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Nursing Facility Specialized Services Long-Term Care Online Portal Requests

**Intellectual and Developmental Disability
and Behavioral Health Services**

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Session Objectives

- Provide an overview of the Nursing Facility Specialized Services (NFSS) Form for submitting Preadmission Screening and Resident Review (PASRR) specialized services authorization requests.
- Assist users navigating through the Long-Term Care (LTC) Online Portal to ensure a smooth path to specialized services authorization.
- Assist users in obtaining approvals for NFSS requests.



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Where to Find NFSS Screens

You must have a login and password to the LTC Online Portal.

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
TMHP A STATE MEDICAID CONTRACTOR

Home :: TMHP.com :: My Account

Search ▾ Reports Printable Forms Alerts

Power Search

Search Criteria

Form

Type of Form From Date
DLN To Date

Client

Last Name
First Name
SSN
Medicaid Number
Medicare Number
Date of Birth

Vendor

Provider Number
Vendor Number
Provider User
Internal User
NPI

Additional Criteria

Status	Type of Service	Requested DME Item	Therapy Authorization Type
<input type="checkbox"/> AI Check Inactive	<input type="checkbox"/> CMWC Assessment Only	<input type="checkbox"/> Gait Trainer	<input type="checkbox"/> Assessment Only
<input type="checkbox"/> AI Confirmed	<input type="checkbox"/> CMWC	<input type="checkbox"/> Orthotic Device	<input type="checkbox"/> New
<input type="checkbox"/> AI Pending	<input type="checkbox"/> DME Assessment Only	<input type="checkbox"/> Positioning Wedge	<input type="checkbox"/> Restart
<input type="checkbox"/> Denial Upheld	<input type="checkbox"/> DME	<input type="checkbox"/> Prosthetic Device	<input type="checkbox"/> Recertification


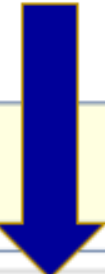


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Two Separate Requests – Assessments and NFSS Services

[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



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PTID History Notes (1 of 2)

The PASRR Transaction Identifier (PTID) notes are located in the lower part of the resident's History section. The PTID History notes:

- Document activities; and
- Allows the nursing facility (NF) and Texas Health and Human Services Commission (HHSC) PASRR Unit to communicate.

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	
<input checked="" type="checkbox"/> Attachment_32527_06292018.PDF	Delete
<input checked="" type="checkbox"/> Attachment_32525_06292018.PDF	Delete
<input checked="" type="checkbox"/> Attachment_32524_06292018.PDF	Delete

PTID Actions:
[Add Note](#)

Authorization
c6000. CMWC Request

A. PTID	B. Status
18180355594	Pending State Review

D. Reason Code



- 1. Five years has not elapsed since the date of purchase of the previous item
- 2. HHSC did not receive information previously requested from the nursing facility for the service or item
- 3. The therapist's assessment indicates the resident will not benefit from a time
- 4. Other

E. If Other



PTID History Notes (2 of 2)

PTID History

Pending Submission	<i>Changed by System on 6/29/2018 2:28:47 AM</i>
6/29/2018 2:31:02 AM	System : Internal: Attachment_32524_06292018.PDF added as an attachment.
6/29/2018 2:31:02 AM	System : External: Attachment_32524_06292018.PDF added as an attachment.
6/29/2018 2:31:07 AM	System : Internal: Attachment_32525_06292018.PDF added as an attachment.
6/29/2018 2:31:07 AM	System : External: Attachment_32525_06292018.PDF added as an attachment.
6/29/2018 2:31:11 AM	System : Internal: Attachment_32527_06292018.PDF added as an attachment.
6/29/2018 2:31:11 AM	System : External: Attachment_32527_06292018.PDF added as an attachment.
PTID Submitted	<i>Changed by System on 6/29/2018 2:32:11 AM</i>
6/29/2018 2:32:11 AM	System : Internal: PTID entered workflow. 
6/29/2018 2:32:11 AM	System : External: PTID entered workflow.
Pending State Review	<i>Changed by System on 6/29/2018 2:32:31 AM</i>
6/29/2018 2:32:31 AM	System : Internal: The Service has been sent for State review. 
6/29/2018 2:32:31 AM	System : External: The Service has been sent for State review.



