

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



TEXAS
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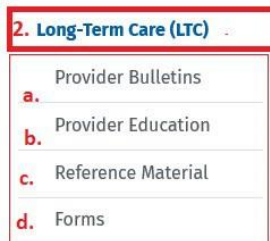
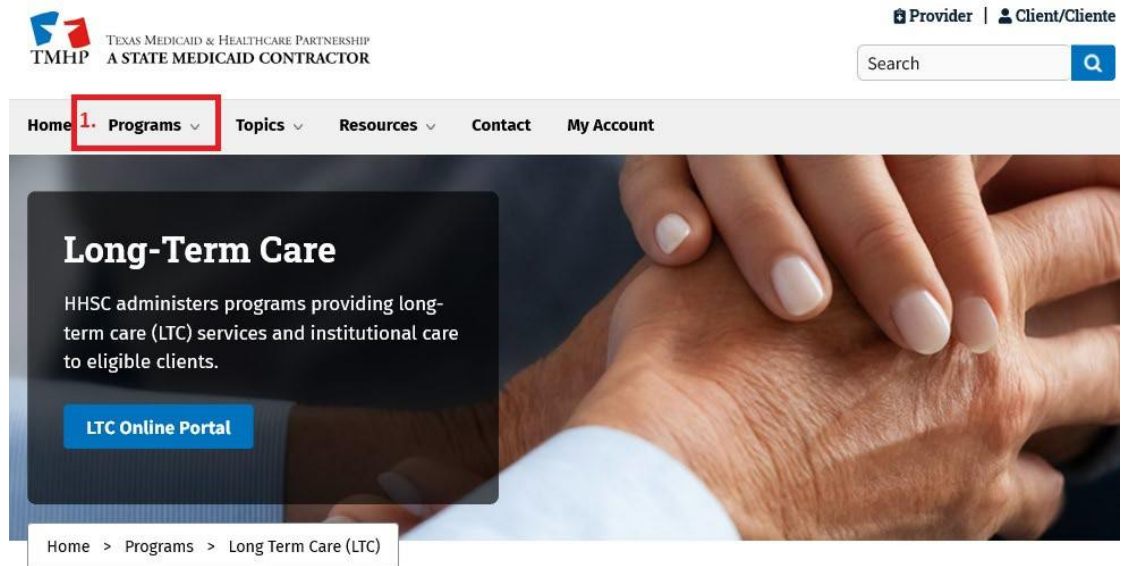
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Overview

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 download at www.tmhp.com. These additional resources can be used to navigate the Authorization Request for PASRR Nursing Facility Specialized Services (NFSS) Form on the TMHP LTC Online Portal.

To find the resources referenced in this guide from the TMHP website, users will need to select:

1. “Programs” from the main TMHP website
2. “Long-Term Care (LTC)”
3. Any of the following:
 - ▶ “Provider Bulletins”
 - ▶ “Provider Education”
 - ▶ “Reference Materials”
 - ▶ “Forms”



Long-Term Care (LTC)

Last updated on 5/31/2020

The Texas Health and Human Services Commission (HHSC) administers programs providing long-term care (LTC) services and institutional care to eligible clients.

The Texas Medicaid & Healthcare Partnership (TMHP) supports the provider community through provider education and

Recent News

In-Home Day Habilitation Information for Program Providers for COVID-19 (IL 2021-07)
1/27/2021

HCS, TxHmL Quarterly

Nursing Facility (NF) submitters should follow the instructions outlined in the *Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR)* as the primary resource document for submitting a specialized service request through the TMHP LTC Online Portal.

For specific instructions on completing the NFSS PDF version of the form or specific fields in the NFSS Form on the LTC Online Portal, NF submitters should reference the *Detailed Item by Item Guide for Completing the Authorization Request for PASRR NFSS Form* found on the [HHSC PASRR for Nursing Facilities website](#).

Local Intellectual Developmental Disability Authorities (LIDDAs) staff should also use the [Long-Term Care \(LTC\) User Guide for Preadmission Screening and Resident Review \(PASRR\)](#) as an additional resource document for viewing and monitoring specialized service requests through the TMHP LTC Online Portal.

Purpose

This guide will describe details about the NFSS Form, how a NF requests a specialized service through the LTC Online Portal, and how to determine when the Health and Human Services Commission (HHSC) has authorized the NFSS.

Authorization Request Process for PASRR NFSS

A NF has 20 business days from the date of the initial IDT or a specialized services review meeting to initiate all PASRR NFSS recommended and agreed to at the meeting. The following NFSS must be requested by completing all required fields in the NFSS form on the LTC Online Portal:

- Occupational therapy (OT)
- Physical therapy (PT)
- Speech therapy (ST)
- Customized Manual Wheelchair (CMWC)
- Durable medical equipment (DME), which consists of the following items, including accessories or adaptations needed to operate or access the items:
 - ▶ 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

Note: For residents who are younger than 21 years of age, NFs can access services through the Texas Health Steps program at www.hhs.texas.gov.

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 PASRR Level 1 (PL1) Screening Form.

Confirm the accuracy of the individual's NF address and LAR information, if applicable. This information will be used by the LTC Online Portal to issue correspondence to the individual, or LAR if applicable, relating to the status of the specialized services requested through the NFSS form.

Completing and Submitting the NFSS Form

LTC Online Portal Security for the NFSS Form

NF providers must update their 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.

H1700 Submitter More Info	PSS Access More Info	SKSAI Submitter More Info	SKSAI Viewer More Info	SKISP Submitter More Info	SKISP Viewer More Info	NFSS Viewer More Info	NFSS Submitter More Info
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For more information or assistance obtaining the correct permission, call the LTC Help Desk at 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.

For some specialized services, information will be needed from a DME supplier; NF employees can provide the DME supplier with a PDF version of the NFSS form for completion. Once the DME supplier returns the completed PDF version of the NFSS form to the NF submitter, the NF submitter will enter this information into the appropriate section of the NFSS form on the LTC Online Portal.

Form Status Inquiry of the NFSS Form

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

The NFSS form cannot be used to request NF rehabilitative services, customized power wheelchairs, or DME that does not qualify as an NFSS. Approval of rehabilitative services, customized power wheelchairs, or DME that does not qualify as an NFSS 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 statuses:

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

PASRR Level 1 Screening

Current Status: Individual Placed in NF - PE Confirmed | Name: DORENDA WHITE | DLN: 231445002106 | Username: nfpasrr_ext

PE: 231465101452

Form Actions:

Print Use as Template Update Form Add Note **Initiate NFSS**

Section A Section B Section C Section D Section E Section F Discharge

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

Per the *Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR)* on the [TMHP webpage](#), the LTC Online Portal will validate various aspects of the form, including whether:

- There is an existing Daily Care Service Authorization authorizing NF or hospice for the date the assessment was completed.
- There is an existing Daily Care Service Authorization authorizing NF or hospice for the date on which the NF is attempting to submit the NFSS form for the requested service.
- There is an existing Medicare Skilled Nursing Service Authorization (coinsurance) for the date the assessment was completed.

If none of these service authorizations are found, the submitter will receive an error message to correct the date of assessment. If the date submitted was the wrong date, resubmit the NFSS form when the resident has a NF daily care service authorization, Medicare skilled nursing service authorization coinsurance, or hospice daily care service authorization. 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 page can be utilized in monitoring the status of NFSS forms. FSI page 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 page and select their vendor number.

The user will be able to search from the following search criteria to find a specific submitted NFSS form:

- 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 a PASRR Transaction Identifier (PTID) for each service requested for those NFSS forms submitted within the date range. Otherwise, the search result will return one DLN and one PTID for “assessment only” request.

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 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 HHSC.

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

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Unsubmitted Name: DLN: 0 Username: Unlock Form

Form Actions:
Print Save as Draft

Resident/NF	CMWC/DME Assessment	CMWC Request	Gait Trainer	Orthotic Device	Car Seat/Travel Restraint	Mattress	Positioning Wedge
Prosthetic Device	Standing Board/Frame	OT Assessment	OT Service	PT Assessment	PT Service	ST Assessment	ST Service
						Auth Summary	

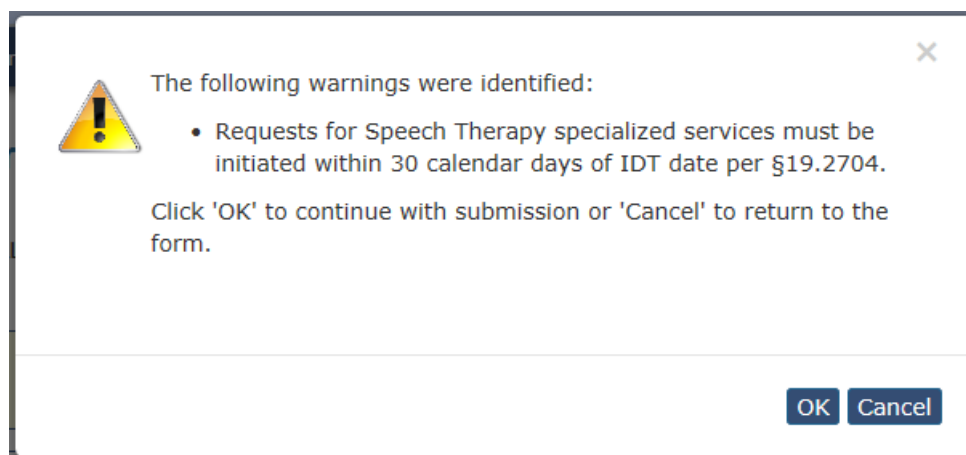
Resident/NF

How to Prevent Timing Out of the LTC Online Portal:

It is important to note that when completing 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.

NFSS Request More Than 20 Business Days After IDT Meeting

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



Note: §19.2704 is now §554.2704

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

The PDF version of the 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 Online 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 Edge or Chrome in a desktop mode.
- All fields with red dots 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 a 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 entered as 07/13/2018.
- Click on the appropriate check boxes when the instructions state to “Select all that apply” or “check only one,” if a specified condition is met; otherwise, these boxes remain blank.
- Clicking on the “Enter” or “Return” button on the keyboard when 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 alpha- numeric characters and symbols:
 - ▶ 1234567890
 - ▶ ABCDEFGHIJKLMNOPQRSTUVWXYZ
 - ▶ qwertyuiopasdfghjklzxcvbnm
 - ▶ @ ‘ / + , . _ -
 - ▶ Embedded spaces (white spaces)

Save as Draft

Once the submitter enters the required information, click on the “Save as Draft” button located in the yellow Form Actions bar to save a draft of the form.

Any form left in “Draft” status will expire after 60 calendar days.

This feature is useful when the submitter has completed entering 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 signature page from the assessment or service tab, obtain the required signatures, scan and upload the signature page or pages, and submit the NFSS form.

Successful submission of the NFSS form will generate a unique DLN.

Uploading Manufacturer's Suggested Retail Price, 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) with the therapist's signature
- One uploaded signature page per service being requested (OT, PT, and ST) with the signatures of the therapist, physician, and NF administrator
- PASRR NF Specialized Services (NFSS) - Therapy Signature Page with the signatures of the therapist, referring physician, and NF administrator

For CMWC:

- PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page with the signatures of the therapist, referring physician, and NF administrator
- PASRR NF Specialized Services (NFSS) - CMWC Supplier Acknowledgment and Signature Page with the signature of the CMWC supplier
- Manufacturer's suggested retail price (MSRP) for each item requested
- PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification with the signatures of the therapist and NF administrator
- Certification form for a Qualified Rehabilitation Professional (QRP) (HHSC form 2362) with the signature of the QRP

For DME:

- PASRR NF Specialized Services (NFSS) - CMWC/DME Signature Page with the signatures of the therapist, referring physician, and NF administrator
- PASRR NF Specialized Services (NFSS) - DME Supplier Acknowledgment and Signature Page with the signature of the DME supplier
- MSRP for each item requested

- PASRR NF Specialized Services (NFSS) - CMWC/DME Receipt Certification with the signatures of the therapist and NF Administrator
- Certification form for a QRP (HHSC form 2362) with the signature of the QRP

Tips for Submitting an Assessment Request for Authorization on the NFSS Form

Payment Authorization

HHSC will only authorize payment for the same type of habilitative therapy assessment (OT, PT, or ST) for the same resident, in the same NF, once every 180 days. Once the assessment has been performed, the NF must submit the request for payment through the LTC Online Portal no more than 30 days from the date it was completed by the therapist. The NF submitter must ensure that there is an existing NF daily care service authorization, Medicare skilled nursing service authorization (coinsurance), or hospice daily care service authorization for the date the assessment was completed. The original assessment is maintained in the resident's medical record.

The NF may request authorization to continue therapy services at the same frequency, duration, and intensity if an authorized assessment dated within the previous 180 days is on file within the LTC Online Portal for the specific therapy service being requested.

The NF may request authorization for changes in the frequency, duration, and intensity of a therapy service identified as necessary to meet the resident's needs if the NF submits a new assessment that reflects the revised frequency, duration, and intensity. If the NF submits the new assessment less than 180 days after the previous authorized assessment for the specific therapy service being requested, HHSC could potentially authorize payment for the therapy service but will not pay for the new assessment. The new assessment will be filed within the LTC Online 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 must be entered on the NFSS form under the assessment tab.

NF Daily Care, Medicare Skilled Nursing, and Hospice Daily Care Service Authorizations

The NF submitter must ensure the resident has a NF daily care service authorization, Medicare skilled nursing service authorization (coinsurance), or hospice daily care service authorization on the Medicaid Eligibility Service Authorization Verification (MESAV) system on the date the CMWC, DME or therapy was delivered to minimize billing issues.

If there are issues with the authorizations mentioned above, it can prevent the NF from being able to bill and from being able to be reimbursed.

Note: Prior authorization of a CMWC within the TMHP LTC Online Portal does not guarantee creation of a PASRR service authorization in MESAV for a CMWC, DME, or therapy.

Type of Service Requested

A therapist will complete the assessment using either the assessment instrument used by the therapist or the NF, or may download or print an NFSS form and use the appropriate assessment tab. If the assessment confirms the need for a specific PASRR specialized service, both the assessment and the related service authorization 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” service authorization request.

After the assessment is completed, information from the assessment must be 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 NF specialized services requested, a licensed therapist determines whether the service being requested is medically necessary.

Therapist’s License Number

The LTC Online Portal accepts seven-digit license numbers. If the therapist’s license number is fewer than seven digits long, place one or more zeros **before** the license number to make the license number seven digits long. Enter the therapist’s license number in the following fields when applicable:

- 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 no more than 30 calendar days before the NF submitter requests 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 before the NF requests authorization for a service (date of submission plus 29 days = 30 days).
- Must be either the date the assessment was conducted or a date that is more recent than the date the assessment was conducted.
- Must match the signature date submitted on the signature page that is uploaded. Enter the date the therapist signed the signature page in the following fields when applicable:
 - CMWC/DME B0700 Therapist's Signature Date
 - E0800 (OT), E3800 (PT), E6800 (ST) Therapist's Signature Date

Date of Assessment

The NF submitters must submit the authorization request for a service through the NFSS form **no more than 30 days after the date the assessment for the service was completed** by the therapist. Include the date that the NFSS form is being submitted plus 29 days to calculate the 30 days for the LTC Online Portal to accept the NFSS form submission. Additionally, the submitter must ensure there is an existing NF daily care service authorization, Medicare skilled nursing service authorization (coinsurance), or hospice daily care service authorization for the date the assessment was completed. Enter the date of assessment in the following fields when applicable:

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

Referring Physician Identifying Information

The referring physician is the licensed Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) who will be attesting to medical necessity when requesting authorization for a CMWC, DME item, or a habilitative therapy.

First, the assessment by the therapist must be completed no more than 30 days before the NF submitter requests authorization for the service on the NFSS Form.

Second, the therapist who conducted the assessment signs the signature page after completing the assessment. The signature date must be either the date the assessment was conducted or a date that is more recent than the date the assessment was conducted.

The physician reviews the assessment, and if the physician agrees with the therapist's recommendation, the physician signs the signature page 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 page is entered into the NFSS form. Please ensure the dates and names match what is entered into the LTC Online Portal.

Date Resident Last Seen

Enter the date the resident was last seen by the referring 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 before the NF submitter requests authorization for a service since the assessment by the therapist must be completed no more than 30 calendar days before the NF submitter requests authorization for the service.
- Must be after the physician has reviewed the therapist's assessment.
- Must match the signature date 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 NF submitter must ensure the assessment is signed by the:

- Therapist who completed the assessment, and
- The NF administrator, acknowledging payment for an assessment is being requested for an individual in the NF administrator's facility.

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

- Therapist who completed the assessment,
- Referring physician, attesting that the service is medically necessary, and
- The NF administrator, acknowledging a specialized service is being requested for a resident in the NF administrator's facility.

The signatures for all parties must be legible so that HHSC can verify that the signature matches the name that was entered into the NFSS form on the LTC Online 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 page 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 status. 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 signature pages can be downloaded at: www.tmhp.com/programs/ltc/forms.


The screenshot displays the TMHP website interface. At the top, the TMHP logo is on the left, and navigation links for "Provider" and "Client/Cliente" are on the right. Below the logo, it states "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP" and "A STATE MEDICAID CONTRACTOR". A search bar is located to the right of the logo. The main navigation menu includes "Home", "Programs", "Topics", "Resources", "Contact", and "My Account". The "Programs" menu is expanded, showing "Long-Term Care (LTC)" and "Forms". The "Long-Term Care (LTC)" page features a large banner with the text "Long-Term Care" and "HHSC administers programs providing long-term care (LTC) services and institutional care to eligible clients." Below the banner is a button labeled "LTC Online Portal". The breadcrumb trail reads "Home > Programs > Long Term Care (LTC) > Forms". The main content area is titled "Long-Term Care Forms" and includes the text "Last updated on 6/30/2020". It states that the forms needed by Long-Term Care providers are accessible on this website or through the HHS website. A link is provided: "3071-Individual Election/Cancellation/Update Notice (English/Spanish)". A "Recent News" section on the right lists two items: "February 3 NF Provider COVID-19 Webinar with HHSC LTC Regulation and DSHS" dated 1/28/2021, and "January 26 Recording of".

