refer to sections 2 and 3 of this item-by-item guide for information on how to complete and submit a request for a therapy assessment.

**E1100, E4100, E7100 Treating impairment and dysfunction** - from the assessment completed by the therapist, enter information that addresses the specific impairment or dysfunction assessed by the therapist. A diagnosis and/or description of the specific problem(s) to be assessed and/or treated should be specific and as relevant to the problem to be treated as possible. In many cases, both a medical diagnosis (obtained from a physician) and an impairment based treatment diagnosis related to treatment are relevant. Where a diagnosis is not allowed, use a condition description similar to the appropriate ICD-10 code. For example, the medical diagnosis made by the physician is Cerebrovascular accident (CVA); however, the treatment diagnosis or condition description for PT may be abnormality of gait, for OT, it may be hemiparesis, and for ST, it may be dysphagia. For PT and OT, be sure to include the body part evaluated. Include all conditions and complexities that may affect the treatment. (Minimum is 50 alphanumeric characters.)

**E1200, E4200, E7200 Initial assessment/current level of function and underlying impairments** - from the assessment completed by the therapist, enter information that describes the resident's current level of function and underlying impairments. (e.g. the functionality prior to the onset of the impairment or dysfunction, date of onset, and
contributing factors i.e. motivation, cognition, psychological stability, etc.) (Minimum is 50 alphanumeric characters.)

**E1300, E4300, E7200 Clinical impressions** - from the assessment completed by the therapist, enter the clinical impressions (e.g. a determination that treatment is not needed, or, if treatment is needed a prognosis for return to functionality prior to the onset of the impairment or dysfunction, etc.) (Minimum is 50 alphanumeric characters.)

**E1400, E4400, E7400 Reason for skilled services** - from the assessment completed by the therapist, enter the reasons the resident needs therapy by a licensed therapist. (Minimum is 50 alphanumeric characters.)

(Maintenance services are considered to be a skilled service when they:
- The patient’s special medical complications require the skills of a therapist to perform a therapy service that would otherwise be considered non-skilled, or
- The needed therapy services are of such complexity that the skills of a therapist are required to perform the procedure

Reference: Medicare Benefit Policy Manual –Pub. 100-02, Chapter 15, section 230.5 for PT, OT, and SLP services provided incident to the physician/NPP)

**E1500, E4500, E7500 Skilled intervention focus** - from the assessment completed by the therapist, enter the specific focus of the skilled intervention used to treat the resident’s needs (e.g. therapeutic exercise, functional training, manual therapy techniques, adaptive devices/equipment needs, modalities, etc.) (Minimum is 50 alphanumeric characters.)

Upload Attachments Subdivision:
As described in section 3 of this item-by-item guide, the request for prior authorization is not complete until a “Therapy signature page” has been uploaded and attached to the specific request PTID. The submitted can data enter the required information, “save as draft,” obtain the required signatures, upload the signature page(s) and submit the NFSS form.

Required Document:
**[Therapy] - Signature Page Icon:** Click on the icon and a hyperlink “[Therapy]-Signature page” will open a fillable PDF version of the ”[Therapy] Signature Page" in a new window. After filling out the form, print it to obtain signatures.

Obtain signatures as instructed in E0800, E3800, or E6800 Therapist’s Signature Date for an assessment.

Upload Document: After signatures are obtained, click the "Click Here to Upload Documents" button to upload attachment. The attachment will be whatever file name the submitter has assigned to the signature page when the PDF was saved on their computer.
**Note:** Up to 10 files can be uploaded, at any time. Files cannot exceed 10mb per file. Supported file types are: PDF, Image (JPG, TIF, and PNG), MS Word, MS Excel, and RTF. When the attachment is successfully uploaded, an icon will be displayed indicating the attachment is successful and the hyperlink with the pdf file name will be displayed. Upon clicking the hyperlink with the File Name, the uploaded attachment will open in a new window in read only format.

