

# SimpleLTC + NFSS

SimpleLTC/SimpleCFS screenshot companion guide

# Where to find NFSS screens

The screenshot displays the SimpleLTC SimpleCFS web application interface. At the top left is the SimpleLTC logo. The top navigation bar includes tabs for MDS, PBJ, Texas (selected), Analytics, Admin, and Help. Below this is a secondary navigation bar with SimpleCFS™ and tabs for Activity (selected), Alerts, MESAV, and Reports. In the top right corner, there are links for My Settings, Tutorial, and Sign Out. The main content area features a search bar labeled "Search for Resident or Form DLN" with a user icon and an "OR" separator. To the right of the search bar is a "Create Form" button with a green plus icon. A dropdown menu is open from this button, listing the following options: Form 3618, Form 3619, MCO Notification, Prior Authorization, PL1, NFSS (highlighted), and PCSP. Below the search bar, the text "Form Activity" is centered. At the bottom of the interface, there is a row of filter buttons: All Forms, 3618 / 3619, LTCMI, PASRR, PCSP, MCO Notification, Prior Authorization, NFSS, and TMHP Alerts.

# Select your resident

The screenshot shows the SIMPLELTC web application interface. At the top left is the SIMPLELTC logo. To its right is a navigation bar with buttons for MDS, PBJ, Texas (highlighted), Analytics, Admin, and Help. Further right are links for My Settings, Tutorial, and Sign Out. Below this is a dark blue bar with the text SimpleCFS™ and sub-navigation for Activity, Alerts, MESAV, and Reports. The main content area has a title 'NFSS: PASRR Nursing Facility Specialized Services' and a link for 'NFSS Activity' with a green arrow. A button labeled 'NFSS Resident/NF' is positioned above a large white box. Inside this box, the text 'Choose a Resident:' is followed by an empty text input field. The footer contains the SIMPLELTC logo, links for Help, Privacy Policy, and Terms, and a copyright notice: '7d29c76d7 | GCP-WEB-1 | © SimpleLTC, Inc. All Rights Reserved.'

# Fill out the resident and NF details

The screenshot displays the SimpleLTC SimpleCFS web application. The top navigation bar includes the SimpleLTC logo, a state selector set to 'Texas', and utility links for 'My Settings', 'Tutorial', and 'Sign Out'. Below this is a secondary navigation bar with 'SimpleCFS™' and menu items for 'Activity', 'Alerts', 'MESAV', and 'Reports'. The main content area is titled 'NFSS: PASRR Nursing Facility Specialized Services' with a link to 'NFSS Activity'. The form for 'Smith, John' is shown with fields for SSN, DOB, Medicare, Medicaid, and DLN. The status is 'Draft' and the form was last saved at 6:59 AM. A 'Save Now' button is present. A notification box at the bottom left indicates 'NFSS Resident/NF'.

**SimpleLTC™** My Settings • Tutorial • Sign Out

MDS PBJ **Texas** Analytics Admin Help

**SimpleCFS™** Activity Alerts MESAV Reports

## NFSS: PASRR Nursing Facility Specialized Services NFSS Activity →

**Smith, John** DLN: — Status: Draft

SSN: xxx-xx-xxxx DOB: 00/00/0000  
Medicare: AAAAAAAAAA Medicaid: AAAAAAAAAA

[View Resident Info](#)

Form last saved: 6:59 AM

**NFSS Resident/NF**

# Select the request type

Type of Service Request:

Request Type: -- Please Select -- A2000

**This field is required.**

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

[Submit Form](#)

# Select the service type

Type of Service Request:

Request Type: 1. Customized Manual Wheelchair (CMWC) A2000

CMWC Service Type: 2. CMWC A2100

- Please Select --
- 1. CMWC Assessment Only
- 2. CMWC

Next Section: CMWC/DME Assessment ➔

Submit Form

# Fill out the assessment details

The screenshot displays the SIMPLELTC web application interface. At the top, there is a navigation bar with the logo and several menu items: MDS, PBJ, Texas (selected), Analytics, Admin, and Help. Below this is a secondary navigation bar with SimpleCFS™ and sub-menus for Activity, Alerts, MESAV, and Reports. The main content area is titled "NFSS: PASRR Nursing Facility Specialized Services" and includes a "View Resident Info" link and a "Save Now" button. A section labeled "B Therapist Identifying Information:" contains input fields for "First Name" and "Last Name", each with a dropdown menu and a label (B0100A and B0100B respectively). Below this is a section for "Therapist License Information:".

