

Specialized Services for Persons with Intellectual and Developmental Disabilities (IDD) in Nursing Facilities

Hill Country IDD Regional Support Team

Learning Objectives

- Nursing Facilities to provide Specialized Services (OT,PT,ST,DME) for persons with Intellectual and Developmental Disabilities (IDD)
- Specialized Services (OT,PT, ST, DME) authorization and billing through HHSC
- Difference between Habilitation vs. Rehabilitation

Specialized Services for Persons with IDD

- Nursing facility IDD residents must meet the following criteria to receive PASRR Specialized Services (PT, OT, ST, DME)
 - Diagnosis of a intellectual disability with onset before eighteen years of age or a developmental disability such as cerebral palsy with onset before twenty-two years of age
 - Must reside in a Medicaid certified nursing facility
 - Must a have a positive PASRR evaluation (PE)

LIDDA Specialized Services for Persons with IDD

- Local Intellectual Developmental Authority (LIDDA) provides the following specialized services:
 - Service coordination
 - Alternate placement assistance
 - Independent living skills training
 - Behavior support
 - Day habilitation
 - Employment assistance
 - Supported employment
- Effective implementation of LIDDA specialized services requires integration with the nursing facility plan of care

Initiating Nursing Facility Specialized Services

- Nursing facility staff completes the PASRR Level One Assessment (PL1)
- PASRR Level One Assessment identified as positive, the LIDDA completes the PASRR evaluation (PE)
 - The PASRR coordinator identifies appropriate LIDDA specialized services
 - The PASRR coordinator implements the same approach to identify nursing facility specialized services
 - The PASRR coordinator is expected to identify all nursing facility and LIDDA specialized services that may benefit the person served
 - The Interdisciplinary Team (IDT) recommends the related assessments

Initiating Nursing Facility Specialized Services

- Fourteen days of the individual being admitted into the nursing facility the IDT should meet and include:
 - The resident
 - Legally authorized representative (LAR)
 - Nursing facility's Registered Nurse
 - PASRR Coordinator (LIDDA representative)
- Therapist completing specialized service evaluations to assess for potential benefit from specialized services (Habilitative therapy) should not be approached the same way as evaluation for rehabilitation
- While individuals may not be a good candidate for rehab, but may greatly benefit from habilitative OT, PT, or ST

Nursing Facility Service Planning Team

- Service planning team to include:
 - PASRR Coordinator
 - Resident
 - Legally Authorized Representative (LAR)
 - Nursing Facility Service Providers (Nursing, Therapist, Social Worker) if nursing facility service providers cannot attend meeting, they must provide progress summary and/or recommendations prior to the meeting
- PASRR coordinators will invite attendees at individual or LAR's request
- The PASRR coordinator will convene SPT for initial and quarterly SPT meetings to review and revise the individual service plan, as well as if the individual has significant change in status

Nursing Facility Service Planning Team

- The SPT is expected to review all services the individual receives, should review risk factors and root causes of on-going issues(decubitus ulcer, UTIs)
- The SPT reviews specialized services assessments and monitors if services delivered with frequency, intensity, and duration per assessment recommendations and are provided in a timely manner
- The SPT reviews progress; if none, the SPT determines what specialized services should be revised and added or discontinued with new specialized service assessments to determine goals/outcomes that must be documented in the individual's service plan

Assessing Needs for Specialized Service

- Specialized Services assessments must be completed by a licensed Occupational Therapist (OT), Physical Therapist (PT), and/or Speech Pathologist (SP/ST) and should be completed within thirty days of IDT or SPT recommendations
- Licensed OT and PT must complete a specialized services assessment for DME and a customized wheelchair
- Licensed OT, PT, ST therapists can train/supervise licensed OTA, PTA, SP/ST-A to provide specialized services
- Specialized Service therapy providers should train support staff how to incorporate specialized service related activities into the individual's daily routine

Habilitative vs. Rehabilitative

- Specialized service therapies are habilitative and help to provide :
 - maintain individual's existing abilities and functioning
 - Acquire functional skills that the individual may have never had
- Habilitative OT, PT, ST are not provided in an episodic manner
- Rehabilitation focuses on regaining skills that were lost

Customized Manual Wheelchair (CMWC)

- CMWC is a specialized service:
 - Seating system customized for a particular individual's needs
 - Designed to support optimal seating posture, safety, and comfort while promoting independence
 - Tailored to specific individual needs, preferred activities, and anatomical measurements
 - Property of the individual, it is sent if or when the individual leaves the nursing facility and used only by the individual

Durable Medical Equipment (DME)

- DME is limited to the below:
 - gait trainers and standing boards
 - special needs car seats or travel restraints
 - Specialized pressure reducing support, surfaces, and mattresses
 - positing wedges
 - prosthetic and orthotic devices (e.g. ankle-foot orthotic and knee-foot orthotic)
 - Parts and costs required to repair cmwc

