

Nursing Facility Specialized Services (NFSS)  
**Receipt Certification by a Qualified Rehabilitation Professional**

**Instructions:** Upon receipt of the customized manual wheelchair (CMWC), the authorizing therapist must coordinate with the qualified rehabilitation professional (QRP) to verify that the CMWC meets the needs of the resident and that the specifications are as intended. To receive a service authorization for the CMWC, this completed form must be uploaded to the LTC Online Portal by the nursing facility (NF) after delivery and certification. The signature by the QRP on this form certifies the QRP was present and involved in the clinical assessment and that the CMWC meets the needs of the individual as specified in the assessment. If the NF fails to submit this receipt certification, HHSC will withhold the NF's reimbursement for the CMWC.

Individual's Name:	
NFSS Document Locator No. (DLN):	Medicaid ID:
QRP First Name:	QRP Last Name:
QRP Certification No.:	QRP Certification Date:
I certify that I was present and involved in the clinical assessment for the CMWC and that the CMWC has been evaluated to fit properly and meet the needs of the resident.	
QRP Signature _____	Date _____

**Note:** To avoid requests being put in pending denial or denied status, ensure the signature and signature dates provided are accurate and verifiable. Alterations to this form makes it invalid. Examples of alterations that invalidate this form include the use of white out, cutting and pasting, and blacking out information. Alterations will result in the request being placed into a pending denial status or denied. Errors may be corrected by drawing a single line through a mistake, writing the correction next to it and initialing and dating the correction.