**Authorization Subdivision:**
Upon successful submission of an NFSS form, the LTC Online Portal will generate a DLN and return the user to the Resident/NF tab. The user will need to navigate to the therapy assessment tab and scroll down to the authorization section to view the PTID and status.

**Therapy Assessment**
**G1000, G3000, G5000 A. PTID** - The Portal will assign a PTID upon successful submission of NFSS form.

**G1000, G3000, G5000 B. Status** - Upon successful submission of the NFSS form, the PTID status will be “Pending State Review” until HHSC makes a determination to approve or deny the request. If there is an issue with the submission, there will be another status listed in B5000 B Status, and the submitter will need to reference the form History of the form to determine how to resolve the issue.

**G1000, G3000, G5000 C. Action** – After HHSC reviews the information and makes a determination on the request, the submitter will see one of the following actions taken by HHSC: “Approved,” “Denied,” “Pending Denial.”

**Note:** The status of “Pending Denial” indicates that HHSC needs additional information from the submitter within a designated period, in order to make a determination on the request. It is recommended that the submitter check the status daily in order not to miss any requests for information and submit it by the requested deadline. Refer to section 6 of this item-by-item guide for additional information on pending denials.

**G1000, G3000, G5000 D. Reason Code** – If the request is denied, the reason for denial is listed in G1000, G3000, and G5000 D.

**G1000, G3000, G5000 E. If Other** - A reason for the denial will be listed here if the reason for the denial in G1000, G3000, G5000 D is “Other.”

**G1000, G3000, G5000 F. Date of assessment** - Prepopulate from E0900, E3900, or E6900 Date of Assessment.

**Therapy Service Tab**

**INTENT:** The purpose of this tab is to document the information on the LTC portal from the assessment completed by a licensed therapist for a habilitative therapy (occupational therapy, physical therapy, or speech therapy) in order to submit a request for a therapy service. Nursing facilities can use the assessment tool available for downloading at [http://www.tmhp.com/Pages/LTC/ltc_forms.aspx](http://www.tmhp.com/Pages/LTC/ltc_forms.aspx) however, the information from the assessment will still need to be data entered into this tab on the LTC Portal.
Steps for Requesting a service:
1. The information requested in this section is required, unless otherwise indicated.
2. Refer to section 4 of this item-by-item guide for additional information regarding how to submit a request for a service.

Instructions for requesting a therapy service apply to the following tabs:
- Occupational Therapy (OT) Service
- Physical Therapy (PT) Service
- Speech Therapy (ST) Service

Therapy Treatment Plan Subdivision

E1600, E4600, E7600 Add Diagnosis – click on this hyperlink to add a diagnosis code. There is a maximum of 6 rows allowed for diagnosis codes.

E1600, E4600, E7600 A. Code - from the assessment completed by the therapist, enter the diagnosis code for the impairment or dysfunction that will be addressed with the therapy from the list of International Classification of Diseases (ICD) codes, 10th revision, (ICD-10).

E1600, E4600, E7600 B. Description - from the assessment completed by the therapist, enter a description of the diagnosis.

Search Icon: click on the “search” icon button to populate E1600, E4600, and E7600 B. Description with a description of the ICD-10 code diagnosis, when available.

E1600, E4600, E7600 C. Date of onset, if known - from the assessment completed by the therapist, enter the diagnosis’ date of onset when this information is available.

E1700, E4700, E7700 Long Term Goal - from the assessment completed by the therapist, enter the anticipated goals, expected outcomes, and any predicted level of improvement. (Minimum is 50 alphanumeric characters.)

E1800, E4800, E7800 Short Term Goal - from the assessment completed by the therapist, enter any short-term goals related to the long-term goals, when applicable. (Minimum is 50 alphanumeric characters.)