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 applicable tab. An icon on each tab will indicate the required documents which must be downloaded, completed, and uploaded back into the NFSS form.

Upload Attachments

Required Document

 CMWC/DME - Signature page

[Click here to Upload Documents](#)

Up to 10 files can be uploaded. Files cannot exceed 10mb per file.
Supported file types: PDF, Image (JPG, TIF, PNG), MS Word, MS Excel, and RTF.

Successful Attachments

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 NF Administrator signatures

Faxing Attachments

Attachments that are to be used in conjunction with an NFSS form to request an assessment can be faxed in after they have been printed and all required signatures are obtained for those NFs that do not have scanning capabilities.

To fax a required attachment (signature page, receipt confirmation, MSRPs, etc.), the NF must **completely fill out** the NFSS Fax Cover Sheet and fax all documents 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 the attachment is faxed, it may take several days for the attachment to reach state staff and for state staff to take action on the NFSS request. The NFSS Fax Cover Sheet can be downloaded at www.tmhp.com. The PDF version of the NFSS form should NOT be faxed to TMHP or HHSC as a means to request an assessment. Documents with the watermark “For Reference Only” are not to be faxed to HHSC or TMHP, and it should not be attached to the NFSS request on the LTC Online Portal. These forms were created as tools for NF providers to use when needed and will not be accepted.

PASRR Transaction Identification (PTID) Status after Submission

To continue processing the service authorization for approval, the submitter must scroll down to the bottom of the Authorization section tab, and click on the “Confirm” button:

The screenshot displays the 'PTID Actions' form. At the top, there is a yellow header bar with the text 'PTID Actions:' and two buttons: 'Update' and 'Add Note'. Below this is a section titled 'Authorization' with a sub-header 'B5000. Assessment'. The form is divided into several fields: 'A. PTID' with the value '23216400002', 'B. Status' with the value 'PTID Submitted', and 'C. Action' with a dropdown arrow. Below these is 'D. Reason Code' with two radio button options: '1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item.' and '2. Other'. Under 'E. If Other' is a large text area. At the bottom is 'F. Date of Assessment' with the value '08/01/2023'. A red rectangular box highlights the 'Confirm' button in the bottom right corner of the form.

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: AI Confirmed Name: Susan B. Anthony **DLN: 0909090909** Username: PASRR.Reviewer.tx

[Return to Search Results](#)

Form Actions:
[Print](#) [Add Note](#)

Resident/NF	CMWC/DME Assessment	CMWC Request	Gait Trainer	Orthotic Device	Car Seat/Travel Restraint	Mattress	Positioning Wedge
Prosthetic Device	Standing Board/Frame	OT Assessment	OT Service	PT Assessment	PT Service	ST Assessment	ST Service
Auth Summary							

PT Assessment

Upon successful submission of an NFSS form, the LTC Online Portal will generate one DLN, one PTID number for each assessment and service, and return the user to the Resident/NF tab.

The user will need to navigate to the applicable 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.

PTID Actions:
[Update](#) [Add Note](#)

Authorization

B5000. Assessment

A. PTID **B. Status**

23216400001 Pending Denial

C. Action

Pending State Review

☒ 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item.
☐ 2. Other

E. If Other

F. Date of Assessment

08/01/2023

[Confirm](#)

Pending Denial Status

The status of “Pending Denial” indicates that HHSC needs additional information from the submitter, within a designated time period, in order to make a determination on the request. HHSC recommends the submitter check the status daily in order not to miss any request for information and the submitter submit the requested information by the deadline.

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

Failure to set the request back to “Pending State Review” will result in the LTC Online Portal not recognizing that the NF has taken action and continuing to run down the clock towards the deadline (seven calendar days for therapies and 14 calendar days for DMEs and CMWCs). If the deadline arrives and the LTC Online Portal does not recognize that the NF has taken any action, the LTC Online Portal will issue a system-generated denial.

Tips for Submitting a Service Authorization Request on the NFSS Form

As previously indicated, for any of the PASRR NF specialized services being requested, a therapist licensed in the state of Texas must complete an assessment of the resident to determine whether the service being requested is medically necessary. When requesting a PASRR specialized service, a NF submitter must ensure that the service is required by the resident's comprehensive care plan, is based on a relevant diagnosis, and is 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 comprehensive care 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 Online Portal.

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

Note: A NF submitter must request the service authorization by completing both the assessment tab and the service tab on the NFSS form. Submitting an Assessment Only authorization request will not grant service authorization.

Note: The submitter must ensure there is an existing NF daily care service authorization, Medicare skilled nursing service authorization (coinsurance), or hospice daily care service authorization on the date that the NF attempts to submit the NFSS request.

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 were 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 NF submitters can use an existing approved assessment to request a service. However, because the NFSS form requires that both the assessment and the service tabs be completed for a service authorization request, the NF submitters can use the “Populate” button feature to copy the information from the approved assessment on the previously submitted NFSS form into the new NFSS form for a new service request. Please refer to the “Populate” section later in this guide.

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

Therapy Service Requests

There are four types of therapy service authorization requests:

1. **New**— A New request is the very first request submitted by the NF 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
 - ▶ 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 NF, to indicate awareness of the request.

The NF attaches only the signature page in the LTC Online Portal. The paper copy of the assessment does not need to be attached.

2. **Recertification** - 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 therapy service recertification request will result in the same level of therapy services repeatedly 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.
 - ▶ It is recommended to request a minimum of three months of authorization for therapy services.

When the NF submits a request for recertification of therapy services, the LTC Online 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 does not need to submit an updated assessment, an updated comprehensive care plan, or physician's signature. The NF does need to submit a signature sheet:

- Signed by the therapist who completed the assessment; and
- Signed by the administrator of the NF, to indicate awareness of the request.

NFs should resubmit a recertification only if the previous approved therapy authorization end date was **less than 29 days** from the date of submission. A NF should submit the recertification request at least 15 calendar days prior to the current therapy end date.

When a resident has a break in the therapy service that is **longer than 30 days**, the NF submitter must submit the therapy service request as a Restart even if the request is for the same amount, duration, and frequency of therapy service the resident received before the break in service.

3. **Restart** – A therapy service request in which any of the following occurs:

- When the individual is discharged from the NF for any reason, such as for a hospital stay of any duration, and their NF daily care, Medicare skilled nursing, or hospice daily care authorization ends, then all current service authorizations end on the date of discharge. Upon return to the NF the NF must submit an authorization request as a **Restart** so that 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 one 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.
- If the request asks for a change in the frequency, duration, or intensity of services, it is not a therapy service recertification request. It is a therapy service restart request.

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 NF administrator, to indicate awareness of the request.

For habilitative therapy requests, the NF must upload **one signature page per service** (OT, PT, ST) being requested with the therapist, physician, and NF administrator signatures. The only time the physician's signature is not required 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 NF.

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 Online Portal. Illegible signatures or signatures that do not match the NFSS form will not be accepted.

4. **Assessment Only** - When the assessment does not indicate the need for a particular specialized service, the assessment may be entered on the NFSS form in 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; and
- Signed by the administrator of the NF, 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, must 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 (.) so the LTC Online Portal will 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.

Upload Attachments

Required Document

Occupational Therapy - Signature page

[Click here to Upload Documents](#)

Up to 10 files can be uploaded. Files cannot exceed 10mb per file.
Supported file types: PDF, Image (JPG, TIF, PNG), MS Word, MS Excel, and RTF.

Successful Attachments

NFSS OT Signature Page.pdf

When an attachment has been successfully uploaded, it will appear under the blue “Successful Attachments” bar along with a green checkmark. In this manner, NF 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 for each therapy service requested and return the user to the Resident/NF tab. The user will need to navigate back to the therapy service tab and scroll down to the authorization section to view the PTID and status.

G2000, G4000, G6000 A. PTID- The LTC Online 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 approves or denies 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 C. Action - If the assessment is in the “Provider Action Required” Status, reference the PTID History to determine how to resolve the issue. The provider will need to correct the request and submit the status back to the service authorization system (SAS) through the Action drop-down menu. After selecting “Submit to SAS” from the Action drop-down menu, click Confirm.

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 whether the therapy service has been authorized, review the following fields:

G2000, G4000, G6000 G. Begin Date - When the therapy service is authorized by HHSC, a begin date will be pre-populated.

G2000, G4000, G6000 H. End date - When the therapy service is authorized by HHSC, an end date will be pre-populated.

G2000, G4000, G6000 I. Units Per Week - When the therapy service is authorized by HHSC, the units per week will be pre-populated.

Authorization
G6000. Speech Therapy

A. PTID: 8888888888

B. Status: Processed/Complete

C. Action: ☐

D. Reason Code
☐ 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item
☐ 2. The therapy assessment indicates the resident will not benefit from therapy at this time
☐ 3. Other

E. If Other:

F. Date of Assessment: 08/30/2017

G. Begin Date: 01/04/2018

H. End Date: 04/04/2018

I. Units Per Week: 3

Confirm

CMWC Replacement 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:

- An order from the resident’s attending physician; and
- 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 diagnoses 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 to meet the resident’s physical and functional needs that **cannot be met using other standard wheelchair bases**, including the appropriate configuration of wheelchair accessories.

Note: The CMWC 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 CMWC supplier is responsible for modifications and adjustments required within the first six months of delivery of the CMWC because these modifications and adjustments are covered within the authorized amount. After the first six months, the NF is responsible for modifications and adjustments to the CMWC.

Measuring Worksheet

NFs can use the measurement worksheet in the assessment tool available for downloading at www.tmhp.com to complete the Measuring Worksheet section on the CMWC Request tab. **All data from the worksheet must be** entered into this tab on the NFSS form.

Itemized MSRP Subdivision

DME suppliers can use the Itemized MSRP worksheet in the assessment tool available for downloading at www.tmhp.com. However, the information from the worksheet will still need to be entered into the Itemized MSRP Quote section on the NFSS form by the NF submitter.

Do not fax or attach to the NFSS form, the Measuring Worksheet, or Itemized MSRP worksheet to request a CMWC.

C1900 A. Number of Items to Add - The total number of CMWC components that can be added to the MSRP Subdivision is 22. In instances where there are more components than the 22 rows allowed on the NFSS form, NFs 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 CMWCs 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 “Denied” 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 Healthcare Common Procedure Coding System (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 HCPCS code for the item to be provided by the CMWC supplier. NFs 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 override function. Each item in the catalog/order form should be clearly labeled (item 1, 2, etc.) with the corresponding row of the 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,” NFs are able to override 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 override option to match the descriptions to minimize the likelihood that the request will be set to “Pending Denial” or “Denied.”

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

C1900 F. Quantity- Enter the number needed of that item.

MSRP Verification

The catalog pages, price lists, and order forms provided to the NF by the CMWC 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.

NFs must 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 online catalog. HHSC staff will verify the availability of online 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 until the catalog pages are attached.

HHSC does not pay for unallowable charges on 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 CMWC supplier when:

- A catalog page is not available, and an itemized price list needs 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 in 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, or quantities in the MSRP Attestation Letter.

HHSC PASRR Reviewers will set a request to “Pending Denial” and request a corrected MSRP Attestation Letter for any deviation from these 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 in the Itemized MSRP Quote section of the CMWC tab the same way it is described in the catalog, order form, or 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 (Total Price) - The total amount of all items requested will be disabled and pre-populated by calculating the sum of the total prices.

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

C1900 J.1. Minus 18 percent (Total Price)- Minus the 18 percent discount will be pre-populated by multiplying the total amount by 0.18.

C1900 J.2. Minus 18 percent (Approved Price)- Total amount multiplied by 0.18 approved by HHSC.

C1900 K.1. Grand Total (Total Price) – The amount being requested by the provider after multiplied by 0.18. The grand total will be pre-populated subtracting the 18 percent amount from the total amount.

C1900 K.2. Grand Total (Approved Price) – The amount approved by HHSC staff. The 18 percent amount subtracted from the total amount authorized by HHSC.

Note: The 18 percent will display two digits but uses four digits after the decimal point in the calculation. The grand total will be rounded to two 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 two PTIDs (one for the CMWC assessment and one for the CMWC service) 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 LTC Online 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 approves or denies 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 in the PTID History: “Approved,” “Denied,” “Pending Denial,” or “Pending NF Receipt.”

Note: This field is for HHSC use only.

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

NFSS - CMWC/DME Receipt Certification form

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 yet. After the chair is delivered to the NF, the submitter must attach a completed NFSS - CMWC/DME Receipt Certification form.

Note: The signature by the therapist on this form certifies that the item meets the needs of the resident as specified in the assessment. The NF administrator’s signature on this form indicates that the item was delivered and received by the NF.

Receipt Certification form for a QRP (HHSC Form 2362)

The NF must also upload the Receipt Certification form for a QRP (HHSC Form 2362) at the same time the CMWC/DME Receipt Certification form is uploaded.

Note: HHSC Form 2362 is completed by the DME Supplier's QRP at the time the CMWC is delivered to the resident, certifying that the CMWC is appropriate for the resident.

Receipt Certifications

Steps to submitting a Receipt Certification

1. The submitter uploads the completed Receipt Certification forms as attachments in the Upload Attachments section of the CMWC Request tab.

Receipt Certification
Upon receipt of a CMWC, the authorizing therapist must verify that the CMWC meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. This section to be filled out for each item requested and received.

Therapist Certification of Delivered CMWC
By signing the attachment, the therapist is certifying that the CMWC meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. An attachment must be completed for each item requested and received.

C4300. Therapist's Name

A. First Name

B. Last Name

C4400. Therapist's License

A. License Type

B. License No.

C4500. Therapist's Certification Date

NF Administrator Certification of Delivered CMWC
By signing the attachment, the NF Administrator is attesting that the CMWC has been delivered as prescribed in the assessment to an individual who is a resident in the facility.

C4600. NF Administrator's Name

A. First Name

B. Last Name

C4700. CMWC Received Date

C4800. NF Administrator's Certification Date

Upload Attachments
Required Document

[CMWC - Supplier Acknowledgement and Signature page](#)

[CMWC - Receipt Certification](#)

Click here to Upload Documents

Up to 10 files can be uploaded. Files cannot exceed 10mb per file.
Supported file types: PDF, Image (JPG, TIF, PNG), MS Word, MS Excel, and RTF.

Successful Attachments

- Move the CMWC Request authorization section status to "Pending State Confirmation," but do **not** click on the "Confirm" button yet.

- Once the status is in “Pending State Confirmation,” the LTC Online Portal will allow the submitter to enter data from the Receipt Certification attachment into the Receipt Certification subdivision on the CMWC Request tab.
- When the data entry is completed, the submitter will click on the “Confirm” button to submit the attachment for state staff to review.
- HHSC staff will review the Receipt Certification attachment for accuracy. If accepted, HHSC staff will move the CMWC Request authorization section status to “SAS Request Pending.” This will start the process to create a service authorization in the amount of the total approved price.
- If the form is successfully processed in SAS, the CMWC Request authorization section status will be moved to “Processed/Complete.”
- The NF should verify the service authorization is in the MESAV system before billing for the item.

Failure to submit these receipt confirmations will delay or prevent the NF’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.

C4400A. License Type- Select the license type (1. OT or 2. PT) of the therapist who is certifying that the item meets the needs of the resident as specified in the assessment.

C4400 B. License No. – Enter the license number of the therapist who is certifying the item meets the needs of the resident as specified in the assessment. The LTC Online Portal accepts seven-digit license numbers. If the therapist’s license number is less than seven digits, place one or more zeros *before* the license number to make the license number seven digits.

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;
- Be a date the same as or after the date in the field C4700; and
- Not be a future date.

Nursing Facility Administrator Certification of Delivered CMWC

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

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

C4700 CMWC Received Date - Enter the date the custom manual wheelchair was received by the NF.

C4800 NF Administrator's Certification Date - Enter the date the NF administrator certified that the item was delivered and received by the NF 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 Online Portal; and
- Be the same as or after the date in field C4700.

Upload Attachments Subdivision

The CMWC request for authorization is not complete until the "PASRR NFSS - CMWC/DME Receipt Certification" and the Receipt Certification form for a QRP pages have been uploaded and attached to the specific request PTID **and** information from the Receipt Certification page has been entered into the NFSS form as indicated in the steps above.

Faxing Attachments

Attachments that are to be used in conjunction with an NFSS form to request a CMWC can be faxed in after they have been printed and all required signatures are obtained for those NFs that do not have scanning capabilities.

To fax a required attachment (signature page, receipt confirmation, MSRPs, etc.), the NF must completely fill out the NFSS Fax Cover Sheet and fax all documents to the number on the NFSS Fax Cover Sheet. The NFSS Fax Cover Sheet can be downloaded at www.tmhp.com.

The PDF version of the NFSS form should NOT be faxed to TMHP or HHSC to request a CMWC. Documents with the watermark "For Reference Only" are not to be faxed to the state or TMHP and should not be attached to the NFSS request on the LTC Online 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.

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Unsubmitted Name: [redacted] DLN: 0 Username: [redacted]

Form Actions: Print Save as Draft

Resident/NF CMWC/DME Assessment CMWC Request **Gait Trainer** Orthotic Device Car Seat/Travel Restraint Mattress Positioning Wedge

Prosthetic Device Standing Board/Frame OT Assessment OT Service PT Assessment PT Service ST Assessment ST Service Auth Summary

Gait Trainer

Instructions in this guide for requesting DME items apply to the **following tabs**:

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

The [Long-Term Care \(LTC\) User Guide for Preadmission Screening and Resident Review \(tmhp.com\)](https://tmhp.com) uses a gait trainer as an example. HHSC only authorizes PASRR DME items that cost more than \$1,000, but less than \$5,000. NFs are required to provide medical equipment and supplies that cost less than \$1,000 to ensure that care meets the health needs and promotes the maximum wellbeing of the residents. This equipment and these supplies are included as a part of the per diem reimbursement paid to the NF 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 the applicable DME item 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 relevant diagnoses 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 resident'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 these modifications and adjustments are covered within the authorized amount. After the first six months, the NF is responsible for modifications and adjustments to the DME Item.

