Companion Guide for Completing the Authorization Request for PASRR Nursing Facility Specialized Services (NFSS) Form

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Overview

This guide is to be used in conjunction with the *Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Preadmission Screening and Resident Review (PASRR) User Guide* and *LTC User Guide for General Information, Online Portal Basics, and Program Resources* both of which are available for downloading at [www.tmhp.com](http://www.tmhp.com) in order to navigate the Authorization Request for PASRR Nursing Facility Specialized Services (NFSS) Form on the TMHP LTC Online Portal.

Nursing facility submitters should follow the instructions outlined in the *LTC PASRR User Guide* as the primary resource document for submitting specialized service request through the TMHP LTC Portal.

For specific instructions on completing the NFSS PDF or specific fields in the NFSS Form on the LTC Portal, nursing facility submitters should reference the [Detailed Item by Item Guide for Completing the Authorization Request for PASRR NFSS Form](#) found on the HHSC PASRR website.

Local authorities (LIDDAs and LMHA\LBHAs) staff should also use the *LTC PASRR User Guide* available for downloading at [www.tmhp.com](http://www.tmhp.com) as the primary resource document for viewing and monitoring specialized service requests through the TMHP LTC Portal.
Purpose

This document will describe details about the NFSS Form, how nursing facilities request a specialized service through the LTC Portal, and how to determine when HHSC has approved the NFSS for service authorization.
1. Authorization Request Process for PASRR Nursing Facility Specialized Services (NFSS)

The nursing facility has 20 business days from the date of the initial IDT or annual specialized services review meeting to initiate all PASRR nursing facility specialized services recommended and agreed to at the meeting. The following nursing facility habilitative specialized services must be requested using the NFSS Form and submitted 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:
  - a gait trainer;
  - a standing board;
  - a special needs car seat or travel restraint;
  - a specialized or treated pressure-reducing support surface mattress;
  - a positioning wedge;
  - a prosthetic device; and
  - an orthotic device.
LTC Online Portal Security for the NFSS Form

Nursing facility providers need to update user accounts with NFSS Submitter permissions in order to submit and view the NFSS form. To activate these functions, go to My Account, select Modify Permissions, and select the provider number that needs NFSS permissions activated. Then check the box for NFSS viewer or NFSS Submitter, to add those permissions.

For more information or assistance obtaining the correct permission, call the LTC Help Desk at 1-800-626-4117, Option 1.

As a reminder, only NF employees can access the NFSS Form on the LTC Online Portal for completion and submission per the LTC Online Portal Security section of the TMHP Online Portal Basics guide.

Although for some specialized services, information will be needed from a Durable Medical Equipment (DME) supplier, NF employees can provide the DME supplier with a PDF version on the NFSS form for completion. Once the DME supplier returns the completed PDF to the NF submitter, the NF submitter will data enter this information into the appropriate section of the NFSS form on the LTC Portal.
3. Form Status Inquiry of the NFSS Form

Form Status Inquiry (FSI) feature provides a query tool for finding the PL1 from which to initiate a new NFSS Form.

Note: 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/.

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.

The NFSS form cannot be submitted if the PL1 is in any of the following status(es)

- PL1 Inactive
- Form Inactivated
- Individual Chose Alternate Setting
- NF Placement Process Exhausted

The “Initiate NFSS” button will be displayed in the yellow Form Actions bar of the PL1 for residents who are PASRR positive (have a diagnosis of ID or DD) and have a supporting PE with a diagnosis of IDD or IDD/MI. Additionally, the resident must be at least 21 years of age and be Medicaid eligible at the time of the NFSS submission to qualify for NF.
PASRR specialized services. If the individual does not meet this criteria, the “Initiate NFSS” button will NOT be displayed in the yellow Form Action bar of the PL1.

Per the LTC PASRR User Guide, the LTCOP will validate various aspects of the form, including whether:

- there is an existing Daily Care Service Authorization for the date the assessment was completed; and,
- there is an existing Daily Care Service Authorization for the date the NFSS form is attempting to be submitted for the requested service.

If neither of these service authorizations is found, the submitter will receive an error message to correct the date of assessment (if the date submitted was the wrong date) or resubmit the NFSS for when the resident has daily care. The submitter can save the form as “draft”, but the date of assessment must be within 30 calendar days of submission. Refer to the “Date of Assessment” section of this guide for more information.

After successful submission of an NFSS form, FSI can be utilized in monitoring the status of NFSS forms. 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
- SSN

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.

Unlock NFSS Form

Upon opening, the NFSS form becomes automatically locked by the viewer and will remain locked for 20 minutes if there is no activity or until the viewer clicks the “Unlock Form” button. The Unlock Form button will unlock the document so that a different user can make changes. If a document is locked, others will not be able to make changes or add additional information. You may be asked to unlock a document if you are seeking assistance from TMHP or HHS.

To unlock a document, click the “Unlock Form” button located at the top right corner of the screen.
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).

IDT Held More Than 30-Calendar Days

If the nursing facility is submitting the NFSS request more than 20 business days (approximately 30 calendar days) after the initial IDT or annual specialized services meeting, the nursing facility submitters will receive an error message to this effect. This is to notify the nursing facility submitters that they are out of compliance with the requirements in rule and may be subject to a follow-up visit by regulatory staff.

The submitter should check on the “OK” button and continue the NFSS form submission.

The PDF NFSS form should NOT be faxed to TMHP or HHSC as a means to request a specialized service. Documents with the watermark “For Reference Only” are not to be faxed to the state or TMHP and they should not be attached to the NFSS request on the LTC Portal. These forms were created as tools for NF providers to use when needed, and will not be accepted.

Refer to the LTC PASRR User Guide instructions on how to select the type of specialized service being requested.

Coding Conventions for Entering Information into the NFSS form

The following coding conventions should be used when submitting the NFSS Form:
- The NFSS can only be viewed using Internet Explorer (IE) 11 in a desktop mode.
- 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: (B0100A) ‘Is there a history of decubitus/skin breakdown?’ If an answer of “1. Yes” is entered, then (B0100B) ’If yes, explain’ becomes a required field.
- 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 13, 2018, would be recorded as 07/13/2018.
- 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 require a minimum of 50 alphanumeric characters.
- Text fields on the NFSS form will only accept a combination of the following alphanumeric characters and symbols:
  - 1234567890
  - QWERTYUIOPASDFGHJKLZXCVBNM
  - qwertyuiopasdfghjklzxcvbnm
  - @ ` / + , . _ -
  - Embedded spaces

**Save as Draft**

Once the submitter enters the required information and clicks on 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 a draft of the document.

Any form left in “Draft” status will expire after 60 calendar days (2 months).

This feature is useful when the submitter has completed the data entry of information into the NFSS form, but still needs to obtain the required signatures, DME provided documents, or other attachments. 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 page(s), and submit the NFSS form.

Successful submission of the NFSS form will generate a unique Document Locator Number (DLN).
4. Uploading MSRP, Signature Page, and Receipt Certifications

The NFSS form submission must include the attachments listed under each service category. The attachments are added to the assessment or service authorization request by using the “Upload Attachment” feature on each tab.

**Habilitative Therapies:**
- One uploaded signature page per assessment being requested (OT, PT, and ST) for the therapist.
- 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

**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
- MSRP for each item requested
- 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
- MSRP for each item requested
HHSC will only authorize payment for the same type of habilitative therapy assessment (OT, PT, or ST) for the same resident, in the same nursing facility, once every 180 days. 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 completed by the therapist. The nursing facility submitter must ensure that there is an existing Daily Care Service Authorization for the date the assessment was completed. The original assessment is maintained in the individual resident’s medical record.