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Timers and Impact

- Pending Denial = Request for Additional Information
- Occupational Therapy (OT), Physical Therapy (PT), or Speech Therapy (ST) = 7 days
- Customized Manual Wheelchair (CMWC) or Durable Medical Equipment (DME) = 14 days
- No response or failure to set the LTC Online Portal back to "Pending State Review" = System Denial
- Resubmit Request



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Habilitative Therapies Specialized Services

Habilitative Therapies Specialized Services Requests

Habilitative therapies specialized services include:

- Occupational Therapy
- Physical Therapy
- Speech Therapy



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“Assessment Only” Requests

NFs can submit an “Assessment Only” request on the NFSS Form in the following situations:

- Determination by a therapist that the person does not need habilitative therapies.
- The interdisciplinary team (IDT) cannot come to an agreement.
- An “Assessment Only” authorization type does not result in a service authorization.



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New Assessments

- An initial therapy assessment completed by the therapist is required.
- The service request must include a treatment plan.
- A physician's signature is required.
- A signature sheet is required on all new submissions.



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Recertifications

- Submitted only when there is no change to the amount, duration, or frequency of the therapy service, and the person has not discharged from the facility for any reason.
- An updated assessment and treatment plan completed by the therapist is not required if the frequency, duration, and intensity remain the same for up to one year.
- Recertifications should only be submitted if there has not been a break in service over 29 days.



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Restart

When and Why

Submitted when either of these three situations occur in order to restart therapy services:

- If a person is discharged from the facility (for any amount of time) and their daily care ends;
- If the frequency or intensity has changed, an updated assessment and therapy plan are required; or
- There has been a break in therapy services lasting 30 days or longer.



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Signature Dates (1 of 2)

Therapist's signature date:

- Cannot be more than 29 calendars days prior to the original request date for a service.
- Must be greater than or equal to the Date of Assessment.
- The signature page and information entered in the portal must match.



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Date of Assessment → Therapist's signature date → Physician's signature date

Signature Dates (2 of 2)

Physician's signature date:

- Cannot be more than 29 calendar days prior to the submission date for a service.
- Must be after the physician has reviewed the therapist's assessment.
- Must match the signature date submitted on the signature page signed by the physician.



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NFSS Signatures

Information Letter No. 20-05

- An advanced practice registered nurse cannot sign in place of the physician.
- HHSC will not accept typed, copied, or stamped signatures.
- HHSC will accept original handwritten signatures or digitally signed signatures with a date/time stamp.
- 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.



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Hospice (1 of 2)

Per Information Letter No. 19-03, residents are eligible for PASRR specialized services and hospice services at the same time.

- The NF must invite and include the hospice provider in the IDT meeting for any PASRR positive resident receiving hospice.
- The HHSC PASRR Unit will perform a medical review on the NFSS Service Request tab.
- The PASRR reviewer will request the Addendum be completed and the hospice provider treatment plan be attached, as well as ensure the hospice provider was at the most recent IDT meeting.



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Hospice (2 of 2)

- If the NFSS request is approved, another medical review will not need to be completed for a year as long as the person remains on hospice services.
- The PASRR reviewer will communicate the status of the NFSS request in the PTID History section through the Notes functionality on the Service tab.
- The service authorization of a NFSS request cannot extend past the Hospice Daily Care service authorization end dates.



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Provider Action Required Status



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- NF submitters must take action before the request can move to another status. If no action is taken, the request will remain in the “Provider Action Required” status indefinitely.
- Any rejection error messages, requiring provider action, that occur while the NFSS Form is moving through the workflow process will be listed in the PTID History.
- The provider will need to correct the request and submit the status back to the service authorization system.
- For a list of provider workflow and PTID statuses, refer to: LTC User Guide for General Information, Online Portal Basics and Program Resources, and Long-Term Care User Guide for PASRR.

10 Most Common Reasons for NFSS Denials (1 of 2)

1. Submitting old or unnecessary forms not part of the NFSS Form request.
2. Submitting DME items costing less than \$1,000.
3. Not including the hospice provider in the IDT before requesting specialized services for a hospice recipient.
4. Not adding the resident's diagnoses at Section C0200, under the CMWC Request tab.
5. The wrong date order on signature sheets. The therapist's or physician's signature date cannot come before the Date of Assessment. After the therapist completes the assessment, it must be reviewed for medical necessity by the physician.



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10 Most Common Reasons for NFSS Denials (2 of 2)

6. Not setting PTID back to the “Pending State Review” status to correct the issue.
7. Not attaching signature pages.
8. Not reading the PTID History notes and providing what is being requested.
9. The signature pages’ contents not matching what is entered in the LTC Online Portal (dates and signatures).
10. Wrong therapy type (New, Recertification, Restart).



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PASRR CMWC Authorization Requests

Purpose

- The purpose of this section is to provide recommendations for submitting PASRR CMWC requests.
- The benefits of using the recommendations described in this presentation will ensure a more expedient and efficient authorization process for all stakeholders.



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NFSS Form Basics (1 of 2)

- Ensure applicable fields within the CMWC/DME Assessment and CMWC tabs are completed in a manner that justifies medical necessity.
- All authorization requests that do not include all information needed to justify medical necessity will be subject to an additional medical review, resulting in more overall processing time.



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NFSS Form Basics (2 of 2)

- PASRR reviewers may request additional information as needed by setting the status to “Pending Denial” and commenting in the PTID History with details regarding what is needed.
- When responding to additional information requests, the NF staff must set the status of the request back to “Pending State Review” after submitting the requested information.
- Failure to set the request back to “Pending State Review” will result in a system generated denial.



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Attachments (1 of 3)

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

 [.....NF receipt.pdf](#)

 [page 6 of catalog.pdf](#)

 [.....wc new.pdf](#)



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Attachments (2 of 3)

- Upload only the documents that are required for the submission.
- The HHSC PASRR Unit will not accept faxed documents with the watermark “For Reference Only.”
- Only upload a document once to the LTC Online Portal and avoid duplicate submissions.
- Check “Successful Attachments” and “PTID History.”



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Attachments (3 of 3)

- PASRR reviewers may request other items in specialized circumstances.
- PASRR reviewers will provide specific instructions in the PTID History notes when additional attachments are required.
- Examples include but are not limited to:
 - ▶ Documentation needed for further medical review when required.
 - ▶ Photos of an existing CMWC or DME.
 - ▶ Signature verifications.



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MSRP/Price Lists/Order Forms/Quotes

- The DME manufacturer's Price Lists or Order Forms are required to verify the prices entered into the NFSS Form are equal to the manufacturer's suggested retail price (MSRP) or less.
- The components, items, and prices are entered in the Itemized MSRP Quote section of the CMWC Request tab.



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Requirements for CMWC/DME Requests

- Required documents include:
 - ▶ CMWC/DME Signature Page
 - ▶ Supplier Acknowledgement and Signature Page
 - ▶ DME Supplier's MSRP/Price List/Order Form/Quote
 - ▶ DME Supplier's Attestation Letter
- Ensure the resident's PASRR Level 1 Screening (PL1) Document Locator Number (DLN) is included on any information from the DME supplier.



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MSRP Attestation Letter

- The body of the MSRP Attestation Letter should only have a statement attesting all prices in the separately attached Supplier's MSRP/Price List/Order Form/Quote and DME Supplier's Attestation Letter are reflective of MSRP pricing.
- Do not include item descriptions, pricing, and quantities in the MSRP Attestation Letter.



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LTC Online Portal Entry and MSRP Documentation Reconciliation (1 of 3)

- PASRR reviewers are not at liberty to guess what wheelchair components and accessories identified within any attached documentation match the wheelchair components and accessories listed in Section C1900 on the CMWC/DME Request tab.
- A CMWC request will require correction or resubmission if:
 - ▶ An item is not clearly described in Section C1900 of the CMWC tab as it is listed on the MSRP/Price List/Order Form/Quote.



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LTC Online Portal Entry and MSRP Documentation Reconciliation (2 of 3)

- All NFSS Form entries should include the applicable Healthcare Common Procedure Coding System codes.
- Each item in the MSRP/Price List/Order Form/Quote should be clearly labeled (item 1, 2, etc.) to the corresponding row of the itemized MSRP section of the NFSS Form (Section C1900).
- Each item should be entered in the same sequential order in the LTC Online Portal as it appears in the attached documentation.



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LTC Online Portal Entry and MSRP Documentation Reconciliation (3 of 3)

- Providers can override the text in the rows under the Section C1900 column entitled “D. Description of Item” in order to ensure the catalog description and the LTC Online Portal match.
- Descriptions of “W/C COMPONENT-ACCESSORY NOS” will result in a “Pending Denial” status and will require correction.