Recommended Habilitation - Therapy Subdivision
If 4. Recertification is selected in E0100, E3100, E6100 Therapy Authorization Type; the Recommended Habilitation information (frequency, duration, and intensity) will be pre-populated based on the previous therapy service request.

E1900, E4900, E7900 A. Frequency: number of times per week - from the drop-down box, select the number of times per week the therapy service will be provided based on the assessment completed by the therapist by selecting one of the following:
- 1 time per week
- 2 time per week
- 3 time per week
- 4 time per week
• 5 time per week
• 6 time per week
• 7 time per week

**E1900, E4900, E7900 B. Duration:** from the drop-down box, select how long, in months, the treatment will be provided based on the assessment completed by the therapist by selecting one of the following:
• 1 month
• 2 month
• 3 month
• 4 month
• 5 month
• 6 month

**E1900, E4900, E7900 C. Intensity:** from the drop-down box, select the number of times per day the therapy service will be provided based on the assessment completed by the therapist by selecting one of the following:
• 1 time per day
• 2 time per day
• 3 time per day

**Referring Physician Identifying Information - Therapy Subdivision**

**Referring Physician Identifying Information:**
The referring physician is the one who will be attesting to medical necessity when requesting prior authorization for a for a habilitative therapy (occupational therapy, physical therapy, or speech therapy) service which is “New” or “Restart”.

**E2000, E5000, E8000 Physician’s information**

**E2000, E5000, E8000 A. Last name** - enter the last name of the referring physician.

**E2000, E5000, E8000 B. License State** - from the drop-down box, select the state in which the physician is licensed.

**E2000, E5000, E8000 C. License No.** - enter the state license number of the referring physician.

**E2000, E5000, E8000 D. Military Code** - if the physician is on duty with the military, enter a military specialty code rather than the state license number of the referring physician.

**E2000, E5000, E8000 E. Date Resident Last Seen** - enter the date the resident was last seen by the physician.

**E2000, E5000, E8000 F. Signature Date** - enter the date the referring physician signed the therapy signature page. This date must match the signature date submitted on the Therapy Signature Page that is uploaded for a “New” or “Restart” therapy request.

**E2100, E5100, E8100 Physician’s Information First Name:** enter the first name of the physician only if the physician holds an out of state license (state selected in E2000B, E5000B, E8000B, is any state other than Texas).
E2200, E5200, E8200 A. Physician’s Address and Phone Number Street Address - enter the street address of the physician’s office when the physician holds an out-of-state license (state selected in E2000B, E5000B, E8000B is any state other than Texas).

E2200, E5200, E8200 B. Physician’s Address and Phone Number City - enter the city where the physician’s office is located when the physician holds an out-of-state license (state selected in E2000B, E5000B, E8000B is any state other than Texas).

E2200, E5200, E8200 C. Physician’s Address and Phone Number State - enter the state of the physician’s office when the physician holds an out-of-state license (state selected in E2000B, E5000B, E8000B is any state other than Texas).

E2200, E5200, E8200 D. Physician’s Address and Phone Number ZIP code - enter the zip code of the physician’s office when the physician holds an out-of-state license (state selected in E2000B, E5000B, E8000B is any state other than Texas).

E2200, E5200, E8200 E. Physician’s Address and Phone Number Phone No. - enter the phone number, including area code; of the physician’s office when the physician holds an out-of-state license (state selected in E2000B, E5000B, E8000B B is any state other than Texas).

Upload Attachments Subdivision:
As described in section 3 of this item-by-item guide, the request for prior authorization is not complete until a “Therapy signature page” has been uploaded and attached to the specific request PTID. The submitter can data enter the required information, “Save as Draft,” obtain the required signatures, upload the signature sheet(s) and submit the NFSS form.

Required Document:
[Therapy] - Signature Page Icon: Click on “[Therapy] - Signature page” hyperlink and it will open a blank fillable PDF version of the ”[Therapy] Signature Page” in a new window. After filling out the form, print it to obtain signatures.

- Obtain signatures as instructed in E0800, E3800, or E6800 Therapist’s Signature Date for a therapy request.
- Obtain signatures as instructed in E2000F, E5000F, or E8000F Signature Date Referring Physician Signature Date for a therapy request.
- Obtain signatures as instructed in section 4 of this item by-item guide Nursing Facility Administrator’s Signature for a therapy request.

Upload Document: After signatures are obtained, click the "Click Here to Upload Documents" button to upload attachment. The attachment will be whatever file name the submitter has assigned to the “[Therapy] - Signature page” when the PDF, with all signatures, was saved on their computer.

Note: Up to 10 files can be uploaded, at any time. Files cannot exceed 10mb per file. Supported file types are: PDF, Image (JPG, TIF, and PNG), MS Word, MS Excel, and RTF. When the attachment is successfully uploaded, an icon will be displayed indicating the attachment is successful and the hyperlink with the PDF file name will be displayed.
Upon clicking the hyperlink with the File Name, the uploaded attachment will open in a new window in read only format.

**Authorization Subdivision:**
Upon successful submission of an NFSS form, the LTC Online Portal will generate a DLN and return the user to the Resident/NF tab. The user will need to navigate to the [therapy] tab and scroll down to the authorization section to view the PTID and status.

**Therapy Service**

**G2000, G4000, G6000 A. PTID** - The Portal will assign a PTID upon successful submission of NFSS form.

**G2000, G4000, G6000 B. Status** - Upon successful submission of the NFSS form, the PTID status will be “Pending State Review” until HHSC makes a determination to approve or deny the request. If there is an issue with the submission, there will be another status listed in B5000 B Status, and the submitter will need to reference the form History of the form to determine how to resolve the issue.

**Note:** The status of “Pending Denial” indicates that HHSC needs additional information from the user within a designated period, in order to make a determination on the request. It is recommended that the submitter check the status daily in order not to miss any requests for information and submit it by the requested deadline. Refer to section 6 of this item-by-item guide for additional information on pending denials.

**G2000, G4000, G6000 D. Reason Code** – If the request is denied, the reason for denial is listed in G1000, G3000, and G5000 D.

**G2000, G4000, G6000 E. If Other** - A reason for the denial will be listed here if the reason for the denial in G1000, G3000, G5000 D is “Other.”

**G2000, G4000, G6000 F. Date of Assessment** - Prepulate from E0900, E3900, or E6900 Date of Assessment.

**G2000, G4000, G6000 G Begin date** - When authorized by HHSC, a begin date will be pre-populated.

**G2000, G4000, G6000 H End date** - When authorized by HHSC, an end date will be pre-populated.

**G2000, G4000, G6000 I Units per week** - When authorized by HHSC, the units per week will be pre-populated.

**Authorization Summary Tab**

**INTENT:** The purpose of this tab is for the user to have a single location to view the statuses of all the submission requests (PTIDs) for a resident based on the DLN assigned.

**Auth Summary**

**CMWC Authorizations**

**S1000 Request Type A. CMWC Assessment 1. PTID** – Prepopulated from B5000A of CMWC assessment Tab, PTID.
S1000 Request Type A. CMWC Assessment 2. Status – Prepopulated from B5000B of CMWC assessment Tab, Status.
S1000 Request Type B. CMWC Request 1. PTID – Prepopulated from C6000A of CMWC Request Tab, PTID.
S1000 Request Type B. CMWC Request 2. Status – Prepopulated from C6000B of CMWC Request Tab, Status.