Itemized MSRP

DME suppliers can use the Itemized MSRP worksheet in the assessment tool available for downloading; however, the information from the worksheet will still need to be entered into the Itemized MSRP section on the NFSS form by the NF submitter.

Do not fax or attach the Itemized MSRP worksheet 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 HCPCS code for the item to be provided by the DME supplier. NFs should enter the HCPCS code into the applicable DME item section 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 manually entering the description of the item. Each item in the catalog/order form should be clearly labeled (item 1, 2, etc.) with the corresponding row of the itemized MSRP section of the applicable DME Item Request 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 NF 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 Request 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 NFs 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 online catalog. State staff will verify the availability of online 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 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 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 will need 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 in an MSRP 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.

HHSC 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 Request 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 in 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 (Total Price) - The total amount of all items requested will be disabled and pre-populated by calculating the sum of the total price.

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

D1900 J.1. Minus 18 percent (Total Price) - Minus 18 percent will be pre-populated by multiplying the total amount by 0.18.

D1900 J.2. Minus 18 percent (Approved Price) - Total amount multiplied by 0.18 authorized by HHSC.

D1900 K.1. Grand Total (Total Price) - The Grand Total will be pre-populated by subtracting 18 percent from the total amount.

D1900 K.2. Grand Total (Approved Price) - The 18 percent amount subtracted from the total amount authorized by HHSC.

Note: The 18 percent will display two digits but uses four digits after the decimal point in the calculation. The grand total will be rounded to two 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 for each item requested and return the user to the Resident/NF tab. The user will need to navigate back to the applicable DME item tab and scroll down to the authorization section to view the PTID and status.

Example:

D8100, D8200, D8300, D8400, D8500, D8600, and D8700. Applicable DME Request

D8100, D8200, D8300, D8400, D8500, D8600, and D8700 A. PTID - The LTC Online Portal will assign a PTID upon successful submission of the NFSS form.

D8100, D8200, D8300, D8400, D8500, D8600, and D8700 B. Status – Upon successful submission of the NFSS form, the PTID status will be “Pending State Review” until HHSC approves or denies 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, D8200, D8300, D8400, D8500, D8600, and D8700 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 in the PTID History: “Approved,” “Denied,” “Pending Denial” or “Pending NF Receipt.”

Note: This field is for HHSC use only.

Note: The status of “Pending Denial” indicates that HHSC needs additional information from the NF 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 the requested information by the stated 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 here.

D8100 E. If Other - The reason for the denial will be listed here if the reason for the denial in D8100 is Other.

NF Daily Care, Medicare Skilled Nursing, or Hospice Daily Care Service Authorization and Receipt Certifications

The NF submitter must ensure the resident has an active NF Daily Care, Medicare Skilled Nursing (coinsurance), or Hospice Daily Care Service Authorization on the MESAV system on the date the DME item was delivered to minimize billing issues. One of these service authorizations is needed for SAS to create the service authorization for the DME item.

Prior authorization of a DME item within the LTC Online Portal does not guarantee creation of a PASRR service authorization in MESAV for a DME item if there are issues that are identified such as the resident not having a NF daily care, Medicare skilled nursing, or hospice daily care service authorization. Lack of a service authorization for a DME item will prevent the NF from being able to bill and be reimbursed for the DME item.

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 yet. After the DME item is delivered to the NF, the submitter must attach a completed [PASRR NF Specialized Services \(NFSS\)- CMWC/DME Receipt Certification form](#).

The signature by the therapist on this form certifies that the item meets the needs of the resident as specified in the assessment. The NF administrator’s signature indicates that the item was delivered and received by the NF.

Steps to submitting a Receipt Certification


1. The submitter uploads the completed the Receipt Certification form in the Upload Attachments section of the specific DME item tab.

Receipt Certification

Upon receipt of the DME, the authorizing therapist must verify that the DME meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. This section to be filled out for each item requested and received.



Therapist Certification of Delivered Specialized or Treated Pressure-Reducing Support Surface Mattress

By signing the attachment, the therapist is certifying that the DME meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. An attachment must be completed for each item requested and received.

D4600.	Therapist's Name	A. First Name	B. Last Name
		<input type="text"/>	<input type="text"/>
D4610.	Therapist's License	A. License Type	B. License No.
		<input type="text"/>	<input type="text"/>
D4620.	Therapist's Certification Date	<input type="text"/>	

NF Administrator Certification of Delivered Specialized or Treated Pressure-Reducing Support Surface Mattress

By signing the attachment, the NF Administrator is attesting that the DME has been delivered as prescribed in the assessment to an individual who is a resident in the facility.

D4630.	NF Administrator's Name	A. First Name	B. Last Name
		<input type="text"/>	<input type="text"/>
D4640.	Specialized or Treated Pressure-Reducing Support Surface Mattress Received Date	<input type="text"/>	
D4650.	NF Administrator's Certification Date	<input type="text"/>	

- Move the applicable DME item PTID to a “Pending State Confirmation” status, but do **not** click on the “Confirm” button yet.
- Once the status is in “Pending State Confirmation,” the LTC Online Portal will allow the submitter to enter data from the Receipt Certification attachment into the Receipt Certification subdivision on the applicable DME item tab.
- When the data entry is completed, the submitter will click on the “Confirm” button to submit the attachment for state staff to review.
- State staff will review the Receipt Certification attachments for accuracy. If accepted, state staff will move the applicable DME item request PTID request to “SAS Request Pending” status. This will start the process to create a service authorization for the total approved price.
- If the form is successfully processed in SAS, the applicable DME item request PTID will be moved to “Processed/Complete.”
- The NF should verify the service authorization is in the 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 LTC Online Portal accepts seven-digit license numbers. If the therapist's license number is less than seven digits, place one or more zeros before the license number to make the license a seven-digit 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 Online Portal.

NF Administrator's Certification Date

Enter the date the NF administrator certified that the item was delivered and received by the NF 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 Online Portal;
- Cannot be before the date the item was received; and
- Cannot be a future date.

Upload Attachments Subdivision

The DME request for authorization is not complete until the "PASRR NFSS- CMWC/DME Receipt Certification" page has been uploaded and attached to the specific DME item request PTID.

The applicable DME-related forms which need to be submitted in conjunction with the NFSS form can be found in the [Long-Term Care \(LTC\) User Guide for Preadmission Screening and Resident Review \(tmhp.com\)](https://tmhp.com) as well as information on uploading forms.

Faxing Attachments

Attachments that are to be used in conjunction with an NFSS form to request a DME item can be faxed in after it has been printed and all required signatures are obtained for those NFs that do not have scanning capabilities.

To fax a required attachment (signature page, receipt confirmation, MSRPs, etc.), the NF must completely fill out the NFSS Fax Cover Sheet and fax all documents to the number on the NFSS Fax Cover Sheet. The NFSS Fax Cover Sheet can be downloaded at www.tmhp.com.

The PDF version of the NFSS form should NOT be faxed to TMHP or HHSC to request a DME item. Documents with the watermark “For Reference Only” are not to be faxed to the HHSC or TMHP and should not be attached to the NFSS request on the LTC Online 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 DME item request/tab. Multiple file types are acceptable for upload.

Important Features and Functions of the NFSS form

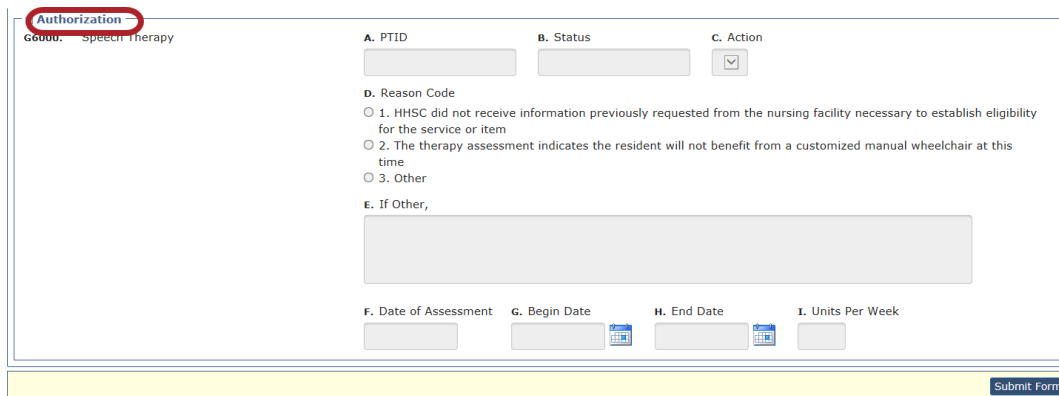
Add Notes Feature

The “Add Note” feature is used by both NF submitters and PASRR NFSS Reviewers 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 for the Resident/NF and Auth Summary tabs.



