



Long-Term Care Regulatory Provider Letter (PL)

Number: PL 18-01 (NF)

Title: New Requirements for Rehabilitative Services and Nursing Facility Specialized Services

Provider Types: Nursing Facilities (NF)

Date Issued: February 1, 2018

1.0 Subject and Purpose

On September 10, 2017, the Health and Human Services Commission (HHSC) added new rules and amended and deleted rules in Texas Administrative Code (TAC), Title 40, Part 1, Chapter 19, Nursing Facility Requirements for Licensure and Medicaid Certification. The PL describes new requirements related to rehabilitative services and nursing facility (NF) specialized services and the provider responsibilities that arise from the new rules.

2.0 Policy Details & Provider Responsibilities

HHSC amended Subchapter N, Rehabilitative Services, to remove all references to NF specialized services and clarify the requirements related to rehabilitative services.

HHSC amended [§19.2701](#) to explain that Subchapter BB includes the requirements a NF must meet when providing NF specialized services to a designated resident.

The amendment to [§19.2703](#) adds new definitions for CMWC, DME, HHSC, and therapy services. The amendment also makes editorial changes to the section for clarity and consistency.

HHSC amended [§19.2704](#) to require a NF to request authorization for NF specialized services within 20 business days after the date of the interdisciplinary team (IDT) meeting. A therapy service must be provided within 3 business days after receiving approval from HHSC in the LTC Online Portal. DME or a CMWC must be ordered within 5 business days after receiving approval from HHSC in the LTC Online Portal.

The amendment to [§19.2709](#) requires a NF to notify the local mental health authority (LMHA) representative of an incident or complaint involving a designated resident who is receiving LMHA specialized services.

New [§19.2750](#) has been added to include the requirements governing NF specialized services for a designated resident. A NF must request an authorization from HHSC to provide a NF specialized service if the service is agreed to by the designated resident's IDT or the designated resident's service planning team (SPT). Before providing a NF specialized service, a NF must request and receive authorization from HHSC through the LTC Online Portal.

New [§19.2751](#) adds a rule related to requesting authorization to provide therapy services. Before requesting authorization to provide a therapy service a NF must ensure that:

- the therapy service is required by the designated resident's comprehensive care plan;
- the designated resident has a diagnosis relevant to the need for the service;
- the service is ordered by the designated resident's attending physician; and
- a Texas licensed therapist completes an assessment within 30 days before the NF request for authorization to provide the therapy service.

New [§19.2753](#) adds a rule governing payment for therapy services. An assessment for a therapy service is reimbursed as one unit of therapy. The new rule states that a qualified therapist may evaluate a designated resident at any time to determine the need for a therapy service. However, HHSC only pays for an assessment of a designated resident once every 180 days. A NF must document in the plan of care the need for a therapy service and provide the services necessary to meet the designated resident's needs regardless of whether HHSC pays for an assessment.

To receive payment for an assessment or therapy service, a NF must submit a complete and accurate claim within 12 months after the last day of an authorization from HHSC to provide the service.

HHSC added [§19.2754](#) to include the requirements related to requesting an authorization to provide DME and a CMWC. In order to provide DME or a CMWC to a designated resident, a NF must ensure that a Texas licensed physical or occupational therapist assesses the designated resident for DME or a CMWC. If the therapist recommends DME or a CMWC, the NF must

request authorization to provide DME or a CMWC through the LTC Online Portal. The request for authorization must include:

- the assessment of the designated resident by the licensed therapist;
- a statement signed by the physician attesting the DME or a CMWC is medically necessary; and
- detailed specifications of the DME or a CMWC from a DME supplier.

The new rule also specifies that the PT or OT assessment must include:

- a diagnosis of the designated resident relevant to the need for DME or a CMWC;
- the specific DME or CMWC, including any adaptations recommended for the designated resident; and
- a description of how the DME or CMWC will meet the specific needs of the designated resident.

HHSC notifies the NF by written notice in the LTC Online Portal if the request has been approved or denied. In addition, HHSC notifies the designated resident or the designated resident's legally authorized representative that the request has been approved or denied. If HHSC approves a request to provide DME or a CMWC, the NF must order the DME or CMWC from a DME supplier within 5 business days after receiving notification of the approval.

New [§19.2755](#) adds a rule governing payment for DME and a CMWC. A NF is required to explore and use other sources to pay for DME or a CMWC before requesting payment from HHSC. If another funding source is available, HHSC pays no more than the remaining balance after other sources have paid.

An assessment for DME or a CMWC is reimbursed as one unit of therapy. A qualified therapist may evaluate a designated resident at any time for the need for DME or a CMWC. However, HHSC only pays for an assessment of a designated resident once every 180 days. A NF must document in the plan of care the need for DME or a CMWC and provide the services necessary to meet the designated resident's needs regardless of whether HHSC pay for an assessment.

To receive payment for DME or a CMWC, a NF must submit a complete and accurate claim within 12 months after the day the DME or a CMWC is purchased. Before submitting a claim for payment to HHSC, a NF must have a licensed OT or PT verify that the DME or a CMWC meets the original specifications and the needs of the designated resident and documents the verification in the LTC Online Portal.

New [§19.2756](#) outlines the administrative requirements a NF must follow for DME or a CMWC. The new rule addresses the requirements related to the use of DME or a CMWC by a designated resident and the disposition of DME or a CMWC upon the death of the resident. A modification, adjustment or repair to DME or a CMWC required within the first six months after deliver is the responsibility of the DME supplier. After six months, the NF must maintain and repair DME or a CMWC.

DME and a CMWC can be replaced by a NF **after 5 years** by submitting a request in the same manner as a request for the authorization to provide DME or a CMWC. To request an authorization to replace a CMWC **less than 5 years** after purchase, a NF must submit a request that includes an order from the designated resident's attending physician and an assessment by a licensed therapist with documentation explaining why the current CMWC no longer meets the resident's needs.

3.0 Background/History

Rehabilitative services, which may be provided to any resident of a NF, include therapies and devices provided to help a person regain, maintain, or prevent deterioration of a skill or function that has been acquired but then lost or impaired due to illness, injury, or disabling condition. Rehabilitative services must be provided with the expectation that the resident's functioning will improve in 30 days. The term includes physical therapy (PT), occupational therapy (OT), speech-language pathology, and psychiatric rehabilitation services.

NF specialized services are support services, other than NF services, that may be provided to a designated resident. A designated resident is a NF resident with an intellectual or developmental disability who is a Medicaid recipient over 21 years of age. NF specialized services include therapy services (PT, OT, and speech therapy), durable medical equipment (DME) and a customized manual wheelchair (CMWC). The therapy services, referred to as habilitative therapy services, help a designated resident learn, keep, or improve skills and functioning of daily living affected by a disabling condition. These therapy services are approved for intervals of up to six months and are provided on a continuing basis.

A designated resident may receive both rehabilitative services and NF specialized services. A resident who does not meet the definition of a designated resident may receive rehabilitative services only.

4.0Forms/Appendices

None

5.0Contact Information

If you have any questions about this letter, please contact the Policy, Rules and Training Section at (512) 438-3161.

6.0Key Words

Preadmission Screening and Resident Assessment (PASRR); NF Providers; Nursing Facility Specialized Services; 40 TAC Chapter 19

[signature on file]

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