DME Authorizations
S2000 Request Type A. DME Assessment 1. PTID – Prepopulated from B5000A of DME assessment Tab, PTID.
S2000 Request Type A. DME Assessment 2. Status – Prepopulated from B5000B of DME assessment Tab, Status.
S2000 Request Type B. Gait Trainer 1. PTID – Prepopulated from D8100A of the Gait Trainer Tab, PTID.
S2000 Request Type C. Orthotic Device 1. PTID – Prepopulated from D8200A of the Orthotic Device Tab, PTID.
S2000 Request Type D. Special Needs Car Seat or Travel Restraint 1. PTID – Prepopulated from D8300A of the Special Needs Car Seat Travel Restraint Tab, PTID.
S2000 Request Type E. Specialized or Treated Pressure - Reducing Support Surface Mattress 1. PTID – Prepopulated from D8400A of the Mattress Tab, PTID.
S2000 Request Type E. Specialized or Treated Pressure - Reducing Support Surface Mattress 2. Status – Prepopulated from D8400B of the Mattress Tab, Status.
S2000 Request Type F. Positioning Wedge 1. PTID – Prepopulated from D8500A of the Positioning Wedge Tab, PTID.
S2000 Request Type F. Positioning Wedge 2. Status – Prepopulated from D8500B of the Positioning Wedge Tab, Status.
S2000 Request Type G. Prosthetic Device 1. PTID – Prepopulated from D8600A of the Prosthetic Device Tab, PTID.
S2000 Request Type H. Standing Board/Frame 1. PTID – Prepopulated from D8700A of the Standing Board/Frame Tab, PTID.
S2000 Request Type H. Standing Board/Frame 2. Status – Prepopulated from D8700B of the Standing Board/Frame Tab, Status.

Therapy Authorizations
S3000 Request Type A. Occupational Therapy Assessment 1. PTID – Prepopulated from G1000A of OT assessment Tab, PTID.
**S3000 Request Type A. Occupational Therapy Assessment 2. Status** – Prepopulated from G1000A of OT assessment Tab, Status.

**S3000 Request Type B. Occupational Therapy 1. PTID** – Prepopulated from G2000A of the OT Service Tab, PTID.

**S3000 Request Type B. Occupational Therapy 2. Status** – Prepopulated from G2000B of the OT Service Tab, Status.

**S3000 Request Type C. Physical Therapy Assessment 1. PTID** – Prepopulated from G3000A of the PT Assessment Tab, PTID.

**S3000 Request Type C. Physical Therapy Assessment 2. Status** – Prepopulated from G3000B of the PT Assessment Tab, Status.

**S3000 Request Type D. Physical Therapy 1. PTID** – Prepopulated from G4000A of the PT Service Tab, PTID.

**S3000 Request Type D. Physical Therapy 2. Status** – Prepopulated from G4000B of the PT Service Tab, Status.

**S3000 Request Type E. Speech Therapy Assessment 1. PTID** – Prepopulated from G5000A of the ST Assessment Tab, PTID.

**S3000 Request Type E. Speech Therapy Assessment 2. Status** – Prepopulated from G5000B of the ST Assessment Tab, Status.

**S3000 Request Type F. Speech Therapy 1. PTID** – Prepopulated from G6000A of the ST Service Tab, PTID.

**S3000 Request Type F. Speech Therapy 2. Status** – Prepopulated from G6000B of the ST Service Tab, Status.

**SECTION 14. LIDDA\LMHA PERMISSIONS**

Local Authority (LA) can be either LIDDA or LMHA or both. LIDDAs and LMHA have access to the NFSS form on the LTC Portal for those residents residing in nursing facilities which are in their local service area as indicated by the LA’s vendor/contract number.

After a nursing facility has successfully submitted a request through the NFSS form the LA will be able to:

- Search the nursing facility name to determine the facility’s vendor and contract number
- use FSI to search for NFSS form requests on the Portal and monitor the request status
- print the NFSS form
- search for letters addressed to residents or their LARs regarding specialized services requests via the Letter Search function
- view all NFSS forms in the Current Activity page
- print a PDF version of the NFSS form
- receive and view Alerts – the Portal will issue an electronic alert to the applicable LA when an NFSS assessment or service request is approved, denied, or set to pending denial.