Continuation in the frequency, duration, and intensity of a therapy services can be submitted for authorization as long as there is an authorized assessment on file within the LTC Portal within the previous 180 days for the specific therapy service being requested.

Changes in the frequency, duration, and intensity of a therapy services identified as necessary to meet the resident’s needs can still be submitted for authorization along with a new assessment which reflects the revised frequency, duration, and intensity. If the updated assessment is submitted within the previous 180 days for the specific therapy service being requested, HHSC will authorize payment for the therapy service, but will not pay for the updated assessment and it will be filed within the LTC Portal with a status of “Documented/Complete”.

The paper copy of the therapist’s assessment does not need to be attached to the NFSS request. Information from the therapist’s paper copy is what is data entered on the NFSS form under the “Assessment Tab.”

**Resident/NF Tab**

Upon initiation of the NFSS, the individual’s demographic information, including information about their legally authorized representative (LAR) will be auto-populated from the PL1.

Confirm the individual’s address (nursing facility) and LAR information, if applicable, is correct. This information will be used by the LTC Portal to issue correspondence to the individual (or LAR if applicable) relating to the status of the specialized services request submitted through the NFSS form.
**Type of Service Requested**

A therapist will complete the assessment using either the assessment instrument 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 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 as an “Assessment Only” request for a service authorization.

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.

**Therapist Identifying Information**

For any of the PASRR nursing facility specialized services requested, a licensed therapist must have recently performed an assessment to determine whether the service being requested is medically necessary.

**Therapist’s License Number**

The portal accepts 7-digit numbers. If the therapist’s license number is less than 7-digits, place a zero **before** the license number.

- B0200B (CMWC/DME Assessment).
- E0300B (OT Assessment), E3300B (PT Assessment), E6300B (ST Assessment).

**Therapist’s Signature Date**

The assessment by the therapist must be completed within 30 days before the nursing facility submitter requests pre-authorization for the service on the NFSS Form.

Enter the date the therapist who conducted the assessment signed the Signature page. The signature date entered into the NFSS Form:

- cannot be more than 29 calendar days prior to the original submission date for a service (date of submission plus 29 days = 30 days).
- must be greater than or equal to Date of Assessment.
- must match the signature date submitted on the Signature page that is uploaded
  - CMWC/DME B0700 Therapist’s Signature Date
  - E0800 (OT), E3800 (PT), E6800 (ST) Therapist’s Signature Date
**Date of Assessment**

The nursing facility submitters must submit the authorization request through the NFSS Form **no more than 30 days from the date the assessment was completed** by the therapist. Include the day the NFSS Form is being submitted plus 29 days to calculate the 30 days in order for the LTC Portal to accept the NFSS form submission. Additionally, the submittter must ensure there is an existing Daily Care Service Authorization for the date the assessment was completed. Enter the date of assessment in the following fields:

- DME/CMWC Assessment: B0800 Date of Assessment
- Habilitative Therapy Assessment: E0900, E3900, E6900 Date of Assessment

HHSC will only authorize payment for the same type of assessment, for the same resident, in the same nursing facility, every 180 days. A therapist can perform and submit an updated assessment at any time to evaluate the needs of the resident; however, no service authorization will be created, and the updated assessment will be placed in the final status of “Documented Complete.”

**Referring Physician Identifying Information**

The referring physician is the one who is licensed as an MD or OD and will be attesting to medical necessity when requesting prior authorization for a CMWC, DME item, or a habilitative therapy.

First, the assessment by the therapist must be completed within 30 days before the nursing facility submitter requests pre-authorization for the service on the NFSS Form.

Second, the therapist who conducted the assessment signs the signature page after completion, hence, this date must be greater than or equal to Date of Assessment.

The physician reviews the assessment, and if they agree with the therapist’s recommendation, will sign the signature sheet attesting to the resident’s medical need for the habilitative therapy, DME item, or CMWC. The physician’s signature for medical necessity is specific to the resident for which the specialized service is being requested.

Finally, the information on the signature sheet is data entered into the NFSS form. This ensures the dates and names match what is entered into the LTC Portal.

**Date Resident Last Seen**

Enter the date the resident was last seen by the physician.

**Signature Date**

Enter the date the referring physician signed the Signature page on the NFSS form. The physician’s signature date:
• cannot be more than 29 calendar days prior to the submission date for a service since the assessment by the therapist must be completed within 30 days before the nursing facility submitters requests authorization for the service.
• must be after the physician has reviewed the therapist’s assessment.
• must match the signature date submitted on the Signature page that is uploaded.

**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 only”, a nursing facility submitter must ensure the assessment is signed by the:

- therapist that performed the assessment, and
- the nursing facility administrator, acknowledging a specialized service is being requested for an individual in his/her facility.

If the submission will also include an authorization request for a service, the attachment must contain the signatures of the:

- therapist that performed the assessment, and
- referring physician, attesting that the service is medically necessary, and
- the nursing facility administrator, acknowledging a specialized service is being requested for an individual in his/her facility.

The signatures for all parties must be legible in order to verify that the signature matches the name that was entered into the NFSS Form on the LTC Portal. Illegible signatures or signatures that do not match the NFSS form will not be accepted.

To avoid requests being put in pending denial or denied status, ensure the signature and signature dates provided are accurate and verifiable.

Alterations to the NFSS signature page make it invalid. Examples of alterations that invalidate a signature sheet include the use of white out, cutting and pasting, and blacking out information. Alterations will result in the request being placed into a pending denial status or denied. Altering the form is considered Medicaid fraud. Repeated instances of alterations will be referred to the Office of Inspector General for investigation.

Errors may be corrected by drawing a single line through a mistake, writing the correction next to it, and initialing and dating the correction.

Signature pages are obtained by downloading the signature page from the appropriate tab on the NFSS form, having the appropriate parties sign the form, and uploading the signed (scanned) page on the LTC Online Portal as part of the NFSS form submission.
Best practice is for the signature page to be attached to the assessment tab when requesting an “Assessment Only” and for the signature pages be attached to the service tab when requesting both an assessment and a service.

PDF copies of attachment signature pages can be downloaded at: http://www.tmhp.com/Pages/LTC/ltc_forms.aspx

Upload Attachments Section

Required attachments that must be submitted in conjunction with the NFSS Form can also be found in the “Upload Attachments” section of the assessment tab. An icon on each tab will indicate the required documents which must be downloaded, completed, and uploaded back into the NFSS Form.
Required documents for assessments are as follows:

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

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

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

### 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 for those nursing facilities that do not have scanning capabilities.

To fax a required attachment (signature page, receipt confirmation, MSRPs, etc.) the NFSS Fax Cover Sheet must be **completely filled out** and all documents faxed to the number on the Fax Cover Sheet. Failure to completely and accurately fill out the fax cover sheet may result in the attachment not being attached to the correct NFSS Form, which may ultimately result in a denial.

When this option is selected, it may take a few days for the NFSS submission to go through and state staff can take action on the request. 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. Documents with the watermark “For Reference Only” are not to be faxed to the state or TMHP and they should not be attached to the NFSS request.
on the LTC Portal. These forms were created as tools for NF providers to use when needed, and will not be accepted.