The screenshot shows the "Authorization" tab selected, with a red circle around the tab label. The form contains the following fields and options:

- A. PTID**: A text input field.
- B. Status**: A text input field.
- C. Action**: A dropdown menu with a checkmark icon.
- D. Reason Code**: A list of radio button options:
 - ☐ 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item
 - ☐ 2. The therapy assessment indicates the resident will not benefit from a customized manual wheelchair at this time
 - ☐ 3. Other
- E. If Other,**: A large text input area.
- F. Date of Assessment**: A date picker.
- G. Begin Date**: A date picker.
- H. End Date**: A date picker.
- I. Units Per Week**: A text input field.

A "Submit Form" button is located at the bottom right of the form.

This section indicates the status of a specialized service request PTID and the units per week/ total price of the service that the PASRR NFSS Reviewer approved.

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

Because each service has a separate PTID, 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.

Submit Form
Search
Worklist
Printable Forms
Alerts
Help

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Unsubmitted Name: DLN: 0 Username: nfuser1

Form Actions:
Print Save as Draft

Resident/NF CMWC/DME Assessment CMWC Request Gait Trainer Orthotic Device Car Seat/Travel Restraint Mattress Positioning Wedge
Prosthetic Device Standing Board/Frame OT Assessment OT Service PT Assessment PT Service ST Assessment ST Service **Auth Summary**

Auth Summary

CMWC Authorizations

S1000. Request Type	1. PTID	2. PTID Status
A. CMWC Assessment		
B. CMWC Request		

DME Authorizations

S2000. Request Type	1. PTID	2. PTID Status
A. DME Assessment		
B. Gait Trainer		
C. Orthotic Device		
D. Special Needs Car Seat or Travel Restraint		
E. Specialized or Treated Pressure-Reducing Support Surface Mattress		
F. Positioning Wedge		
G. Prosthetic Device		
H. Standing Board/Frame		

Therapy Authorizations

S3000. Request Type	1. PTID	2. PTID Status
A. OT Assessment		Provider Action Required
B. OT Service		Pending State Review
C. PT Assessment		Provider Action Required
D. PT Service		Pending State Review
E. ST Assessment		Submitted to PASRR Unit
F. ST Service		

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 [Long-Term Care User Guide for Preadmission Screening and Resident Review](#) can use the “Populate” button on the NFSS form.

Type of Service Requested

A2000. Request Type

Select from only 1 category CMWC, DME, or Habilitative Therapies

A2100. CMWC Service Type

A2200. DME Service Type

A2210. Requested DME item

Select all that apply

☐ A. Gait Trainer
☐ B. Orthotic Device
☐ C. Positioning Wedge
☐ D. Prosthetic Device
☐ E. Special Needs Car Seat or Travel Restraint
☐ F. Specialized or Treated Pressure-Reducing Support Surface Mattress
☐ G. Standing Board/Frame

A2300. Habilitative Therapies

Select all that apply

☐ A. Occupational Therapy (OT)
☐ B. Physical Therapy (PT)
☐ C. Speech Therapy (ST)

Submit 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.

Assessment

Authorization Type

EX100. Therapy Authorization Type:

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; and

- The assessment tab should populate with the information from the previously approved assessment.

The screenshot shows a form interface. At the top, there is a yellow highlighted box labeled "PTID Actions:" containing a blue button labeled "Populate". Below this, there is a section titled "Authorization" with a minus sign icon. Under "Authorization", the text "C6000. CMWC Request" is displayed. To the right of this text, there are three columns: "A. PTID" with an empty text input field, "B. Status" with an empty text input field, and "C. Action" with a dropdown menu icon.

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 (Processed/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 this guide.

Validations Requiring Provider Monitoring

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

- Form Submitted – the form has been successfully submitted in the LTCOnline 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.
- AI - Applied Income – The portion of a resident's income that must be paid to the NF. In SAS, the applied income amount is calculated by the Texas Integrated Eligibility Redesign System (TIERS). Failing the applied income validation means there is no calculation of the applied income in SAS.

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 calendar 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 the validations will not be forwarded to the PASRR NFSS Reviewer.

Form Submitted	<i>Changed by System on 8/2/2017 3:23:57 PM</i>
8/2/2017 3:23:57 PM	System : Internal: Form entered workflow.
8/2/2017 3:23:57 PM	System : Internal: This form was submitted from PL1: XXXXXXXXX
8/2/2017 3:23:57 PM	System : External: This form was submitted from PL1: XXXXXXXXX
8/2/2017 3:23:57 PM	System : Internal: The PE associated with this form is XXXXXXXXX
8/2/2017 3:23:57 PM	System : External: The PE associated with this form is XXXXXXXXX
Medicaid ID Pending	<i>Changed by System on 8/2/2017 3:23:59 PM</i>
8/2/2017 3:23:59 PM	System : Internal: Medicaid ID check sent to DADS
8/2/2017 3:23:59 PM	System : External: Medicaid ID request submitted
ID Confirmed	<i>Changed by System on 8/2/2017 3:24:00 PM</i>
8/2/2017 3:24:00 PM	System : Internal: Medicaid ID 710351985 confirmed for this client
8/2/2017 3:24:00 PM	System : External: Medicaid ID 710351985 confirmed for this client
ME Pending	<i>Changed by System on 8/2/2017 3:24:00 PM</i>
8/2/2017 3:24:00 PM	System : Internal: Medicaid Eligibility check sent to DADS
8/2/2017 3:24:00 PM	System : External: Medicaid Eligibility request sent
ME Confirmed	<i>Changed by System on 8/2/2017 3:24:01 PM</i>
8/2/2017 3:24:01 PM	System : Internal: Medicaid eligibility confirmed for this client
8/2/2017 3:24:01 PM	System : External: Medicaid eligibility confirmed for this client
AI Pending	<i>Changed by System on 8/2/2017 3:24:01 PM</i>
8/2/2017 3:24:01 PM	System : Internal: Applied Income check submitted to DADS
8/2/2017 3:24:01 PM	System : External: Applied Income requested
AI Check Inactive	<i>Changed by System on 9/1/2017 9:03:47 AM</i>
9/1/2017 9:03:47 AM	System : Internal: No Applied Income response received from DADS
9/1/2017 9:03:47 AM	System : External: Applied Income request expired

PASRR Transaction Identifier (PTID) and Workflow Process

A unique PTID number will be created for each assessment or service successfully submitted with an NFSS form. The PTID is like 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 NFSS Reviewer and, if approved, to SAS 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.

PTID History	
Pending State Review	<i>Changed by System on 7/2/2018 12:18:16 PM</i>
7/2/2018 12:18:16 PM	System : Internal: The Service has been sent for State review.
7/2/2018 12:18:16 PM	System : External: The Service has been sent for State review.
Approved	<i>Changed by michelle.wright.tx on 7/11/2018 4:21:02 PM</i>
7/11/2018 4:21:02 PM	michelle.wright.tx : Internal: The request for therapy services has been approved by the State PASRR reviewer.
7/11/2018 4:21:02 PM	michelle.wright.tx : External: The request for therapy services has been approved by the State PASRR reviewer.
SAS Request Pending	<i>Changed by System on 7/11/2018 4:21:02 PM</i>
7/11/2018 4:21:02 PM	System : Internal: The request is being processed by DADS. Please allow 2-4 business days for the next status change.
7/11/2018 4:21:02 PM	System : External: The request is being processed by DADS. Please allow 2-4 business days for the next status change.
Processed/Complete	<i>Changed by System on 7/12/2018 5:01:55 AM</i>
7/12/2018 5:01:55 AM	System : Internal: GN-9003: This form was successfully processed in SAS and the SAS records were synchronized with TMHP's CMS database.
7/12/2018 5:01:55 AM	System : External: GN-9003: Processed at HHSC.
7/12/2018 5:01:55 AM	System : Internal: SAS Change Request Successful.
7/12/2018 5:01:55 AM	System : External: SAS Change Request completed successfully.
7/12/2018 5:01:58 AM	System : Internal: Approval alert sent.
7/12/2018 5:01:58 AM	System : External: Approval alert sent.

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

Some of the more common statuses that the NF submitters will need to monitor are:

- **Pending State Review** – Request is awaiting HHSC staff's review.
- **Pending Denial** – More information is needed from the NF. If the information is not received by the deadline, the request will be denied.
 - ▶ When NF staff responds back by providing the information requested, the only way to send the requested information to the PASRR NFSS Reviewer 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 LTC Online Portal not recognizing that the NF has taken action and continuing to run down the clock towards

the deadline (seven calendar days for therapies and 14 calendar days for DMEs and CMWCs). If the deadline arrives and LTC Online Portal does not recognize that the NF has taken any action, the LTC Online 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 NF submits a receipt confirmation for a DME item or CMWC, the request is submitted for HHSC staff's review and final approval. After the receipt confirmation is attached to the NFSS form, the submitter must then set the status back to "Pending State Confirmation" in order to notify state staff of the update.
- **Pending Submission** – Indicates an incomplete electronic data interchange (EDI) form submission through a third-party vendor. The NF should contact the third-party vendor for further instructions.
- **Incomplete**– Indicates an incomplete EDI form submission through a third-party vendor. The NF should contact the third-party vendor for further instructions.
- **Provider Action Required** – The NF 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 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, Medicare skilled nursing Coinsurance, or hospice daily care service authorization 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 NF's contract.

