



The new Texas PASRR Nursing Facility Specialized Services (NFSS) form in SimpleCFS™

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What we'll cover

- What is the NFSS form?
- Functions of the NFSS form
- Current NFSS functionality in SimpleCFS™
- Future development
- Q&A

What is the NFSS form?

- TMHP is eliminating paper forms for PASRR Specialized Services
 - Form 1017 – Specialized Services/Durable Medical Equipment Authorization Request
 - Form 1018 – Specialized Services Customized Manual Wheelchair Authorization Request
 - Form 2465 – Specialized Services Request for Physical, Occupational, or Speech Therapy
- New electronic Authorization Request for PASRR NF Specialized Services (NFSS) allows NFs to request specialized services for authorization by HHSC's IDD PASRR Unit
- Available on TMHP LTC Online Portal as of June 26

Functions of the NFSS form

- NFSS form allows NFs to:
 - Submit requests for specialized services directly onto the portal
 - Upload all required supporting documentation directly to the portal
 - Save drafts of PASRR NFSS requests prior to completing
 - Print out the completed form or draft
 - Save time with pre-populated fields
- Type of Service Requested includes:
 - Customized Manual Wheelchair (CMWC)
 - Durable Medical Equipment (DME)
 - Habilitative Therapies
- Providers can request only one type of service per form and a new form must be created for each type of service authorization request
 - Once type of service is identified, providers can submit requests for multiple DME items or habilitative therapy types on a single form
- 15 tabs that include detailed sections for provider and client information, and tabs that allow providers to fill out information for the specific types of services requested.
- Providers only need to fill out the sections pertaining to the type of service authorization request for that form

Current NFSS functionality in SimpleCFS™

- What users will currently be able to do in SimpleLTC:
 - Submit new NFSS forms through EDI
 - Add attachments to NFSS forms we submit through EDI
 - View or print forms/attachments on the TMHP LTC Online Portal
- What users will NOT be able to do (per TMHP user guide):
 - Add user notes (to form and PTID, pg. 62)
 - Update/change status PTID (pg. 61, 64, 129-132, 169)
 - Authorization
 - CMWC/DME Certification
 - Provider Action Required
 - Remove attachments (pg. 61)
 - Add attachments to forms not submitted by us

NFSS form on TMHP

Authorization Request for PASRR NF Specialized Services (NFSS)


Current Status: Unsubmitted Name: [REDACTED] DLN: [REDACTED] Username: [REDACTED]

Form Actions:

- 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

Resident Information

A0100. Resident's Name	A. First Name	B. Middle Initial	C. Last Name	D. Suffix
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
A0200. Social Security and Medicare Numbers	A. Social Security No.	B. Medicare No.		
	[REDACTED]	[REDACTED]		
A0300. Medicaid No.	[REDACTED]			
A0400. Birth Date and Age	A. Birth Date	B. Age at Time of Submission		
	[REDACTED] 	[REDACTED]		

NFSS form on TMHP (cont.)

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Unsubmitted Name: [REDACTED] DLN: [REDACTED] Username: [REDACTED]

Form Actions:

- Resident/NF
- CMWC/DME Assessment**
- CMWC Request
- Gait Trainer
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- PT Service
- ST Assessment
- ST Service
- Auth Summary

CMWC/DME Assessment

Therapist Identifying Information

B0100. Therapist's Name	A. First Name	B. Last Name	
	<input type="text"/>	<input type="text"/>	
B0200. Therapist's License	A. License Type	B. License No.	C. License State
	<input type="text"/>	<input type="text"/>	<input type="text"/>
B0300. Is the Therapist employed by the Nursing Facility?	<input type="text"/>		
B0400. Therapist's Employer Name	<input type="text"/>		
B0500. Therapist's Employer Address	A. Street Address		
	<input type="text"/>		

NFSS form on TMHP (cont.)

