

TennCare Long Term Services and Supports: A Guide to Pre Admission Evaluation Applications



A guide for all certified assessors of persons in a nursing facility or in the community who are applying for TennCare reimbursed long-term services and supports provided through TennCare CHOICES and PACE.

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1.0 INTRODUCTION

TennCare is committed to meeting the needs of Tennessee residents. We offer a broad array of long-term care services designed to help meet the needs of the chronically ill, physically disabled and/or intellectually disabled. **Long-Term Services & Supports (LTSS)** is a variety of services which help meet both the medical and non-medical need of people with a chronic illness, physical disability and/or intellectual disability who cannot care for themselves for long periods of time. It is common for long term care to provide custodial and non-skilled care, such as assisting with normal daily tasks like eating and using the bathroom. Increasingly, long term care involves providing a level of medical care that requires the expertise of skilled practitioners to address the often multiple chronic conditions associated with older populations. Long-term care can be provided at home, in the community, in assisted living (or other community based residential alternative) or in a nursing home. Long-term services or supports may be needed by people of any age, even though it is a common need for senior citizens. TennCare uses medical information provided on the **Pre Admission Evaluation (PAE)** application to determine medical eligibility (level of care) for long term care programs. This manual outlines the actions necessary to complete and submit PAEs for two programs offered by TennCare to provide LTSS. **CHOICES** and **PACE** serve the elderly and/or physically disabled populations. These populations and the services offered are specifically defined in each program.

CHOICES is TennCare's program for long-term care services and supports for the elderly (65 years of age and older) and disabled (21 years of age and older). Long-term care includes help doing everyday activities that a person may no longer be able to do for himself as he grows older, or because of a physical disability. **CHOICES** services include care in a nursing home and certain services to help a person remain at home or in the community. These are called **Home and Community Based Services** or **HCBS**. **CHOICES** is a managed LTSS program with services offered through **TennCare Managed Care Organizations (MCO)** under contract with TennCare. There are three (3) MCOs: Amerigroup, BlueCare and United HealthCare Community Plan. The MCOs are responsible for coordinating all covered physical, behavioral, and LTSS for members who qualify for and are enrolled in **CHOICES**. There are three groups in **CHOICES**. Participation in **CHOICES** Group 1 is limited to TennCare members who qualify for and are receiving TennCare-reimbursed **Nursing Facility (NF)** services. Participation in **CHOICES** Groups 2 and 3 is limited to TennCare members who qualify for and are receiving TennCare-reimbursed **HCBS**. Group 3 is limited to individuals who are **SSI** recipients.

The **Program of All-inclusive Care for the Elderly (PACE)**, is a managed care program providing frail elderly (age 55 and older) Medicare and Medicaid members with comprehensive medical and social services at an adult day health center, at home, and/or inpatient facilities, using an interdisciplinary team and integrated care planning approach. For most participants, the comprehensive service package permits them to continue living at home while receiving services, rather than an institution. **PACE** is currently available in Tennessee only in Hamilton County. Services are offered through the **PACE** Organization under contract with TennCare.

For both CHOICES and PACE, **Level of Care (LOC)** is one of two eligibility components (the other being financial eligibility) for Medicaid reimbursement of long term services and supports. PAE applications are submitted to TennCare using a web based software application known as **TPAES (TennCare’s PAE System)**. TennCare has many partners who conduct assessments and submit PAEs which are used to determine an individual’s appropriate level of care need. This includes MCOs, **Area Agencies on Aging and Disability (AAAD)**, nursing homes, hospitals and the PACE organization. PAE applications are reviewed and determined by registered nurses with TennCare’s Division of Long Term Services and Supports. The assessments completed and submitted as part of the PAE application enables TennCare to meet its fiscal and clinical responsibilities of ensuring that persons are matched to the most appropriate and least resource intensive level of care to meet their needs.

1.1 PURPOSE AND SCOPE

The purpose of this guide is to provide instruction and guidance regarding the PAE application process. It is critical that qualified persons complete the PAE in its entirety, being careful to accurately assess each functional area and to submit sufficient medical evidence to support the assessed level of function. Assessors must also be thorough in their review of the assessment outcomes and supporting documentation prior to certifying a PAE’s accuracy.

This guide is to be used in conjunction with the PAE Application which includes these sections:

- Identifying Information for the Applicant
- Functional Assessment
- Skilled Nursing and/or Rehabilitative Services
- Enhanced Respiratory Care
- Requesting a Safety Determination
- Certification of Assessment
- Diagnosis
- Required Attachments
- PAE Approval Request Date
- Physician Certification of Level of Care
- Certification Update (or Recertification)

This manual is also to be used in conjunction with LTSS Operational Protocols, memos, monthly newsletters, TPAES training curriculums and informational updates. These can be found on the LTSS page of the TennCare website.