**SMILELTC™** My Settings Tutorial Sign Out

MDS PBJ **Texas** Analytics Admin Help

SimpleCFS™ Activity Alerts MESAV Reports

## NFSS: PASRR Nursing Facility Specialized Services

 NFSS Activity →

**Smith, John** DLN: — Status: Draft

SSN: xxx-xx-xxxx DOB: 00/00/0000  
Medicare: AAAAAAAAAA Medicaid: AAAAAAAAAA

[View Resident Info](#)

Form last saved: 7:05 AM

NFSS Resident/NF **CMWC/DME Assessment**

**B** Therapist Identifying Information:

First Name:  B0100A

Last Name:  B0100B

Therapist License Information:

# Fill out the request details

**SMPLC™** My Settings · Tutorial · Sign Out

MDS PBJ **Texas** Analytics Admin Help

SimpleCFS™ Activity Alerts MESAV Reports

## NFSS: PASRR Nursing Facility Specialized Services

 NFSS Activity →

**Smith, John** DLN: — Status: Draft

SSN: xxx-xx-xxxx DOB: 00/00/0000  
Medicare: AAAAAAAAAA Medicaid: AAAAAAAAAA

[View Resident Info](#)

This area contains incomplete fields.

Form last saved: 7:09 AM [Save Now](#)

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

### C CMWC Request

**Current Seating Equipment**

Does the resident have a current seating system? -- Please Select -- C0100A



# Add supporting documentation

## Upload Attachments - CMWC/DME Assessment Only Upload Document

Users are required to submit supporting documentation as attachments on the NFSS form.

If all of the required attachments are not submitted, the form status will be changed to **Pending Denial** and the user will have 7 days to submit the required attachments and update the form on TMHP to **Pending State Review** or the form will be denied.

### Download Required Documents

- [CMWC/DME - Signature Page](#)
- [Receipt Certification by a Qualified Rehabilitation Professional](#)

[← Previous Section: NFSS Resident/NF](#)

[Next Section: CMWC Request →](#)

# Drag and drop your attachments



# Attachment statuses

## Upload Attachments - CMWC Request

Upload Document

Users are required to submit supporting documentation as attachments on the NFSS form.

If all of the required attachments are not submitted, the form status will be changed to **Pending Denial** and the user will have 7 days to submit the required attachments and update the form on TMHP to **Pending State Review** or the form will be denied.

### Attachments:

#	File Name	Status	Actions
1	attachment.pdf	Transmitted To TMHP	<a href="#">Download</a>
2	attachment.pdf	Rejected By TMHP	<a href="#">Download</a>
3	attachment.pdf	Pending Submission To TMHP	<a href="#">Download</a>
4	attachment.pdf	Accepted By TMHP	<a href="#">Download</a>

### Download Required Documents:

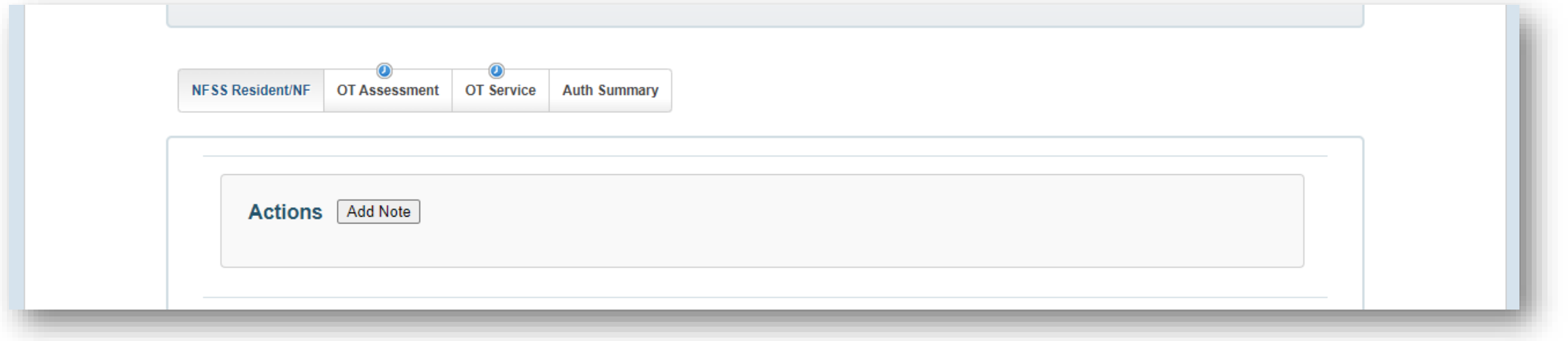
- [Supplier Acknowledgement and Signature page](#)
- [Receipt Certification](#)
- [Receipt Certification by a Qualified Rehabilitation Professional](#)
- MSRP catalog pricing from manufacture
- Manufacture letterhead verifying pricing is not a quote

# Portal history

#	Date	History
1	1/18/2023 8:23 AM	Pending Submission
2	1/18/2023 8:23 AM	TMHP : This form was submitted from PL1: 000000000000
3	1/18/2023 8:23 AM	TMHP : The PE associated with this form is 000000000000
4	1/18/2023 8:24 AM	Form Submitted
5	1/18/2023 8:24 AM	TMHP : This form was submitted from PL1: 000000000000
6	1/18/2023 8:24 AM	TMHP : The PE associated with this form is 000000000000
7	1/18/2023 8:24 AM	Medicaid ID Pending
8	1/18/2023 8:24 AM	TMHP : Medicaid ID request submitted
9	1/18/2023 8:24 AM	ID Confirmed
10	1/18/2023 8:24 AM	TMHP : Medicaid ID 1111111111 confirmed for this client
11	1/18/2023 8:24 AM	Pending Medicaid Eligibility
12	1/18/2023 8:24 AM	TMHP : Medicaid Eligibility request sent
13	1/18/2023 8:24 AM	Medicaid Eligibility Confirmed
14	1/18/2023 8:24 AM	TMHP : Medicaid eligibility confirmed for this client
15	1/18/2023 8:24 AM	Pending Applied Income
16	1/18/2023 8:24 AM	TMHP : Applied Income requested
17	1/18/2023 8:24 AM	Applied Income Confirmed
18	1/18/2023 8:24 AM	TMHP : Applied Income confirmed