Prior authorization of a PASRR specialized service within the LTC Online Portal does not guarantee creation of a service authorization in MESAV if there are issues that are identified such as the resident not having a NF or hospice daily care or Medicare skilled nursing service authorization, level of service, or other issues. Lack of a service authorization in MESAV 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 [Long-Term Care \(LTC\) User Guide for Preadmission Screening and Resident Review \(tmhp.com\)](https://tmhp.com) for specific error codes and possible resolutions.

Notifications on the Status of the NFSS Form

Alerts

The NF will receive an alert when a request for authorization of a specialized service has been approved, denied, or set to pending denial, which is a request for additional information.

It is important for NF submitters to access the Alert screen on the LTC Online Portal daily 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 staff with LTC Online Portal access have view-only access to the NFSS form submitted by the NF and will also receive alerts (approvals, pending denials, and denials) in order to monitor the status of a specialized service request.

Letters

After a NF 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. The letter will tell the resident or resident's LAR whether the request for authorization has been approved, denied, or set to pending denial. If the resident or the resident's LAR requested a fair hearing for a denied service, the letter will tell the resident or resident's LAR the result of the fair hearing.

Refer to the [LTC User Guide for General Information, Online Portal Basics, and Program Resources](#) for instructions on how find a letter via FSI.

The screenshot displays the TMHP (Texas Medicaid & Healthcare Partnership) web application interface. At the top, the header includes the TMHP logo, the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR", and navigation links for "Home :: TMHP.com :: My Account". A user is logged in as "johndoe". The main navigation bar contains "Submit Form", "Search", "Worklist", "Printable Forms", "Alerts", and "Help". A dropdown menu under "Search" is open, showing "Form Status Inquiry" (highlighted), "Letters", and "Vendors". The "Form Status Inquiry" section is titled "Form Status Inquiry" and includes a "Form Select" dropdown. Below this, there are input fields for "Type of Form" and "Vendor Number" (with a "for Contract Number" dropdown). The "Form Status Inquiry" section contains several input fields: "DLN", "Last Name", "Form Status" (dropdown), "SSN", "From Date" (calendar icon, showing 11/02/2015), "Mental Illness" (checkbox), "Intellectual Disability" (checkbox), "Developmental Disability" (checkbox), "PASRR Eligibility" (dropdown), "Discharged/Deceased" (dropdown), "Medicaid Number", and "First Name". A "To Date" field (calendar icon, showing 12/02/2015) is also present. A "Search" button is located at the bottom right of the form area.

Provider Workflow Rejection Messages for the NFSS Form

Any rejection errors messages, 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 [LTC User Guide for General Information, Online Portal Basics, and Program Resources](#).

Authorization

B5000. Assessment

A. PTID

B. Status

Provider Action Required

C. Action

D. Reason Code

☒ 1. HHSC did not receive information previously requested from the nursing facility necessary to establish eligibility for the service or item.
 ☐ 2. Other

E. If Other

F. Date of Assessment

06/13/2018

Confirm

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 [Long-Term Care \(LTC\) User Guide for Preadmission Screening and Resident Review \(tmhp.com\)](#) to determine the best suggested action.

Provider Action Required	Changed by System on 7/10/2018 5:07:26 AM
7/10/2018 5:07:26 AM	System : Internal : PS-3046: This CMWC/DME assessment cannot be processed because the individual has no Level of Service, Diagnosis and/or Authorizing Agent, as of the CMWC/DME Date of Assessment (indicating that the MDS assessment has not successfully processed).
7/10/2018 5:07:26 AM	System : External : PS-3046: This CMWC/DME assessment cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the CMWC/DME Date of Assessment. Correct the CMWC/DME Date of Assessment or submit the necessary MDS assessment.

Specific Instructions

Provider Message (Displayed in History)	Form/ Assessment	Suggested Action
PS-3046: This CMM/C/DME assessment cannot be processed because the individual does not have a successfully processed MDS assessment for the submitted Provider No. as of the CMM/C/DME Date of Assessment.	NFSS (CMM/C/DME Assessment)	<ul style="list-style-type: none"> Correct the CMM/C/DME Date of Assessment or submit the necessary MDS assessment.

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 Long-Term Care (LTC) User Guide for Preadmission Screening and Resident Review (PASRR) on the TMHP website at <http://www.tmhp.com/programs/ltc/reference-material>.

NFSS Form Updates

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, 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 or service.

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 inactivated depending on its current status.

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, 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. In addition, TMHP will recoup any amount already paid for services delivered on dates outside the “new” date range.

When a restart authorization request for therapies is submitted due to the amount, duration, or frequency changing, the PASRR Unit will enter into SAS an end date for the existing therapy service authorization based on the date the restart was approved and a new begin date for the revised therapy services.

Requesting a Fair Hearing

When a request for authorization of a PASRR specialized service has been denied, the resident and the resident's LAR, if applicable, 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 and LAR, if applicable of the right to a fair hearing to appeal the adverse action of being denied a Medicaid service. The LAR is a person authorized by law to act on behalf of an individual seeking admission to a NF or a resident of a NF with regard to a PASRR matter. The LAR may be the parent of a minor child, the legal guardian, or the surrogate decision maker.

To exercise the right to a fair hearing, the resident or LAR must request the fair hearing within 90 days from the date on the denial letter. A form has been created to assist the resident or LAR in requesting a fair hearing and can be accessed online, Form 2361, PASRR Specialized Services Fair Hearing Request.

The resident's LIDDA habilitation coordinator can assist the resident or LAR in completing and submitting Form 2361, PASRR Specialized Services Fair Hearing Request to:

Health and Human Services Commission (HHSC)

Attn: PASRR - Fair Hearing Requests

P. O. Box 149030, Mail Code W-356

Austin, TX 78714-9030

NFSS Form Retention Period

NFs are required to keep the original therapist assessment with the appropriate original signatures in the resident's record until notified otherwise by HHSC.

Local Authority Permissions

A local authority (LA) refers to a LIDDA, LMHA, or LBHA in this guide. LAs have view-only access to the NFSS form on the LTC Online Portal for those residents residing in NFs that 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 Online Portal Account Administrators can update a user's account so they can view the PASRR NFSS form on the LTC Online Portal.

LAs need to update their user accounts with NFSS form viewer permission to view the NFSS form using the 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.

H1700 Submitter More Info <input type="checkbox"/>	PSS Access More Info <input type="checkbox"/>	SKSAI Submitter More Info <input type="checkbox"/>	SKSAI Viewer More Info <input type="checkbox"/>	SKISP Submitter More Info <input type="checkbox"/>	SKISP Viewer More Info <input type="checkbox"/>	NFSS Viewer More Info <input type="checkbox"/>	NFSS Submitter More Info <input type="checkbox"/>
---	--	---	--	---	--	---	--

Print the PDF Version of the NFSS Form

Users can find PDF copies of the blank NFSS form by clicking on the specific form on the [TMHP website](#).

- [PASRR NF Specialized Service \(NFSS\) - Authorization Request for CMWC](#) - revised 09/01/2017
- [PASRR NF Specialized Service \(NFSS\) - Authorization Request for DME](#) - revised 09/01/2017
- [PASRR NF Specialized Service \(NFSS\) - Authorization Request for Habilitative Therapies](#) - revised 09/01/2017
- [PASRR NF Specialized Service \(NFSS\) - CMWC/DME Receipt Certification](#) - revised 06/01/2017
- [PASRR NF Specialized Service \(NFSS\) - CMWC/DME Signature Page](#) - revised 06/01/2017
- [PASRR NF Specialized Service \(NFSS\) - CMWC Supplier Acknowledgment and Signature Page](#) - revised 06/01/2017
- [PASRR NF Specialized Service \(NFSS\) - DME Supplier Acknowledgment and Signature Page](#) - revised 06/01/2017
- [PASRR NF Specialized Service \(NFSS\) - Fax Cover Sheet](#) - revised 09/01/2017
- [PASRR NF Specialized Service \(NFSS\) - Therapy Signature Page](#) - revised 06/01/2017
- [PASRR NF Specialized Services \(NFSS\) – Companion Guide](#) ☐ - revised 07/01/2019
- [PASRR NF Specialized Services \(NFSS\) – Detailed Item-by-Item Guide](#) ☐ - revised 07/01/2019

Search for the Nursing Facility by Name

To determine the NF's vendor and provider number when it is unknown, the LIDDA can search for the NF by using the Vendors page.

The screenshot displays the TMHP (Texas Medicaid & Healthcare Partnership) website interface. The header includes the TMHP logo and the text 'TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR'. Navigation links for 'Home', 'TMHP.com', 'My Account', and 'Logged in as: pasrrla_ext' are visible. The main navigation bar contains 'Submit Form', 'Search' (which is active and has a dropdown menu), 'Worklist', 'Printable Forms', 'Alerts', and 'Help'. The 'Search' dropdown menu is open, showing 'Form Status Inquiry' as the selected option, with 'Letters' and 'Vendors' as other available options. The page title 'Form Status Inquiry' is displayed in the center of the page.

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Home :: TMHP.com :: My Account Logged in as: pasrrla_ext

Submit Form Search Worklist Printable Forms Alerts Help

Vendors

Vendor Search

Vendor Number

Provider Number

Vendor Name

Search

TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Home :: TMHP.com :: My Account Logged in as: pasrrla_ext

Submit Form Search Worklist Printable Forms Alerts Help

Vendors

Vendor Search

Vendor Number

Provider Number

Vendor Name

Search

1 record(s) returned.

	Provider Number	Vendor Number	Vendor Name
View	00100100100	1111	LAKE WOOLWORTH

Search the Status of an Authorization Request Submitted on the NFSS Form

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

Submit Form Search Worklist Printable Forms Alerts Help

232 record(s) returned.



[Export Data to Excel](#)

	PTID	DLN	TMHP Received Date	Type of Service Request	Therapy Authorization Type	SSN	Medicaid #	Medicare #	First Name	Last Name	Status	PTID Status	NF Vendor No.	NF Provider No.
View Detail			4/3/2018	CMWC Assessment							Applied Income Confirmed	Documented/Complete	4579	
View Detail			4/3/2018	CMWC							Applied Income Confirmed	Denied	4579	
View Detail			4/3/2018	CMWC Assessment							Applied Income Confirmed	Denied	5638	
View Detail			4/3/2018	CMWC							Applied Income Confirmed	Denied	5638	
View Detail			4/3/2018	OT Assessment	2. New						Applied Income Confirmed	Documented/Complete	5337	
View Detail			4/3/2018	OT Service	2. New						Applied Income Confirmed	Processed/Complete	5337	
View Detail			4/4/2018	OT Assessment	2. New						Applied Income Confirmed	Processed/Complete	5723	
View Detail			4/4/2018	OT Service	2. New						Applied Income Confirmed	Processed/Complete	5723	
View Detail			4/4/2018	PT Assessment	2. New						Applied Income Confirmed	Processed/Complete	5723	
View Detail			4/4/2018	PT Service	2. New						Applied	Processed/Complete	5723	

For additional information, the LA should 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

Users 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. The printed PDF file of a submitted NFSS form will not display any form or PTID history notes.

 TEXAS MEDICAID & HEALTHCARE PARTNERSHIP A STATE MEDICAID CONTRACTOR		Home :: TMHP.com :: My Account	Logged in as: pasrrla_ext
Submit Form Search Worklist Printable Forms Alerts Help			
<h3>Authorization Request for PASRR NF Specialized Services (NFSS)</h3>			
Current Status: Applied Income Confirmed		Name: John Lennon	DLN: 123123123123
Username: pasrrla_ext		<div>  Unlock Form </div>	
<div> Form Actions: <div> Print Add Note </div> </div>			

Letter Search

LIDDAs can search for NFSS form-related letters that are addressed to residents or their LARs regarding specialized services requests via the Letter Search function on the Letters page. Instructions for using the Letter Search function can be found in the LTC User Guide for PASRR.

Form Status Inquiry

Form Select

Type of Form

Vendor Number

Form Status Inquiry

DLN

Last Name

Form Status

SSN

CARE ID

From Date

To Date

Medicaid Number

First Name

Letters

Both (From Date and To Date) and (Provider/Vendor Number) are required and must include one of the following criteria: Medicaid Number - Social Security Number - Last Name and First Name.

Generate Letter

Select Letter

Create Letter

Letter Search

Referenced DLN

Last Name

First Name

SSN

Vendor Number

Medicaid Number

CARE ID

Transaction Date

Letter Status

From Date

To Date

Search Options

You may either:

Search for forms to view in any order

Search

or

Create a list of forms to work in sequence

Worklist

Current Activity

The Current Activity function allows the users to view submitted documents with status changes that have occurred in the last 14 calendar days. After 14 calendar days, the information is deleted, and the LIDDA must use FSI to locate documents.

Submit Form
Search
Worklist
Printable Forms
Alerts
Help

> Current Activity
Drafts

Form Status Inquiry

Form Select

Type of Form
Vendor Number

Form Status Inquiry

DLN
Medicaid Number
Last Name
First Name

Receiving and Viewing Alerts

The LTC Online Portal will issue an electronic alert to the applicable LIDDA when an NFSS assessment or service request status is set to approved or denied. LIDDAs can view these alerts and continue to monitor the authorization request through the entire process by viewing the PTID status and history notes.

Alerts										
Select	Alert Subject	Vendor No.	Provider No.	Medicaid No.	Social Security No.	Medicare No.	First Name	Last Name	Date of Alert	Type of Assessment
<input type="checkbox"/>	LA Action Required - Review PASRR Evaluation	0200	001019618				CHARLEEN		2/23/2018	IDO
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification	5038	001001122				RAYMOND		2/22/2018	IDO
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification	5038	001001122				CHARLEEN		2/22/2018	IDO
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification	5038	001001122				CAROLYN		2/22/2018	IDO
<input type="checkbox"/>	Conduct PASRR Evaluation - First Notification	5038	001001122				CHARLEEN		2/21/2018	IDO
<input type="checkbox"/>	NFSS Request - Denied	5204	001026706				CELIA		2/20/2018	1, Customized Manual Wheel Chair (CMWC)

Return To Alerts Page

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
Vendor No.:
Provider No.: 001026706
Individual: CELIA
Medicaid No.:
Social Security No.:
NFSS DLN: 1 30000
NFSS PTID: 1 8

Transferring DME and CMWCs

This transfer process is for PASRR residents with a DME or CMWC request that has been prior authorized, but the item has not yet been delivered to the NF **and** the resident has moved to another NF.

The habilitation coordinator must fill out [Form 1066, Transfer Request for PASRR DME and CMWC](#) for a PASRR positive resident with ID/DD who is discharged from the NF that requested a CMWC or DME item and admitted to another NF prior to receiving the authorized CMWC or DME item.

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 habilitation coordinator will be able to view the request on the LTC Online Portal, and therefore have access to all the information necessary to fill out this form. The form is then faxed to:

Preadmission Screening and Resident Review (PASRR) Unit Attention: Program Specialist

Area Code and Fax No.: (512) 438-2180

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 to expect a delivery from the DME or CMWC supplier.
2. It is very important that the discharging NF **not submit the “Receipt Certification”** information into the LTC Online Portal when the DME item or CMWC is received. Completing this section prevents the PASRR Reviewer from completing the transfer process within the LTC Online Portal, resulting in delayed payment to the DME supplier.
3. The habilitation coordinator completes HHSC Form 1066, Transfer Request for PASRR DME and CMWC and faxes it to the PASRR Unit at the number listed above. The habilitation coordinator also presents the completed form to the admitting NF administrator.
4. The admitting NF Administrator must sign HHSC Form 1066, Transfer Request for PASRR DME and CMWC indicating the NF will fax a “Receipt Certification” to the HHSC PASRR Unit at the number listed above.
 - A. The admitting NF must complete the following steps: Wait for the DME item or CMWC to be delivered to the resident;
 - B. Complete the paper version of the PASRR NFSS– CMWC/DME Receipt Certification form after ensuring the item fits properly and meets the resident’s needs;

- C. Ensure the DME Supplier's QRP Completes the Receipt Certification by a QRP, Form 2362;
and
- D. Fax the form to the PASRR Unit and the Receipt Certification by a QRP.
- 5. Once the "Receipt Certification" is received by the PASRR Unit, HHSC PASRR staff will transfer the service authorization to the admitting NF.
- 6. The admitting NF will bill for the funds and pay the DME or CMWC supplier promptly.

Assistance

Types of Calls to Refer to TMHP

Call TMHP at **800-626-4117, Option 1**, about the following:

- NF forms completion – including the PASRR Level 1 Screening Form, PCSP, and NFSS Form
- LIDDA forms completion – including the PASRR Level 1 Screening Form, PE, and PCSP
- Rejection codes on the forms and PTIDs
- Management of the **Provider Action Required** status
- Available options if a form is set to **ID Invalid** status but the Medicaid number, SSN, or Medicare number and name match the Medicaid ID card
- PASRR Level 1 Screening Form, PE, PCSP, and NFSS form submission error messages and NFSS PTID and PE PTID error messages
- PASRR Level 1 Screening Form, PE, PCSP, and NFSS status questions
- MDS LTCMI form submission error messages

Call TMHP at **800-626-4117, option 2**, about the following:

- MN determination on PE

Call TMHP at **800-626-4117, option 3**, about the following:

- TMHP LTC Online Portal and TexMedConnect account setup

Types of Emails to Refer to the HHSC PASRR Unit

Email **HHSC PASRR Unit** at pasrr.support@hhsc.state.tx.us about the following:

- Assistance with or cooperation from an RE, NF, LIDDA, or LMHA/LBHA
- Assistance with locating information to complete and submit the PL1 Screening Form, PE, PCSP, and NFSS forms
- Assistance with locating forms, people residing in or entering an NF, LIDDAs, LMHA/LBHAs, or additional training resources
- Policy guidance on PASRR processes, specialized services, and therapist assessments

- Questions specifically related to MI/ID/DD or related conditions

For additional learning opportunities, information, and forms, visit the following web page:

<https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/preadmission-screening-resident-review-pasrr/pasrr-resources>