This manual provides general instructions regarding the completion and submission of the PAE Application, including specific instructions pertaining to each section. Assessors should become familiar with this manual and use it as a reference document.

1.2 AUTHORITY

This document draws from a combination of federal and state laws which specify the standards and procedures that must be followed in determining medical eligibility for NF services and HCBS.

The primary authority and basis for the protocols and directives outlined in this guide come from TennCare Rule 1200-13-01.

The Bureau of TennCare's Division of Long Term Services and Supports administers and oversees operation of CHOICES and PACE in partnership with contracted Managed Care Organizations and sponsoring PACE organization.

1.3 CONFIDENTIALITY

TennCare uses a series of policies, forms and agreements to ensure **Health Insurance Portability and Accountability Act (HIPAA)** compliant use and disclosure of **Protected Health Information (PHI)**. This information can be reviewed online on the TennCare website. TennCare encourages all partners and providers to always be mindful of HIPAA requirements when completing actions described in this manual.

1.4 ATTACHMENTS

There is a series of attachments included with this manual. These attachments are expected to be updated by TennCare on both a regular basis and as changes occur. Each attachment included is also available on the TennCare website, and in many cases on the TPAES homepage. When using any of the attachments as part of your daily processes, we recommend that you go to the TennCare website and print the most recent version of the document.

2.0 MEDICAL ELIGIBILITY

The purpose of the PAE is to submit to TennCare an application for Medicaid reimbursement of long term services and supports. Level of Care (LOC) is also known as medical eligibility for LTSS. For both CHOICES and PACE there are two components of LOC eligibility:

- Medical necessity of care; and
- Need for inpatient care.

2.1 MEDICAL NECESSITY OF CARE

Medical necessity of care for applicants in a nursing facility:

Care in a nursing facility must be expected to improve or ameliorate the individual's physical or mental condition, to prevent deterioration in health status, or to delay progression of a disease or disability, **and** such care must be ordered and supervised by a physician on an ongoing basis. For individuals applying for nursing home care, the medical necessity of care criteria is satisfied through Physician (or PA, NP as applicable) signature and printed name on the PAE Certification Form (attached) and in TPAES on the Certification Tab. The PAE Certification

Form requires an original physician's signature. PAEs will not be approved or reviewed further unless the form is filled out in its entirety and the physician (or PA, NP as applicable) has signed the statement on the PAE Certification page certifying that the applicant requires the level of care provided in a nursing facility and that the requested long term care services are medically necessary for the applicant. The PAE Certification Form also serves as an indication to TennCare that NF services are ordered by the treating physician signing the PAE Certification Form. Anytime it appears that a Certification Signature is duplicated or not an original signature, a referral to TennCare's Program Integrity Unit must be made.

Medical necessity for persons requesting HCBS in CHOICES or PACE:

Care is not provided in a Nursing Facility, but instead in the home or community setting. Rather than being *expected to improve or ameliorate the individual's physical or mental condition, to prevent deterioration in health status, or to delay progression of a disease or disability*, the purpose of HCBS is primarily to allow the person to continue living safely in the community and to delay or prevent placement in a NF. And, while HCBS do not require a Physician's Order, such services must be specified in an approved plan of care, and like NF services, must be needed by the individual *on an ongoing basis*. Thus, to satisfy medical necessity of care requirements for HCBS, it must be determined that HCBS are required in order to allow the person to continue living safely in the home or community-based setting and to prevent or delay placement in a nursing facility, and such HCBS must be specified in an approved plan of care and needed *on an ongoing basis*. This means that the need for *one-time* HCBS is not sufficient to meet medical necessity of care for HCBS. It also means that if a person's ongoing need for assistance with activities of daily living and/or instrumental activities of daily living can be met through the provision of assistance by family members and/or other caregivers, or through the receipt of services available to the member through community resources (e.g., Meals on Wheels) or other payer sources (e.g., Medicare), he does not require HCBS in order to continue living safely in the home and community-based setting and to prevent or delay placement in a nursing facility.

For individuals applying for CHOICES HCBS, the indication that HCBS are needed on an ongoing basis must be documented in TPAES. For AAAD's this is done by completing the ongoing HCBS field and for MCOs this is captured through completion of the Cost Neutrality Tab. For individuals applying for PACE, physician certification of level of care and medical necessity is required.

2.2 Need for Inpatient Care

Need for inpatient care for persons requesting care in a nursing facility:

To satisfy the need for inpatient care aspect of LOC, the individual must have a physical or mental condition, disability, or impairment that, as a practical matter, requires daily inpatient nursing care. The individual must be unable to self-perform needed nursing care and must:

- Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale; or

- Meet at risk LOC (described below) on an ongoing basis **and** be determined by TennCare to not qualify for enrollment in CHOICES Group 3 based on a Safety Determination.