Authorization Request for PASRR NF Specialized Services (NFSS)

Current Status: Unsubmitted Name: [REDACTED] DLN: [REDACTED] Username: [REDACTED]

Form Actions:

- Resident/NF
- CMWC/DME Assessment
- CMWC Request**
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CMWC Request

Current Seating Equipment

C0100. Current Seating System

A. Does the resident have a current seating system?

B. Describe the resident's current seating system, including the mobility base and age of the system/base.

C. Describe wheelchair type:

NFSS: PASRR Nursing Facility Specialized Services

DAVID BEAN

SSN: xxx-xx-3500

DOB: —

Medicare: —

Medicaid: +

Form last saved: 8:33 AM

RUG: —

Effective Date: —

DLN: —

Status: —



[View Assessment](#)

Choose a Resident:



[View Resident Info](#)

Resident LAR Information:

First Name:

A0500A

A

Nursing Facility Information:

Contract No:

A0700A

Vendor No:

A0700B

NPI/API No:

A0700C

Facility Name:

A0700D

Base scenario:
NFSS-RNF is
the 1st stage
(landing page)

Form type
choice:
Type of
service
request

Nursing Facility Phone and Fax Number:

Phone No: A0900A

Fax No: A0900B

LIDDA Information:

LIDDA Contract No: A1000A

LIDDA Vendor No: A1000B

LIDDA NPI/API No: A1000C

LMHA Information:

LMHA Contract No: A1100A

LMHA Vendor No: A1100B

LMHA NPI/API No: A1100C

Type of Service Request:

Request Type: A2000

- Please Select --
- 1. Customized Manual Wheelchair (CMWC)
- 2. Durable Medical Equipment (DME)
- 3. Habilitative Therapies

Next Section

NFSS: PASRR Nursing Facility Specialized Services

DAVID BEAN

SSN: xxx-xx-3500

DOB: —

Medicare: —

Medicaid: +

Form last saved: 8:33 AM

RUG: —

Effective Date: —

DLN: —

Status: —



[View Assessment](#)

B

Therapist Identifying Information:

First Name: B0100A

Last Name: B0100B

Therapist License Information:

License Type: B0200A

License No: B0200B

License State: B0200C

Is the Therapist employed by the Nursing Facility? B0300

Therapist's Employer Name: B0400

Therapist's Employer Address:

CMWC scenario: CMWC-Assessment is 2nd stage.

NFSS: PASRR Nursing Facility Specialized Services

DAVID BEAN

SSN: xxx-xx-3500

DOB: —

Medicare: —

Medicaid: +

Form last saved: 8:33 AM

Save Now

RUG: —

Effective Date: —

DLN: —

Status: —



View Assessment

NFSS Resident/NF

CMWC / DME Assessment

CMWC Request

C

CMWC Request

Current Seating Equipment

Does the resident have a current seating system?

-- Please Select --

00100A

Requested Customized Seating Equipment

Describe the seating system that is being requested and how it must be customized to meet the resident's specific medical needs:

Text area for describing the requested customized seating equipment.

00200

CMWC scenario: CMWC-Request is 3rd stage.

NFSS: PASRR Nursing Facility Specialized Services

DAVID BEAN

SSN: xxx-xx-3500

DOB: —

Medicare: —

Medicaid: +

Form last saved: 8:33 AM

RUG: —

Effective Date: —

DLN: —

Status: —

 [View Assessment](#)

NFSS Resident/IF

PT Assessment

E

PT Assessment

Physical Therapy Authorization Type: E3100

Therapist's License

First Name: E3200A

Last Name: E3200B

License Type: E3300A

License No: E3300B

License State: E3300C

Is the Therapist employed by the Nursing Facility? E3400

Habilitative scenario:
Stage 1 for PT forms –
the PT assessment

NFSS: PASRR Nursing Facility Specialized Services

DAVID BEAN

SSN: xxx-xx-3500

DOB: —

Medicare: —

Medicaid: +

Form last saved: 8:33 AM

RUG: —

Effective Date: —

DLN: —

Status: —

 [View Assessment](#)

NFSS Resident/NF

CMWC / DME Assessment

DME Gait Trainer

D

Environmental Assessment - Gait Trainer

Environment and Transport

Is the resident's living environment accessible and safe for the use of the DME item requested?

-- Please Select --

D1000A

Will the DME item need to be transported?

-- Please Select --

D1000B

DME Site Accessibility

Was a DME similar to the one requested used at this site?

-- Please Select --

D1100A

If Yes, is the site accessible and safe for the use of the DME item?

-- Please Select --

D1100B

DME scenario: Gait-Trainer Assessment is 3rd stage of DME requests



NFSS timeline/future development

- Rollout of existing functionality
- Ongoing discussions/partnership with TMHP/HHSC
- We'll notify customers by email of all future changes and/or rollout timelines



QUESTIONS & ANSWERS

Thank you for attending!

To view the webinar recording/slides:

simpleltc.com/pasrr

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