**PTID Status after Submission**

To complete the submission of the NFSS form, the submitter must scroll down to the bottom of the tab to the Authorization section and click on the “Confirm” button:

Upon successful submission of an NFSS Form, the LTC Online Portal will generate one Document Locator Number (DLN), one PTID number, 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. For more information on the PTID and the various statuses, please refer to the “PASRR Transaction Identification (PTID) and Workflow Process” section of this guide.
**Pending Denial Status**

The status of “Pending Denial” indicates that HHSC needs additional information from the submitter within a designated period of time, 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 request for information and submit it by the requested deadline.

**The submitter will need to change the status back to “Pending State Review” after submitting the requested information.**

Failure to set the request back to “Pending State Review” will result in the TMHP LTC Portal not recognizing that the NF has taken action and continues to run down the clock (7 calendar days for therapies and 14 calendar days for DMEs and CMWCs). When the timer runs out because the LTC Portal did not recognize the NF has taken any action by the due date, the TMHP LTC Portal will issue a system generated denial.
6. Tips for Submitting a Service Authorization Request 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 submitter 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 referring 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, Gait Trainer, etc.), and having the physician sign the signature page to indicate the specialized service is medically necessary and provided under the resident’s treatment plan.

The physician’s signature must be written in a way that HHSC can verify the physician signing the signature page is the same person named in the NFSS Form on the LTC Portal.

Best practice is for the signature page to be attached to the assessment tab when requesting an “Assessment Only” and for the signature pages be attached to the service (CMWC, DME item, or therapy) request tab when requesting both an assessment and a service.

**Note:** A nursing facility submitter must request the service by completing both the assessment tab and the service tab on the NFSS form. Additionally, the submitter must ensure there is an existing Daily Care Service Authorization on the date that the NFSS is attempting to be submitted.

**Service Request with a Previously Approved Assessment**

There may be situations in which there is an assessment that has been previously authorized, but no corresponding service. This could happen when:

- The service type was “Assessment Only” and it was later determined the individual needed the service, or
- Both the assessment and service authorization was submitted on the NFSS Form, but the assessment was approved and the service was denied.

Because an approved assessment is valid for 180 days, the nursing facility submitters can use an existing approved assessment to request a service. However, because the NFSS Form requires both the assessment and the service tabs be completed for a service authorization request, the nursing facility submitters can use the “Populate button”
feature to copy the information from the approved assessment into the NFSS form for a new service request. Please refer to the “Populate” section later on in this guide.

Once a therapy assessment has been approved, it can be used for up to one year for recertification therapy requests. Once an assessment is a year old (365 days), an updated therapy assessment is required.

**Therapy Service Requests**

There are three types of therapy service authorization requests:

- **New** (Submit initial assessment) – a New request is the very first request submitted by the nursing facility for a resident to receive any of the three therapy types. An initial therapy assessment completed by the therapist is required. The therapy service request must include a:
  - treatment plan, and
  - the referring physician’s signature.

The NF will need to submit a signature page:

- signed by the Therapist who completed the assessment,
- signed by the Physician, who is attesting to the medical necessity for therapy services, and
- signed by the Administrator of the Nursing facility, to indicate awareness of the request.

The NF only attaches the signature page onto the portal and not the paper copy of the assessment.

- **Recertification** (Does not require an updated treatment plan and physician’s signature) - A therapy service recertification request is one in which there is no change to the amount, duration, or frequency of habilitative therapy services being requested. Approval of a recertification therapy request will result in the same level of therapy services over and over again until there is a change, or the initial assessment is over 365 days old.
  - 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, an updated assessment is required.

When submitting a request for recertification of therapy services, the LTC Portal will use the previously submitted therapy assessment (for the same type of therapy) to populate data into the therapy assessment tab.
Because there has not been a change in the amount, duration, or frequency of the therapy service, the NF do not need to submit an updated assessment, only a signature sheet:

- signed by the Therapist who completed the assessment (if still available at the facility),
- signed by the Administrator of the Nursing facility, to indicate awareness of the request.

NF’s should resubmit a recertification only if the previous approved therapy authorization end date was less than 29 days. A NF should submit the recertification at least 15 calendar days prior to the current therapy end date.

When a recertification request has a break in the therapy service that is longer than 30 days, the NF submitter will need to submit the therapy request as a Restart.

- Restart – a therapy service request in which any of the following occurs: the individual leaves the facility (discharged) for any reason (such as for a hospital stay of any duration) and their NF daily care ends, then all current service authorizations end on the date of discharge. Upon return to the facility the NF must submit an authorization request as a Restart, so therapy services can begin again.
- when the therapist determines the amount, duration, or frequency of the therapy service needs to change, an updated assessment, therapy plan, and signatures must be submitted, however, HHSC only pays for 1 assessment every 180 days regardless of how many restarts are submitted during that period.
- when there is a break in therapy service lasting more than 30 calendar days
- when the date of the assessment is over 60 days old.

The request must include an updated assessment with an updated treatment plan. The NF will need to submit a signature sheet:

- signed by the therapist who completed the assessment,
- signed by the referring physician, who is attesting to the medical necessity for therapy services, and
- signed by the administrator of the Nursing facility, to indicate awareness of the request.

For habilitative therapy requests, the NFSS form must upload one signature page (attachment) per service (OT, PT, ST) being requested for the therapist, physician, and nursing facility administrator. The exception to the requirement for the physician’s signature to be submitted is when the submission is a recertification request.

The administrator’s signature acknowledges their awareness that a request for therapy services has been submitted for a resident in their facility.
The signatures for all parties must be legible in order to verify that the signature matches the name that was entered into the NFSS Form on the LTC Portal. Illegible signatures or signatures that do not match the NFSS form will not be accepted.

- **Assessment Only** - when 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 as an “Assessment Only” in order to request reimbursement for completing the assessment.

For an “assessment only” request, the NF will need to submit a signature sheet:

- signed by the therapist who completed the assessment,
- signed by the administrator of the Nursing facility, to indicate awareness of the request.

When an assessment only request has been submitted and the NF determines a service is needed after all, a new therapy request (which includes both the assessment and treatment plan) will need to be submitted. The NF cannot use the “assessment only” submission to request a therapy service.

**Diagnosis**

When entering the diagnosis code into column **A. Code**, remove all periods (.) in order for the LTC Portal to accept the code. Once the code is entered, it will populate the **B. Description** field. **C. Date of Onset** is an optional field and should be completed when this information is available.

**Upload Attachments**

Required attachments that must be submitted in conjunction with the therapy request can also be found in the “Upload Attachments” section of the therapy service tab. An icon on each tab will indicate the required documents which must be downloaded, completed, and uploaded back into the NFSS Form.
When an attachment has been successfully uploaded, it will appear under the blue “Successful Attachments” bar along with a green check-mark. In this manner, nursing facilities can verify that required attachments are being submitted with the NFSS form.

**Status of Therapy Authorization Request**

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

**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 PTID History to determine how to resolve the issue.

**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, and G5000 D is “Other.”

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

To determine the therapy service that has been authorized, review the following fields:

**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.

CMWC Requests

HHSC does not approve a request to replace a CMWC made within five years after a CMWC was purchased for the resident, unless the authorization request includes:

1. an order from the designated resident’s attending physician; and
2. an assessment by an occupational therapist or physical therapist licensed in Texas, with documentation explaining why the resident’s current CMWC no longer meets the resident’s needs.