Need for inpatient care for persons eligible to receive care in a NF, but requesting HCBS in CHOICES or PACE:

While persons receiving HCBS must have a physical or mental condition, disability or impairment (as determined by the functional assessment on the PAE), such impairment does not necessarily have to require daily *inpatient nursing care*, but instead, must require ongoing supervision and assistance with activities of daily living in the home or community setting. While services do not have to be required on a *daily* basis, the need for assistance must be ongoing such that the person would otherwise require placement in a NF in order to be eligible to receive HCBS. Thus, to satisfy the need for inpatient care aspect of LOC as it relates to persons eligible to receive care in a NF, but requesting HCBS, the individual must have a physical or mental condition, disability, or impairment that requires ongoing supervision and/or assistance with activities of daily living in the home or community setting. In the absence of such HCBS, the person would require and must qualify to receive NF services in order to remain eligible for HCBS. The individual must be unable to self-perform needed assistance and must:

- Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale; or
- Meet at risk LOC (described below) on an ongoing basis **and** be determined by TennCare to not qualify for enrollment in CHOICES Group 3 based on a Safety Determination.

Need for inpatient care for persons not eligible to receive care in a NF, but “at risk” of NF placement and requesting HCBS in CHOICES:

Like persons requesting HCBS who meet NF LOC, persons requesting HCBS who are “at risk” of NF placement must have a physical or mental condition, disability or impairment. Similarly, the person does not necessarily have to require daily *inpatient nursing care*, but instead, must require ongoing supervision and/or assistance with activities of daily living in the home or community setting. While services do not have to be required on a *daily* basis, the need for assistance must be ongoing such that the person would otherwise not be able to safely live in the community and would be at risk of placement in a NF in order to be eligible to receive HCBS. Thus, the need for inpatient care as it relates to persons not eligible to receive care in a NF, but requesting HCBS is as follows:

The member has a physical or mental condition, disability, or impairment that requires ongoing supervision and/or assistance with activities of daily living in the home or community setting. In the absence of such HCBS, the person would not be able to live safely in the community and would be at risk of NF placement. The individual must be unable to self-perform needed assistance and must have a significant deficit (needing assistance daily or at least four days per week) in an activity of daily living or related function as captured on the PAE application.

2.3 NF LOC ACUITY SCALE

The total acuity score is calculated using the assessment of certain functional and clinical needs. The clinical needs as captured on the PAE are skilled and/or rehabilitative services (e.g., tube feeding, wound care, occupational therapy, physical therapy, ventilator care). The functional

needs as captured on the PAE include the applicant's need for assistance with the following Activities of Daily Living (ADLs):

- Transfer;
- Mobility;
- Eating; and
- Toileting;

And deficits in the following ADL-related functions:

- Communication (expressive and receptive);
- Orientation (to person, place, or event/situation);
- Behaviors; and
- Self-administration of medications; and

The TennCare NF LOC Acuity Scale is attached.

3.0 FINANCIAL ELIGIBILITY

To qualify financially for Medicaid long-term care, an applicant's income can't exceed 300% of the **Federal Benefit Rate (FBR)**. If it is, a Qualifying Income Trust may be set up. **AND**, the total value of things owned can't be more than \$2,000. A person's home where he/she lives doesn't count. Also not counted is a person's vehicle (more than one vehicle may count as an asset) and, a person can't have given away or sold anything for less than what it's worth in the last five (5) years.

Effective July 1st, 2015, a person must qualify for SSI (Supplemental Security Income from the Social Security Administration) in order to enroll in Group 3.

4.0 LTSS ENROLLMENT

A person must be enrolled in a TennCare long-term care program in order to receive TennCare reimbursed LTSS. For purposes of this manual, this means that a person must be enrolled in CHOICES or PACE before TennCare will pay for nursing facility services or HCBS. There are distinct requirements for enrollment into each CHOICES group and PACE as specified in TennCare Rule. These requirements are detailed throughout this chapter. It is important for PAE submitters to also review enrollment decisions as indicated in TPAES.

How a person initiates the enrollment process into CHOICES depends primarily on whether the person is already enrolled in TennCare, or is applying for Medicaid at the same time as CHOICES. This may also be impacted by whether the person is receiving services in a Nursing Facility at the time of application.

1. For persons who are not Medicaid eligible at the time of application for CHOICES and are seeking HCBS, AAADs are designated as the **Single Point of Entry (SPOE)** into the

CHOICES program. AAADs may also assist persons seeking NF services; however, individuals seeking Medicaid reimbursement of NF services are not required to go through the SPOE to enroll in CHOICES Group 1. AAADs are permitted by TennCare Member Services to facilitate the Medicaid application process (i.e., complete the application and gather all documentation required to make a Medicaid financial eligibility determination) and are contracted by TennCare to complete and submit to TennCare the PAE application.