Authorization for Specialized Services

- Nursing facility must request and receive HHSC authorization **prior** to purchasing or delivering any nursing facility specialized services
- Through June 23, 2017, the nursing facility should request prior authorization for nursing facility specialized services using only HHSC forms:
 - Form 2465-SS OT, PT, ST
 - Form 1018-SS CMWC
 - Form 1017-SS DME
- As of June 24, 2017, nursing facilities must request prior authorization for nursing facility specialized services using TMHP LTC online portal

Form 2465: Specialized Services OT, PT, ST

- First-time request for therapy, the licensed therapist must complete and submit form 2465 along with the evaluation that includes treatment plan signed by a physician (signature from an NP/PA will not be accepted)
- Extension and recertification of therapy request, licensed therapist must complete and submit updated form 2465
- Restart of therapy request to restart therapy that was interrupted (e.g. temporary hospitalization), the licensed therapist must complete and submit updated form 2465 and updated evaluation that includes treatment plan signed by physician

Form 2465: Specialized Services OT, PT, ST

- Each type of submission can request authorization for up to six months at a time
- Therapists need to identify specific frequency, intensity, duration of specialized service therapies

Form 1017: Specialized Services DME Authorization Request

- Sections A, B, and part of section E must be completed by a licensed OT or PT
- Part of section C and all of Section F must be completed by the nursing facility administrator
- Section E must be completed by nursing facility primary contact staff member
- Part of section C completed by the supplier representative
- Section D and part of section E is to be completed by the physician
- Items not on the approved DME list are not reimbursable through nursing facility specialized services

Form 1018: Specialized Services

Customized Wheelchair

- Sections A and B as well as part of section E must be completed by a licensed therapist
- Section C should be completed by the supplier representative
- Section D and part of section E is to be completed by the physician
- Section E is completed by the nursing facility's primary contact staff member
- Section F is completed by the nursing facility's administrator

HHSC Specialized Service Authorization Process

- After HHSC reviews request for specialized services, HHSC sends the nursing facility an approval/denial notification letter. If all information is complete with needed documentation an notification letter will be sent in five to seven business days
- If specialized services therapy requested: HHSC requests additional information, applicant has seven calendar days to submit. If timeline not met there is an automatic denial (form 2465)
- If specialized service DME/CMWC request; HHSC requests additional information, applicant has fourteen calendar days to submit. Automatic denial if timeline not met(form1017 or 1018)

HHSC Specialized Service Authorization Process

- Receipt of HHSC approval letter is not guarantee of payment
- Nursing facilities must access Medicaid Eligibility Services Authorization and Verification database to verify that a specialized service has been authorized prior to ordering or delivering the service
- Once request for a specialized service is authorized, the nursing facility must promptly arrange to purchase or deliver the service

Billing and Payment for Specialized Services

- Nursing facility must bill for therapy using THMP's Tex Med Connect billing system after the therapy has been delivered
- Appropriate service and billing codes are required to obtain reimbursement for specialized service therapies
- DME/CMWC billing:
 - Nursing facility must pay supplier within thirty days of receiving the invoice of the DME/CMWC supplier

Billing and Payment for Specialized Services

- Before supplier payment is made the nursing facility must ensure:
 - DME/CMWC has been delivered to the facility
 - DME/CMWC meets specifications made by requesting therapist
 - Resident, resident's responsible party, or therapist has signed to acknowledge receipt of and satisfaction with the DME/CMWC
 - Submit claim for payment of the DME/CMWC to HHSC within one year after purchase date for the DME/CMWC

Billing and Payment for Specialized Services

- Claim may not exceed the amount of invoice or amount authorized in MESAV
- Nursing facility must bill for the item using TMHP Tex Med Connect billing system, entering the appropriate service and billing codes to obtain reimbursement

Payment for Specialized Services OT, PT, ST

- A specialized service session is one OT, PT, ST service performed for one resident
- Evaluation and assessment is reimbursed at the same rate as session (see reimbursement link)

Payment for Specialized Service DME/CMWC

- Nursing facility must fully explore and use any other funding sources to pay for DME/CMWC before submitting the request for prior authorization to HHSC
 - If another funding source is available but does not cover full cost of the DME/CMWC, nursing facility may request HHSC authorized payment for remaining balance under specialized service if all requirements for prior authorization are met

References and Resources

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

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/local-idd-authority-lidda>

<http://www.tmhp.com/Pages/default.aspx>

For questions about Specialized Services please call the subject-matter experts at below numbers:

Habilitative Therapies: (512) 438-3190

DME/CMWC: (512) 438-5898

References and Resources

Nursing Facility Reimbursement rates are below on the below HHSC webpage:

<http://legacy-hhsc.hhsc.state.tx.us/rad/long-term-svcs/nursing-facility/nf-rehab-special-svcs.shtml>