▲ Close

# Adding notes



# Adding your note

x

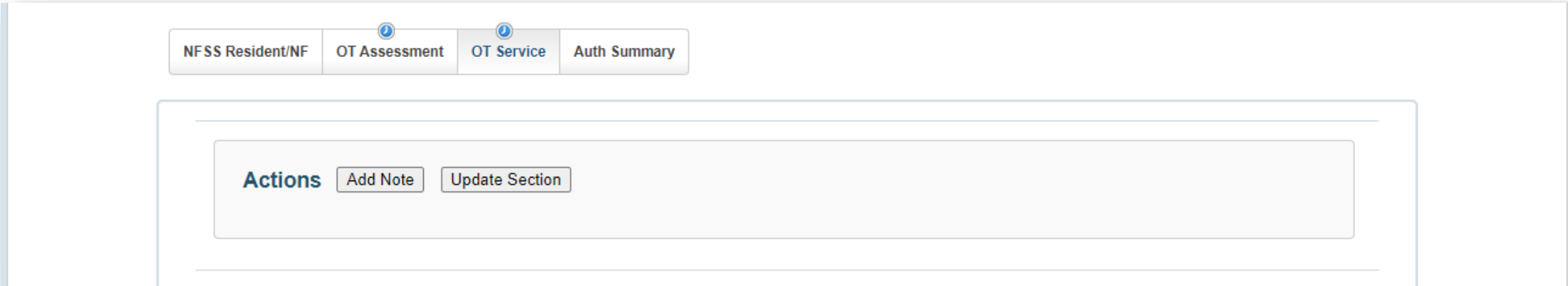
Add Note:

Submit Note 500

\* Alphanumeric characters, spaces, and the following symbols only:




@/+,\_-

# Updating your NFSS



The screenshot displays a web interface with a horizontal navigation bar at the top. It contains four tabs: 'NFSS Resident/NF', 'OT Assessment', 'OT Service', and 'Auth Summary'. The 'OT Assessment' and 'OT Service' tabs are highlighted with a blue downward-pointing arrow icon. Below the navigation bar is a large, light gray rectangular area. On the left side of this area, the word 'Actions' is written in a bold, dark blue font. To the right of 'Actions' are two buttons: 'Add Note' and 'Update Section', both in a standard gray font.

# Updating your NFSS (continued)

 NFSS Resident/NF    OT Assessment    OT Service

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**Actions**  

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**OT Service**

Therapy Treatment Plan - Occupational Therapy



**Diagnosis**

  Limit: 6

A. Code	B. Description	C. Date of Onset, if known	Action
<input type="text" value="R531"/>	<input type="text" value="WEAKNESS"/>	<input type="text" value="07/12/2022"/>	<input type="button" value="Delete"/>



# Placing form in reviewable status

NFSS Resident/NF	CMWC/DME Assessment 	CMWC Request 	Auth Summary
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This NFSS section requires provider action before the form can continue processing at TMHP.

Check the [portal history records](#) at the bottom of the page to see what actions are required.

**Notes:**

- Some requested actions may be time-sensitive. The portal history records will indicate any deadline related to the requested action.
- You can only submit changes to the NFSS one section at a time.
- Unless you are updating the form's values via the "Update Section" button, it is not required to resubmit the form.
- Signature and Certification attachments are available in each section's attachments area.
- You do not need to submit the form again to add new attachments. If you add a new attachment, we will transmit that attachment without resubmitting the form.
- When you have addressed each request in the history section, it is necessary to put the form in a reviewable status with the button below.

Place form in a reviewable status

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**Actions**

# Placing the form in reviewable status (continued)

### Update Form Status

Please verify all information is correct and any required attachments have been uploaded prior to updating this form section.

Current Status:

New Status:

Optional Comments:

### Receipt Certification

Upon receipt of the CMWC/DME Item(s), the authorizing therapist must verify that the CMWC/DME Item(s) meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. This section to be filled out for each item requested and received.

#### Therapist Certification of Delivered CMWC/DME Item(s)

By signing the attachment, the therapist is certifying that the CMWC/DME Item(s) meets the needs of the individual and that the specifications are as intended in accordance with HHSC rules and policies. An attachment must be completed for each item requested and received.

Therapist First Name:

Therapist Last Name:

Therapist License Type:

Therapist License No:

Therapist Signature Date: