Date: July 12, 2018

To: Nursing Facility Providers

Subject: Information Letter No. 18-07 — Daily Care Service Authorization Necessary for the Preadmission Screening and Resident Review (PASRR) Specialized Services Authorization

The purpose of this letter is to stress to nursing facility (NF) providers the importance of ensuring that a designated resident has a valid Daily Care service authorization reflected on the Medicaid Eligibility Service Authorization Verification (MESAV) at the significant steps in the submission and approval process for NF Specialized Services. To minimize billing issues, NF staff must ensure all appropriate and necessary forms and assessment submissions have occurred and been processed by the Health and Human Services Commission (HHSC) throughout the process for requesting specialized services through the Authorization Request for PASRR Nursing Facility Specialized Services (NFSS) form.

To be eligible for NF specialized services, an individual must be a designated resident,¹ which means a Medicaid recipient with an intellectual disability or developmental disability who is 21 years of age or older and who is a nursing facility resident.² The Daily Care service authorization, verifies admission into the Medicaid program and is a prerequisite for consideration of the NF specialized services request. Authorization of the service within the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care (LTC) Online Portal does not guarantee payment.

NF providers must not deliver a Medicaid specialized service (assessments, habilitative therapies, durable medical equipment (DME) or a customized manual wheelchair (CMWC)) while the resident is on Medicare or admitted to other Medicaid program.

For NF’s seeking authorization of NF specialized services or certifying receipt of DME or a CMWC, please refer to information letters IL 17-12 and IL 17-22.

¹ See 40 Texas Administrative Code (TAC) §19.2703(30).
² See 40 Texas Administrative Code (TAC) §19.2703(9).
If the resident does not have a valid Daily Care service authorization, and all necessary forms and assessments have been submitted, please contact HHSC Provider Claims Services (PCS) at the number given below for assistance.

Reference

For more specific information regarding the MDS Assessment, LTCMI, Form 3618, or Form 3619, please review LTC Nursing Facility/Hospice User Guide & Addendum located at www.tmhp.com.

For more specific information regarding the NFSS form, please review the Detailed Item by Item Guide for Completing the NFSS Form located at https://hhs.texas.gov.

Assistance

For assistance regarding Daily Care, NF providers should contact PCS at (512) 438-2200, Option 1.

For assistance regarding submission of the NFSS form, NF providers should contact TMHP at 1-800-626-4117 and select option 1.

For any other questions regarding the content of this letter, NF providers should contact the HHSC Intellectual and Developmental Disability PASRR unit at 1-855-435-7180.

Sincerely,

[signature on file]

Haley Turner
Deputy Associate Commissioner
Intellectual and Developmental Disabilities