Current Seating Equipment

For detailed instructions on how to complete the fields in this section, refer to the Detailed Item by Item Guide for Completing the Authorization Request for PASRR NFSS Form. Provide as much detail as possible to avoid the request being set to “Pending Denial” due to the need for additional information.

Requested Customized Seating Equipment

C0200 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.

Note: This field must contain all the diagnosis for the resident or the request will be set to “Pending Denial.”

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.

**Note:** The DME Supplier uses the information in the assessment and CMWC Request tab to determine the type of wheelchair, customizations, and accessories that best meet the individual’s needs. Provide as much information as possible to ensure the final product will fit properly and meet the needs of the resident.

Additionally, 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**

Nursing facilities can use the measurement 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) to complete this section. **All data from the worksheet must be** data-entered into this tab on the NFSS Form.

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

DME Suppliers can use the Itemized MSRP 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 NFSS Form by the submitter at the nursing facility.

**Do not** Fax in or attach the Measuring Worksheet or Itemized MSRP worksheet as a means to request a CMWC.

**C1900 A. Number of Items to Add** - The total number of items that can be added is 22. In instances where there are more components than the 22 rows allowed on the NFSS form, nursing facilities can enter more than one item into a row. This is also referred to as “rolling-up” components. It may be necessary to “roll up” several items in one row for CMWC’s that involve extensive modifications.

It is important to clearly identify all rolled up items on the CMWC Request tab and on the catalog order form to avoid “pending denial” and “denial” statuses.

The amount in the row containing the rolled-up components must be equal to the sum of all the components on the MSRP documentation.
When the HCPCS code K0108 is used to identify multiple items that have been rolled up, the Description of the Item must be modified to indicate there are multiple components on this row. Do Not roll-up prices when the chair contains less than 22 components.

**C1900 C. HCPCS code** - enter the Healthcare Common Procedure Coding System (HCPCS) code for the item provided by the DME supplier. Nursing facilities should enter the HCPCS code into the CMWC Request tab corresponding to the HCPCS code on the MSRP documentation.

**C1900 D. Description of Item** – a standard description will be auto-populated but can be modified by using the over-ride function. Each item in the catalog/order form should be clearly labeled (item 1, 2, etc.) to the corresponding row of itemized MSRP section of the CMWC Request tab (Section C1900).

Each item should be entered in the same sequential order in the CMWC Request tab as it appears in the attached MSRP documentation.

For descriptions with the generic HCPCS code resulting in “W/C Component – Accessories not otherwise specified” nursing facilities are able to over-ride this description to match the description on the MSRP catalog.

Not all items and components have a HCPCS code, but in order to match the generic K0108 to the documentation, nursing facilities should use the over-ride option to match the descriptions to minimize the likelihood that the request will be set to “pending denial.”

**C1900 E. Item Price** - enter the price for the single item

**MSRP Verification**

The catalog pages, price lists, and order forms provided to the nursing facility by the DME supplier are required to verify the specific components, items, and prices that are listed in the Itemized MSRP Quote section of the CMWC tab.

Quantities and amounts for components that cannot be reconciled with the MSRP documentation will be set to “Pending Denial” for correction.

It is a requirement for NF’s to attach catalog pages for all CMWC submissions when available. A compilation of items on one price list or order form is only acceptable when the manufacturer does not have an on-line catalog. State staff will verify the availability of on-line catalog pages. If a catalog page exists and is not submitted as verification of MSRPs, the authorization request will be placed in a “Pending Denial” status in order for the catalog pages to be attached.

HHSC does not pay for unallowable charges on DME or CMWC requests (e.g. assembly, delivery, shipping, embroidery, paint colors, backpacks, etc.)
Attestation Letters

Attestation letters should not be submitted as substitutions for catalog pages. These letters will only be accepted in situations where the manufacturer does not have an online catalog with the MSRP.

MSRP Attestation Letters are required from the DME supplier when:

A catalog page is not available, and an itemized price list has to be compiled by the DME Supplier; or

A catalog page is available but does not have MSRP pricing information included in the catalog.

The only elements that should be on an attestation letter are:

- the manufacturer attestation that the information submitted is their MSRP list
- the name of a contact person at the manufacturer,
- the contact person’s title, and
- a phone number where the contact person can be reached.

All this information must be on company letterhead from the manufacturer.

The body of the MSRP Attestation Letter should only have a statement attesting all prices in the separately attached catalog page/order form/price list are reflective of MSRP pricing.

Do not include item descriptions, pricing, and quantities in the MSRP attestation letter.

PASRR Reviewers will set a request to “Pending Denial” and request a corrected MSRP attestation letter for any deviation from the requirements.

MSRP documentation that is blurry, difficult to read, or has been visibly altered will not be accepted because the information contained in these types of documents cannot be matched with the information on the NFSS form. Documents should be easy to read and match the item/component description on the NFSS form.

A CMWC request will require correction or resubmission if:

- An item is not clearly described on the Itemized MSRP Quote section of the CMWC tab as is listed on the catalog/order form/price list;
- Prices cannot be matched to what was entered into the Itemized MSRP Quote section; or
- Quantities of items cannot be matched to what was entered into the Itemized MSRP Quote section.
C1900 F. Quantity - enter the quantity of items being requested.

- Prices and quantities must match what is on the MSRP documentation.
- If it is a single item, enter “1”. If the item is sold as a pair, enter “1” for the quantity.

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 items 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: 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.

Status of CMWC Authorization Request

Upon successful submission of an NFSS form, the LTC Online Portal will generate one DLN and one PTID and return the user to the Resident/NF tab. The user will need to navigate back 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 C6000 B. Status field, and the submitter will need to reference the PTID History 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.”
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.”

**Required Certification for CMWC**

After approval of a CMWC request for authorization, the CMWC request will be set to a “Pending NF Receipt” status BUT does not generate a service authorization. After the chair is delivered to the facility, the submitter must attach a completed PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification.

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.

**NF Daily Care and Receipt Certifications**

The NF submitter must ensure the resident has NF daily care on the Medicaid Eligibility Service Authorization Verification (MESAV) system on the date the DME item/CMWC was delivered to minimize billing issues. A valid daily care service authorization is needed for SAS to create the service authorization for the DME item or chair.

NF providers must not deliver a Medicaid specialized service (assessments, habilitative therapies, durable medical equipment (DME) or a customized manual wheelchair (CMWC)) while the resident is on Medicare or admitted to other Medicaid program (no NF daily care).

Prior authorization of a PASRR specialized service within the TMHP LTC Portal does not guarantee creation of a service authorization in MESAV if there are issues that are identified such as the resident not having daily care. Lack of a service authorization will prevent the NF from being able to bill and be reimbursed for services delivered.
Steps to submitting a Receipt Certification

1. The submitter uploads the attached the Receipt Certification attachment in the Upload Attachment section of the CMWC tab.

2. Move the CMWC to a “Pending State Confirmation” status, but **not** click on the “confirm” button to submit the form.

3. Once the status is in “Pending State Confirmation” the LTC Portal will allow the submitter to enter data from the receipt certification attachment into the Receipt Certification subdivision on the CMWC tab.

4. When the data entry is completed, the submitter will click on the “confirm” button to submit the attachment for state staff to review.

5. State staff will review the receipt certification attachment for accuracy. If accepted, state staff will move the request to “SAS Request Pending” status. This will start the process to create a service authorization for the amount of the total approved price.

6. If the form is successfully processed in SAS, the status will be moved to “Process/Complete.”
7. The nursing facility should verify the service authorization is in the Medicaid Eligibility Service Authorization Verification (MESAV) system before billing for the item.