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B. Item No.	C. HCPCS Code	D. Description of Item	E. Item Price*	
21	<input type="text" value="K0108"/> <input type="button" value="Q"/>	<input type="text" value="W/C COMPONENT-ACCESSORY NOS"/>	\$	<input type="text" value="25.00"/>
22	<input type="text" value="K0108"/> <input type="button" value="Q"/>	<input type="text" value="W/C COMPONENT-ACCESSORY NOS"/>	\$	<input type="text" value="25.00"/>

Rolling Up Items (1 of 3)

- Section C1900 of the NFSS Form is limited to 22 rows, so it may be necessary to “roll up” several items in one row for CMWC’s that involve extensive modifications.
- It is important to clearly identify all rolled up items in the LTC Online Portal and on the Catalog Order Form to avoid “pending denial” and “denied” statuses.



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Rolling Up Items (2 of 3)

Label all rolled-up items appropriately on the catalog like the below example.

CATALYST 5 TTL

All Items on this page are rolled up together in Item 12 on the NFSS portal with a QTY of 1.

Accessories

Removable Side Guard	
<input checked="" type="checkbox"/> Composite Side Guards - k010e Part:1 \$140 <i>Not available with T-Arm, Flip Back or Swing Away with Side Guard Armrests</i>	
Anti-Tip	
<input checked="" type="checkbox"/> Rear Anti-Tips - e06h1 Part:2 \$140	
Positioning Belt	
<input type="checkbox"/> 1 1/2" Auto Buckle - e06e6 \$70	
<input checked="" type="checkbox"/> 1/2" Padded Auto Buckle - e06e5 Part:3 \$155	
<input type="checkbox"/> 2" Airline Buckle - e06e8 \$110	
<input type="checkbox"/> Bodypoint Evoflex - Pelvic Stabilizer - e06e7 \$183 Size: <input type="checkbox"/> Small (16-24") <input type="checkbox"/> Medium (19-29") <input type="checkbox"/> Large (25-37")	
<input type="checkbox"/> Bodypoint Belt Mounting Kit \$105 Style: <input type="checkbox"/> Bracket <input type="checkbox"/> Band Clamp 1"	
Seat Pan	
<input checked="" type="checkbox"/> Removable Aluminum Seat Pan - e2201 \$245 <i>Not available with Transit System. Pan depth 1/2" shorter than Seat Depth.</i>	
Other Accessories	
<input type="checkbox"/> Tool Kit \$45	
<input checked="" type="checkbox"/> Removable Underseat Pouch Part:4 \$50	
<input type="checkbox"/> Pediatric KI Mobility Backpack New! \$50	
<input checked="" type="checkbox"/> KI Mobility Backpack Part:5 \$65	
<input checked="" type="checkbox"/> Luggage Carrier Part:6 \$85 <i>Not available with ELR, P110 (ELR) or Residual Limb Support</i>	
<input type="checkbox"/> Black Neoprene Impact Guards \$85	
<input type="checkbox"/> Clear Spoke Guards - k0006 \$115 <i>Not available with Mag wheels</i>	
<input checked="" type="checkbox"/> Black Spoke Guards - k0005 Part:7 \$115 <i>Not available with 20" rear wheel or Mag wheels</i>	
<input type="checkbox"/> Cane and Crutch Holder \$195	
<input checked="" type="checkbox"/> Pole Part:8 \$265 <i>Available only with Curved Rear Frame Type and Straight Back Posts</i>	
O ₂ Holder	
<i>Not available with Depth Adjustable Rear Frame</i>	
<input type="checkbox"/> O ₂ Holder - e2208 \$205 <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side	



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Rolling Up Items (3 of 3)

Modify the description field within the NFSS Form to identify that the row contains multiple items.

Itemized Manufacturer's Suggested Retail Price (MSRP) Quote

C1900. Itemized Price Quote A. Number of Items to Add

B. Item No.	C. HCPCS Code	D. Description of Item	E. Item Price*	F. Quantity	G. Total Price	H. Approved Price
12	<input type="text" value="K0108"/> <input type="button" value="Q"/>	<input type="text" value="Accessories - Multiple Items - See Catalog Form"/>	<input type="text" value="\$ 1015.00"/>	<input type="text" value="1"/>	<input type="text" value="\$ 1015.00"/>	<input type="text" value="\$"/>



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Alerts

- HHSC PASRR Unit employees use the Create Alert page to send alerts when an NF needs to take action by a specific deadline.
- The Alerts screen should be accessed daily by the NF on the LTC Online Portal to meet deadlines associated with the alert.
- The Alert List only contains alerts for vendor/provider numbers. Alerts are shown for the last 30 days from the current date. Alerts older than 30 days from the current date are not available.



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Contact TMHP for NFSS

Call the Texas Medicaid & Healthcare Partnership (TMHP) at 800-626-4117, Option 1, for:

- NFSS Form Submission and Status
- Submitting Attachments to an NFSS Form
- Claim Forms
- Claim Submissions
- TMHP Website: www.tmhp.com
- LTC User Guide for PASRR: <https://www.tmhp.com/sites/default/files/file-library/ltc/LTC-PASRR-user-guide.pdf>



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Contact HHSC PASRR Unit for NFSS

Email PASRR.Support@hhsc.state.tx.us for assistance with:

- Locating information to complete the NFSS Form.
- Requests that are in “Pending Denial” status and the notes in the PTID History written by the PASRR reviewer are unclear on how to proceed.
- Residents transferring to another facility while in the middle of the CMWC process, as there are additional steps involved with transferring the CMWC.



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Types of Emails to Refer to the HHSC PASRR Unit (1 of 3)

Email PASRR.Support@hhsc.state.tx.us about the following:

- Assistance or cooperation from a referring entity, NF, local intellectual and developmental disability authority (LIDDA), or local mental health authority/local behavioral health authority (LMHA/LBHA).



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Types of Emails to Refer to the HHSC PASRR Unit (2 of 3)

- Assistance with locating information to complete and submit the PL1, PASRR Level II Evaluation, PASRR Comprehensive Service Plan, and NFSS Form.
- Assistance locating forms, additional training resources, and people residing in or entering an NF, LIDDA, or LMHA/LBHA.



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Types of Emails to Refer to the HHSC PASRR Unit (3 of 3)

For additional learning opportunities, information, and forms, refer to:

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



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PASRR Support Tips (1 of 2)

When sending an email to the PASRR mailbox, keep in mind the following:

- Include as much detail as possible.
- Send the DLN of the PASRR Form(s) rather than names, social security numbers, etc.
- Do not send an encrypted email. Send the DLN so that there is no need for an encrypted email.
- Include your contact information.



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PASRR Support Tips (2 of 2)

- Do not copy other HHSC staff or mailboxes on your email.
- Do not send duplicative emails.
- If your question is about an error message or an error code you have received, include a screenshot.
- If you are having a TMHP LTC Online Portal issue, call TMHP first. Only contact the HHSC PASRR Unit if TMHP is unable to assist you. Include in the email: the date, time, name of the person you talked to, and case number TMHP assigned you.
- For billing questions, contact Provider Claims Services at 512-438-2200, Option 1.



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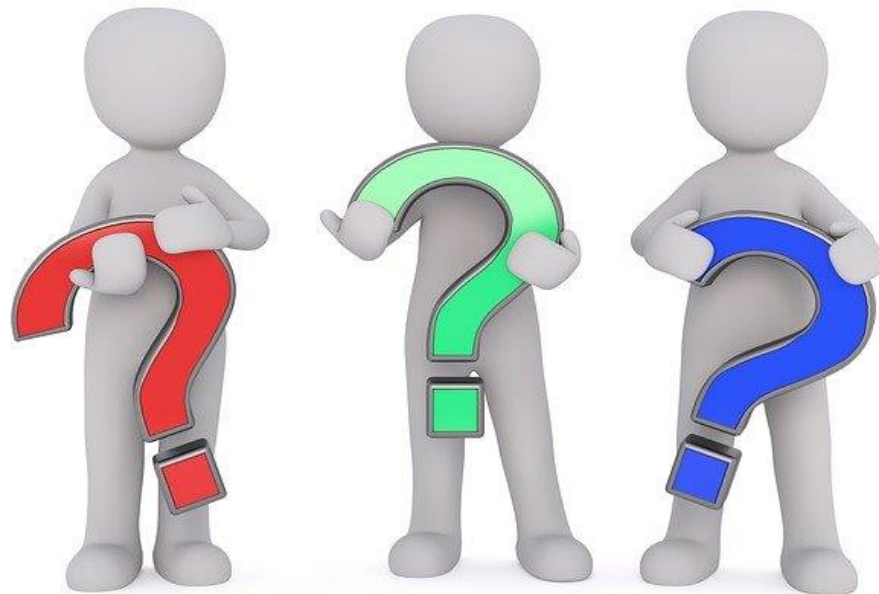
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Poll Questions

Q&A



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Thank you

HHSC PASRR Unit