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

**Therapist’s Certification of Delivered CMWC**

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

**C4400 B. License No.** - The portal accepts 7-digit numbers. If the therapist’s license number is less than 7-digits, place a zero before the license number.

**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, and
- be the current date or a future date.

**Nursing Facility Administrator Certification of Delivered CMWC**

**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, and
- be the current date or a future date.

**Upload Attachments Subdivision**

The CMWC request for authorization is not complete until the “PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification” page has been uploaded and attached to the specific request PTID AND information from the Receipt Certification page has been data entered into the NFSS Form as indicted in the steps above.

**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 for those nursing facilities that do not have scanning capabilities.
To fax a required attachment (signature page, receipt confirmation, MSRP$s, 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.

The PDF NFSS form should NOT be faxed to TMHP or HHSC as a means to request a specialized service. Documents with the watermark “For Reference Only” are not to be faxed to the state or TMHP and they should not be attached to the NFSS request on the LTC Portal. These forms were created as tools for NF providers to use when needed, and will not be accepted.

**DME Item Requests**

When requesting a DME item, the submitter must open the tab corresponding to the specific item. There is one tab for each of the seven PASRR DME items.

Instructions in this guide 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

The example in the *LTC PASRR User Guide* uses a gait trainer.

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 wellbeing 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.
Current DME Item

For detailed instructions on how to complete the fields in this section, refer to the *Detailed Item by Item Guide for Completing the Authorization Request for PASRR NFSS Form*. Provide as much detail as possible to avoid the request being set to “Pending Denial” due to the need for additional information.

Requested DME Item

**D1400, D2400, D3400, D4400, D5400, D6400, D7400** Describe the DME item that is being requested - Describe the DME item being requested and the resident’s specific medical needs for this item.

**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.

*Note: This field must contain all the diagnosis for the resident or the request will be set to “Pending Denial.”*

*Note: The DME Supplier uses the information in the assessment and DME Item tab to determine the type of equipment, adaptations, and accessories that best meet the individual’s needs. Provide as much information as possible to ensure the final product will fit properly and meet the needs of the resident.*

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

Itemized Manufacturer’s Suggested Retail Price (MSRP)

DME Suppliers can use the Itemized MSRP 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 NFSS Form by the submitter at the nursing facility.

*Do not* Fax in or attach the Itemized MSRP worksheet as a means to request a DME Item.

**D1900 A. Number of Items to Add** - The total number of items that can be added is 22.

**D1900 C. HCPCS code** - enter the Healthcare Common Procedure Coding System (HCPCS) code for the item provided by the DME supplier. Nursing facilities should enter the HCPCS code into the CMWC Request tab corresponding to the HCPCS code on the MSRP documentation.

**D1900 D. Description of Item** – a standard description will be auto-populated, but can be modified by using the over-ride function. Each item in the catalog/order form
should be clearly labeled (item 1, 2, etc.) to the corresponding row of itemized MSRP section of the DME Item tab (Section D1900).

Each item should be entered in the same sequential order in the DME Item tab as it appears in the attached MSRP documentation.

**D1900 E. Item Price** - enter the price for the single component

**MSRP Verification**

The catalog pages, price lists, and order forms provided to the nursing facility submitters by the DME supplier are required to verify the specific components, items, and prices that are listed in the Itemized MSRP Quote section of the DME item tab.

Quantities and amounts for components that cannot be reconciled with the MSRP documentation will be set to “Pending Denial” for correction.

It is a requirement for NF’s to attach catalog pages for all DME Item submissions when available. A compilation of items on one price list or order form is only acceptable when the manufacturer does not have an on-line catalog. State staff will verify the availability of on-line catalog pages. If a catalog page exists and is not submitted as verification of MSRP, the authorization request will be placed in a “Pending Denial” status in order for the catalog pages to be attached.

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

**Attestation Letters**

Attestation letters should not be submitted as substitutions for catalog pages. These letters will only be accepted in situations where the manufacturer does not have an on-line catalog with the MSRP.

- MSRP Attestation Letters are required from the DME supplier when:
  - A catalog page is not available and an itemized price list has to be compiled by the DME Supplier; or
  - A catalog page is available, but does not have MSRP pricing information included in the catalog.

The only elements that should be on an attestation letter are:

- the manufacturer attestation that the information submitted is their MSRP list
- the name of a contact person at the manufacturer,
- the contact person’s title, and
- a phone number where the contact person can be reached.

All this information must be on company letterhead from the manufacturer.
The body of the MSRP Attestation Letter should only have a statement attesting all prices in the separately attached catalog page/order form/price list are reflective of MSRP pricing.

Do not include item descriptions, pricing, and quantities in the MSRP attestation letter.

PASRR Reviewers will set a request to “Pending Denial” and request a corrected MSRP attestation letter for any deviation from the requirements.

MSRP documentation that is blurry, difficult to read, or has been visibly altered will not be accepted because the information contained in these types of documents cannot be matched with the information on the NFSS form. Documents should be easy to read and match the item/component description on the NFSS form.

A DME Item request will require correction or resubmission if:

- An item is not clearly described on the Itemized MSRP Quote section of the DME item tab as is listed on the catalog/order form/price list;
- Prices cannot be matched to what was entered into the Itemized MSRP Quote section; or
- Quantities of items cannot be matched to what was entered into the Itemized MSRP Quote section.

**D1900 F. Quantity** - enter the quantity of items being requested.

- Prices and quantities must match what is on the MSRP documentation.
- If it is a single item, enter “1”. If the item is sold as a pair, enter “1” for the quantity.

**D1900 G. Total Price** - the total price will be disabled and pre-populated by calculating the Item Price multiplied by the Quantity.

**D1900 H. Approved Price** - this is the amount authorized by HHSC.

**D1900 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).

**D1900 I.2. Total Amount of All Items Requested** - the total amount of all items requested in the Approved Price fields authorized by HHSC.

**D1900 J.1. Minus 18%** - pre-populated calculating the total amount multiplied by 0.18.

**D1900 J.2. Minus 18%** - total amount multiplied by 0.18 authorized by HHSC.

**D1900 K.1. Grand total** - pre-populated calculating the 18% amount subtracted from the total amount.

**D1900 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.

### Status of DME Authorization Request

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

**D8100. DME Request**

**D8100A. PTID** - The Portal will assign a PTID upon successful submission of NFSS form.

**D8100 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 D8100 B Status field, and the submitter will need to reference the PTID History to determine how to resolve the issue.

**D8100 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” or “Pending NF Receipt.”

**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. **The submitter will need to change the status back to “Pending State Review” after submitting the requested information.**

**D8100 D. Reason Code** - If the request is denied, the reason for denial is listed in C6000D.

**D8100 E. If Other** - A reason for the denial will be listed here if the reason for the denial in 8100D is “Other.”

### Required Certification for a DME Item

After approval of a DME request for authorization, the DME request will be set to a “Pending NF Receipt” status BUT does not generate a service authorization. After the DME item is delivered to the facility, the submitter must attach a completed PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification.

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.
**NF Daily Care and Receipt Certifications**

The NF submitter must ensure the resident has NF daily care on the Medicaid Eligibility Service Authorization Verification (MESAV) system on the date the DME item/CMWC was delivered to minimize billing issues. A valid daily care service authorization is needed for SAS to create the service authorization for the DME item or chair.

NF providers must not deliver a Medicaid specialized service (assessments, habilitative therapies, durable medical equipment (DME) or a customized manual wheelchair (CMWC)) while the resident is on Medicare or admitted to other Medicaid program (no NF daily care).

Prior authorization of a PASRR specialized service within the TMHP LTC Portal does not guarantee creation of a service authorization in MESAV if there are issues that are identified such as the resident not having daily care. Lack of a service authorization will prevent the NF from being able to bill and be reimbursed for services delivered.

**Steps to submitting a Receipt Certification**

1. The submitter uploads the attached the Receipt Certification attachment in the Upload Attachment section of the specific DME item tab.
2. Move the DME item to a “Pending State Confirmation” status, but **not** click on the “confirm” button to submit the form.

3. Once the status is in “Pending State Confirmation” the LTC Portal will allow the submitter to enter data from the receipt certification attachment into the Receipt Certification subdivision on the DME item tab.

4. When the data entry is completed, the submitter will click on the “confirm” button to submit the attachment for state staff to review.

5. State staff will review the receipt certification attachment for accuracy. If accepted, state staff will move the request to “SAS Request Pending” status. This will start the process to create a service authorization for the amount of the total approved price.

6. If the form is successfully processed in SAS, the status will be moved to “Process/Complete.”

7. The nursing facility should verify the service authorization is in the Medicaid Eligibility Service Authorization Verification (MESAV) system before billing for the item.

**Failure to submit this receipt confirmation will delay or prevent the facility’s reimbursement.**
**Therapist’s Certification of Delivered DME Item**

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. The portal accepts 7-digit numbers. If the therapist’s license number is less than 7-digits, place a zero before the license number.

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 CMWC/DME Signature Page that is uploaded into the LTC Portal.

**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 CMWC/DME Signature Page that is uploaded into the LTC Portal, and
- be the current date or a future date.

**Upload Attachments Subdivision**

The CMWC request for authorization is not complete until the “PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification” page has been uploaded and attached to the specific request PTID.

The applicable DME-related forms which need to be submitted in conjunction with the NFSS form can be found in the *LTC PASRR User Guide* as well as information on uploading forms.

**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 for those nursing facilities that do not have scanning capabilities.

To fax a required attachment (signature page, receipt confirmation, MSRP, 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

The PDF NFSS form should NOT be faxed to TMHP or HHSC as a means to request a specialized service. Documents with the watermark “For Reference Only” are not to be faxed to the state or TMHP and they should not be attached to the NFSS request on the LTC Portal. These forms were created as tools for NF providers to use when needed, and will not be accepted.

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/tab. Multiple file types are acceptable for upload.
7. Important Features and Functions of the NFSS form

Add Notes Feature

The “Add Note” feature is used by both NF submitters and PASRR Unit staff in order to communicate relevant information related to the specialized service request. Information added to the NFSS form using the “Add Note” function will become part of the form history or the PTID history, including the time and date the note was added.

Once submitted, notes cannot be removed from the form or PTID history.

Authorization Section on NFSS Tabs

The “Authorization” section is visible on each of the tabs (except Resident/NF and Auth Summary)

![Authorization Section](image)

This section indicates the status of a specialized service request (PTID) and when approved by PASRR unit staff, the amount of services that were authorized.

Authorization of a specialized service does not guarantee payment as there must be processes in place by the NF provider before billing can be submitted (e.g. 3618/3619/MDS Assessment, etc.).

Authorization Summary Tab

The “Auth Summary” tab is available to help NFs monitor the status of a request for specialized services when multiple services are requested on one NFSS form and each service has a separate PTID.
**Populate Button**

The submitter can use the Populate button on the NFSS form to populate data from a previously submitted assessment into a new NFSS service request (see the Therapy Assessment section of this guide). 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.
Only users with the correct security permission as indicated in the “Completing and Submitting the NFSS Form” section of the LTC PASRR User Guide can use the “Populate” button on the NFSS form.

When the NF submitter has chosen the therapy authorization type or service type as “Assessment Only”, the “Populate” button will not appear on the service tab.

To use the Populate feature, the NF submitter must:

1. Click the “initiate NFSS” button on the PL1
2. Select the service/assessment under both the Request Type (A2000) and Service Type (A2100, A2200, or A2300)
3. Under the service tab for which the NF is trying to request authorization, click the “Populate” button.
4. The assessment tab should populate with the information from the previously XXX assessment.

**Update Feature**

The “Update” NFSS form feature allows the submitter to make corrections to the NFSS form fields on the assessment or service tabs until HHSC takes action on the request by changing the status to approved (Process Complete/Documented Complete, or Submitted to SAS) or denied. Once HHSC changes the status, the submitter can make no further data entry updates to the NFSS form fields.

Instructions for updating information on the NFSS form can be found in the “NFSS Form Updates” section of the user guide.
8. Validations Requiring Provider Monitoring

Upon successful submission of the NFSS form by the submitter, the LTC Portal will perform certain validations on the form.

- Form Submitted – the form has been successfully submitted in the LTC Online Portal.
- MI - Medicaid ID – The first four characters of the resident’s last name and the Medicaid number match
- ME - Medicaid Eligibility – The resident has the appropriate type of eligibility on the date the form was submitted (submission effective date).
- AI - Applied Income – The portion of a resident’s income that has to be paid to the nursing facility (resident responsibility). Systematically in SAS, the applied income amount is calculated by TIERS. Failing applied income means there is no calculation of the applied income.

If the form does not pass one of the validations, this will be reflected in the Form History. The NFSS form has a TOTAL of 30 days to pass through all four validations.

The NF submitter should read the form notes to determine why the validation failed and address it.

Provider action is required before a new NFSS form can be submitted. NFSS Forms which do not pass validations will not be forwarded to the PASRR unit.
## 9. History Trail on the NFSS Form History

<table>
<thead>
<tr>
<th>Form Submitted</th>
<th>Changed by System on 8/2/2017 3:23:57 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/2/2017 3:23:57 PM</td>
<td><strong>System</strong>: Internal: Form entered workflow.</td>
</tr>
<tr>
<td>8/2/2017 3:23:57 PM</td>
<td><strong>System</strong>: Internal: This form was submitted from PL1: XXXXXXXX</td>
</tr>
<tr>
<td>8/2/2017 3:23:57 PM</td>
<td><strong>System</strong>: External: This form was submitted from PL1: XXXXXXXX</td>
</tr>
<tr>
<td>8/2/2017 3:23:57 PM</td>
<td><strong>System</strong>: Internal: The PE associated with this form is XXXXXXXX</td>
</tr>
<tr>
<td>8/2/2017 3:23:57 PM</td>
<td><strong>System</strong>: External: The PE associated with this form is XXXXXXXX</td>
</tr>
<tr>
<td><strong>Medicaid ID Pending</strong></td>
<td>Changed by System on 8/2/2017 3:23:59 PM</td>
</tr>
<tr>
<td>8/2/2017 3:23:59 PM</td>
<td><strong>System</strong>: Internal: Medicaid ID check sent to DADS</td>
</tr>
<tr>
<td>8/2/2017 3:23:59 PM</td>
<td><strong>System</strong>: External: Medicaid ID request submitted</td>
</tr>
<tr>
<td><strong>ID Confirmed</strong></td>
<td>Changed by System on 8/2/2017 3:24:00 PM</td>
</tr>
<tr>
<td>8/2/2017 3:24:00 PM</td>
<td><strong>System</strong>: Internal: Medicaid ID 710351985 confirmed for this client</td>
</tr>
<tr>
<td>8/2/2017 3:24:00 PM</td>
<td><strong>System</strong>: External: Medicaid ID 710351985 confirmed for this client</td>
</tr>
<tr>
<td><strong>ME Pending</strong></td>
<td>Changed by System on 8/2/2017 3:24:00 PM</td>
</tr>
<tr>
<td>8/2/2017 3:24:00 PM</td>
<td><strong>System</strong>: Internal: Medicaid Eligibility check sent to DADS</td>
</tr>
<tr>
<td>8/2/2017 3:24:00 PM</td>
<td><strong>System</strong>: External: Medicaid Eligibility request sent</td>
</tr>
<tr>
<td><strong>ME Confirmed</strong></td>
<td>Changed by System on 8/2/2017 3:24:01 PM</td>
</tr>
<tr>
<td>8/2/2017 3:24:01 PM</td>
<td><strong>System</strong>: Internal: Medicaid eligibility confirmed for this client</td>
</tr>
<tr>
<td>8/2/2017 3:24:01 PM</td>
<td><strong>System</strong>: External: Medicaid eligibility confirmed for this client</td>
</tr>
<tr>
<td><strong>AI Pending</strong></td>
<td>Changed by System on 8/2/2017 3:24:01 PM</td>
</tr>
<tr>
<td>8/2/2017 3:24:01 PM</td>
<td><strong>System</strong>: Internal: Applied Income check submitted to DADS</td>
</tr>
<tr>
<td>8/2/2017 3:24:01 PM</td>
<td><strong>System</strong>: External: Applied Income requested</td>
</tr>
<tr>
<td><strong>AI Check Inactive</strong></td>
<td>Changed by System on 9/1/2017 9:03:47 AM</td>
</tr>
<tr>
<td>9/1/2017 9:03:47 AM</td>
<td><strong>System</strong>: Internal: No Applied Income response received from DADS</td>
</tr>
<tr>
<td>9/1/2017 9:03:47 AM</td>
<td><strong>System</strong>: External: Applied Income request expired</td>
</tr>
</tbody>
</table>
10. PASRR Transaction Identification (PTID) and Workflow Process

A unique PASRR Transaction Identification (PTID) number 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 request associated with the NFSS form.

Each PTID will represent the authorization 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 at the bottom of each assessment or service tab below the Authorization Section.

Both NF and LIDDA\LMHAs will be able to follow the status of the authorization request by viewing the PTID history.

<table>
<thead>
<tr>
<th>PTID History</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pending State Review</strong></td>
</tr>
<tr>
<td>7/2/2018 12:18:16 PM</td>
</tr>
<tr>
<td>7/2/2018 12:18:16 PM</td>
</tr>
<tr>
<td><strong>Approved</strong></td>
</tr>
<tr>
<td>7/11/2018 4:21:02 PM</td>
</tr>
<tr>
<td>7/11/2018 4:21:02 PM</td>
</tr>
<tr>
<td><strong>SAS Request Pending</strong></td>
</tr>
<tr>
<td>7/11/2018 4:21:02 PM</td>
</tr>
<tr>
<td>7/11/2018 4:21:02 PM</td>
</tr>
<tr>
<td><strong>Processed/Complete</strong></td>
</tr>
<tr>
<td>7/12/2018 5:01:55 AM</td>
</tr>
</tbody>
</table>

Some of the more common statuses that the nursing facility submitters 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. The submitter must then set the request back to Pending State Review in order to notify state staff of the update.
When NF staff respond back by providing the information requested, the only way to send the request to state staff’s workflow is to set the request status back to “Pending State Review.”

Failure to set the request back to “Pending State Review” will result in the TMHP LTC Portal not recognizing that the NF has taken action and continues to run down the clock (7 calendar days for therapies and 14 calendar days for DMEs and CMWCs). When the timer runs out because the LTC Portal did not recognize the NF has taken any action by the due date, the TMHP LTC Portal will issue a system generated denial.

- **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. The submitter must then set the request back to Pending State Confirmation in order to notify state staff of the update.
- **Pending Submission** – for nursing facilities using Electronic Data Interchange (EDI) through a third party vendor. Contact the third party vendor for further instructions.
- **Incomplete status** – for nursing facilities using Electronic Data Interchange (EDI) through a third party vendor. Contact the third party vendor for further instructions.
- **Provider Action Required** – the nursing facility submitters must take action before the request can move to another status. If no action is taken, the request will remain in this status indefinitely.

For a complete list of provider workflow and PTID statuses, refer to the *LTC User Guide for General Information, Online Portal Basics, and Program Resources.*

**Error Codes Preventing Billing**

It is important for NF providers to monitor the PTID statuses and error messages to resolve any issues that may prevent the Service Authorization System (SAS) from creating a service authorization for the PASRR specialized service being requested.

A service authorization will be rejected in SAS if the resident has no NF Daily Care on the date the service is delivered (e.g. the date an assessment was completed, the date therapies are provided, the date a DME/CMWC is delivered) and if the appropriate PASRR service codes are not on the nursing facility’s contract.

Prior authorization of a PASRR specialized service within the TMHP LTC Portal does not guarantee creation of a service authorization in MESAV if there are issues that are identified such as the resident not having daily care, level of service (LOS), or other
issues. Lack of a service authorization will prevent the NF from being able to bill and be reimbursed for services delivered.

Therefore, it is important for NF providers to determine which error code has been issued and refer to the *LTC User Guide for General Information, LTC User Guide for PASRR for Nursing Facilities* for specific error codes and possible resolutions.
11. Notifications on the Status of the NFSS Form

**Alerts**

The nursing facility will receive an alert when a request for authorization of a specialized service through the NFSS has been approval, denied, or set to pending denial (request for additional information).

It is important for nursing facility submitters 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, pending denials, and denials) in order to monitor the status of a specialized service request.

**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 for authorization has been approved, denied, set to pending denial, and the result of a fair hearing, if one was requested.

Refer to the LTC User Guide for General Information, Online Portal Basics, and Program Resources for instructions on how to use FSI to find a letter.
12. Provider Workflow Rejection Messages for the NFSS Form

Any rejection errors, requiring provider action, that occur while the NFSS form is moving through the workflow process will be listed in the PTID history.

The status of the specialized service authorization request’s PTID will be “Provider Action Required.” To find documents set to the Provider Action Required status, refer to the Online Portal Basics guide.

The NF submitter must match up the rejection error code (e.g. PS-3046) to the Provider Message listed in the Specific Instructions table found in the LTC PASRR User Guide to determine the best suggested action.

Specific Instructions
Tables containing Specific Instructions to address Provider Workflow Rejection Messages can be found in both the *LTC User Guide for General Information, Online Portal Basics, and Program Resources* and the *LTC PASRR User Guide*. 
Inactivations and Modifications

On the NFSS form, an inactivation is used to ‘inactivate’ a single PTID that is no longer needed or was submitted in error.

NF staff must contact the PASRR unit to request an inactivation. Inactivation of a previously approved assessment or service (therapy, DME item, or CMWC) due to an error will result in the service authorization being cancelled in SAS and possible recoupment if the NF has already been reimbursed for the assessment.

NFSS forms cannot be inactivated, as there may be multiple PTIDs on the form. If the entire form is no longer needed or was submitted in error, each individual PTID on that form will need to be set to inactivated depending upon its current status.

Forms set to status Form Inactivated and PTIDs set to the status Inactivated, cannot be corrected or re-submitted.

Modifications of a therapy assessment will result in cancellation of the old assessment (incorrect date) and creation of a new assessment in SAS (and recoupment by TMHP if the “old” assessment has already been paid). Any associated therapy service authorizations would be adjusted or cancelled based on the modification or inactivation of a therapy assessment.

When therapy services are modified, the modified dates of service will be changed in SAS (and recoupment by TMHP if dates outside the “new” date range have already been billed).

When a restart authorization request for therapies is submitted due to the amount, duration, or frequency changing, PASRR staff will enter an end date of the existing therapy service authorization (based on the date the restart was approved) to SAS and a new begin date for the revised therapy services.
14. Requesting a Fair Hearing

When a request for authorization of a PASRR specialized service has been denied, the resident and their LAR will receive a system generated denial letter from TMHP. The letter will indicate what service was denied and the reason for denial.

The denial letter will also inform the resident/LAR of their right to a fair hearing to appeal the adverse action of being denied a Medicaid service. Fair hearings must be requested by the resident or their LAR. The LAR is defined per 40 Texas Administrative Code §17.102(22): A person authorized by law to act on behalf of an individual or resident with regard to a PASRR matter, and who may be the parent of a minor child, the legal guardian, or the surrogate decision maker.

The resident/LAR has 90 days from the date of the letter to request a fair hearing. A form has been created to assist the resident/LAR in requesting a fair hearing and can be accessed by clicking on the Hyperlink below for Form 2361:

**PASRR Specialized Services Fair Hearing Request**

The resident’s local authority service coordinator or habilitation coordinator can assist the resident/LAR in completing and submitting Form 2361 to:

- Health and Human Services Commission (HHSC)
  Attn: PASRR - Fair Hearing Requests
  P. O. Box 149030, Mail Code W-356
  Austin, TX 78714-9030
15. 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.
16. LIDDA\LMHA Permissions

A Local Authority (LA) refers to either a LIDDA or LMHA\LBHA in this guide. Local authorities have view-only 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/provider number. However, once the LA has obtained the proper security permissions, the LA will have various capabilities on the LTC Online Portal related to the NFSS form.

Updating LA’s Permissions to View PASRR NFSS Forms

TMHP LTC Portal Account Administrators can update a user’s account on order to view the Preadmission Screening and Resident Review (PASRR) Nursing Facility Specialized Services (NFSS) form on the Long Term Care (LTC) Online Portal.

Local Authorities (LAs) need to update user accounts with NFSS Viewer permission to view the NFSS form using the Form Status Inquiry (FSI) or Power Search.

To activate these functions, go into My Account, select Modify permissions, and select the provider number that needs NFSS permissions activated. Then check the box for NFSS Viewer, which will add those permissions.

<table>
<thead>
<tr>
<th>H1700 Submitter</th>
<th>PSS Access</th>
<th>SKSAI Submitter</th>
<th>SKSAI Viewer</th>
<th>SKISP Submitter</th>
<th>SKISP Viewer</th>
<th>NFSS Viewer</th>
<th>NFSS Submitter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Print the PDF Version of the NFSS Form

LAs can find PDF copies of the NFSS by clicking on the specific form on the TMHP website.

Search for the nursing facility by Name

To determine the facility’s vendor and provider number when it is unknown, the LA can search for the nursing facility by using FSI to search for the NF’s name.
Search the Status of an Authorization Request Submitted on the NFSS Form

The LA can use the FSI function to search for the status of NF specialized services authorization request submitted on the NFSS form by viewing the PTID status.

For additional detail, the LA Click the View Detail link at the left of the PTID to display the details click on the appropriate tab, and read the PTID history notes.

Printing the NFSS Form

LAs will be able to print a copy of the NFSS form by using the “Print” button located on the yellow Form Actions bar at the top of the form. Note that is function does not include any Form or PTID history notes.
Letter Search

LAs can search for NFSS Form-related letters that are addressed to residents or their LARs regarding specialized services requests via the Letter Search function. Instructions for using the Letter Search function can be found in the PASRR LA User Guide.
Current Activity

Using the Current Activity function, LAs will be able to view the NFSS Form status changed within the last 14 days. The NFSS will not display on the Current Activity page if the PTID status has changed within the last 14 days.

Receiving and Viewing Alerts

The LTC Portal will issue an electronic alert to the applicable LA when an NFSS assessment or service request is approved, denied, set to pending denial. LAs can view these alerts and continue to monitor the authorization request through the entire process by viewing the PTID status and history notes.
Subject: NFSS Request - Denied  Sent: 2/20/2018 8:42:13 AM

A requested specialized service for the resident listed below has been denied.

Nursing Facility: WEST SIDE
Provider No.: 001026706
Individual: CELIA

Social Security No.:  
NFSS DLN: 1  30000
NFSS PTID: 1  B
17. Transferring DME and CMWCs

This transfer process is for PASRR residents with DME or CMWCs request which have been prior authorized, but the item has not yet been delivered to the facility and the resident has moved to another nursing facility.

Form 1066 is to be filled out by the habilitation coordinator or service coordinator of a PASRR positive resident with ID/DD who was discharged from the nursing facility that requested a CMWC or DME item and was admitted to another NF prior to receiving the authorized DME item or CMWC.

This transfer request will ensure the service authorization for the DME or CMWC is transferred to the admitting NF where the resident is currently living. The LIDDA will be able to view the request on the TMHP LTC Portal, and therefore have access to all the information necessary to fill out this form. The form is then faxed to:

IDD Services Preadmission Screening and Resident Review (PASRR) Unit
Attention: Program Specialist
Area Code and Fax No.: (512)438-2180

Click on the Hyperlink below to access HHSC Form 1066:

Transfer Request for PASRR DME and CMWC

Steps for requesting a DME or CMWC transfer:

1. The discharging facility must ensure the DME item or CMWC is in the “Pending NF Receipt” status and notify the admitting facility to expect a delivery from the DME supplier.
2. It is very important that the discharging nursing facility not submit the “Receipt Certification” information into the LTC online portal. Completing this section prevents the PASRR Reviewer from completing the transfer process within the portal, resulting in delayed payment to DME supplier.
3. Hab Coordinator/Service Coordinator will complete HHSC Form 1066 and fax form to the PASRR unit at the number listed above.
4. The admitting NF Administrator must sign the 1066 Form, indicating the facility will fax a “receipt certification” to the HHSC IDD PASRR unit at the number listed above.
5. The admitting facility must complete the following steps:
   a. Wait for the DME or CMWC to be delivered to the resident;
b. Complete the PASRR NF Specialized Services (NFSS) – CMWC/DME Receipt Certification paper version of the form after ensuring the item fits properly and meets the resident’s needs; and
c. Fax the form to the PASRR Unit.
6. Once the “receipt certification” is received by the IDD PASRR unit, PASRR staff will make arrangements to transfer the service authorization to the admitting NF.
7. The admitting NF will bill for the funds and pay the DME supplier promptly.
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
- PCSP 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 (other than an acute care hospital), Local Intellectual and Developmental Disability 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.mentalhealth@hhsc.state.tx.us for:

- Questions specifically related to MI
- Assistance with locating information to complete the PL1 Screening Form
- Assistance/cooperation from a hospital referring entity or LMHA/LBHA
- Assistance locating forms, residents, local authority or additional training resources
- Assistance with the IDT process