2. For HCBS applicants who are already Medicaid eligible at the time of CHOICES referral, MCOs perform intake functions, including completion and submission of the PAE to TennCare. MCOs may also assist NF applicants who are already enrolled in Medicaid.
3. For persons applying for services in a Nursing Facility (including applicants already receiving NF services at the time of application e.g. private pay residents spending down their personal resources or dual eligible individuals who are exhausting their Medicare SNF benefit), NFs frequently complete and submit the PAE to TennCare and may also assist the person in filing a Medicaid application.
4. For persons applying for services through PACE, a referral should be made to the PACE Organization. PACE staff will complete a comprehensive assessment and submit the PAE to TennCare. PACE staff may also assist the person in filing their Medicaid application.

4.1 CHOICES ENROLLMENT

To qualify for enrollment into CHOICES Group 1, an applicant must:

1. Have completed the **Pre –Admission Screening and Resident Review (PASRR)** process and be determined appropriate for NF placement;
2. Have an approved, unexpired PAE for NF LOC;
3. Be approved financially for TennCare reimbursement of NF services;
4. Be admitted to a NF; and
5. Have a Medicaid Only Payer Date.

Medicaid Only Payer Date (MOPD): TennCare must have received notification from the NF that Medicaid reimbursement is requested for the effective date of CHOICES enrollment (i.e., the individual is no longer privately paying for NF services and Medicare payment of NF services is not available). Enrollment into CHOICES Group 1 (and payment of a capitation payment to an MCO for LTSS) cannot begin until the MCO will be responsible for payment of NF services.

To qualify for enrollment into CHOICES Group 2:

1. An applicant must have an approved, unexpired PAE for NF LOC; 2.

2. An applicant must be approved financially for TennCare reimbursement of LTSS as an SSI recipient or in an institutional category (i.e., as Members of the CHOICES 217-Like demonstration population);
3. An applicant must be in the target population;
4. TennCare must have received a determination by the MCO or AAAD that the applicant's needs can be safely and appropriately met in the community, and at a cost that does not exceed the Individual Cost Neutrality Cap; and
5. There must be capacity within the established Enrollment Target to enroll the applicant.

To qualify for enrollment into CHOICES Group 3:

1. An applicant must have an approved unexpired PAE for at risk LOC;
2. An applicant must be approved financially for TennCare reimbursement of LTSS as an SSI recipient;
3. An applicant must be in one of the target populations (age 65 and older OR age 21 and older with a physical disability as defined by TennCare);
4. An applicant must be able and willing to begin receiving HCBS; and
5. TennCare must have received a determination by the MCO or AAAD that the individual's needs can be safely and appropriately met in the community, and at a cost that does not exceed the Expenditure Cap.

4.2 PACE ENROLLMENT

To qualify for enrollment into PACE:

1. An applicant must be dual eligible and in the target population (age 55 and older);
2. An applicant must have an approved unexpired PAE for NF LOC;
3. An applicant must be approved financially for TennCare reimbursement of LTSS

4.3 TRANSITIONING BETWEEN CHOICES GROUPS

Transition from CHOICES Group 1 to Group 2

An MCO may request to transition a member from Group 1 to Group 2 only when the member chooses to transition from the NF to a home and community based setting. Members shall not be required to transition from Group 1 to Group 2. Only an MCO may submit to TennCare a request to transition a CHOICES member from Group 1 to Group 2. A member that has already been discharged from the NF shall not be transitioned to CHOICES Group 2. Once a member has discharged from the NF, he/she has voluntarily disenrolled from CHOICES Group 1 and must be newly enrolled into CHOICES Group 2. A new HCBS PAE shall be required for enrollment into CHOICES Group 2. When members move from Group 1 to Group 2, TennCare Member Services must recalculate the member's Patient Liability.

Transition from CHOICES Group 2 to Group 1:

An MCO may also request to transition a member from Group 2 to Group 1 only if the member meets NF LOC criteria, has completed the PASRR process, a physician has ordered the NF care, the member is found to be NF appropriate, and at least one (1) of the following is true:

- (i) The member chooses to transition from HCBS to NF, for example, due to a decline in the member's health or functional status, or a change in the Member's natural care giving supports; or
- (ii) The MCO has made a determination that the member's needs can no longer be safely met in the community and at a cost that does not exceed the average cost of NF services for which the member would qualify, and the member chooses to transition to the more appropriate institutional setting in order to safely meet his/her needs.

When members move from Group 2 to Group 1, TennCare Member Services must recalculate the member's Patient Liability.

Transition from CHOICES Group 1 or Group 2 to Group 3:

TennCare or the MCO shall, subject to eligibility and enrollment criteria, initiate a transition from Group 1 or 2 to Group 3 when a member who was enrolled in CHOICES Group 1 or Group 2 on or after July 1, 2012 no longer meets NF LOC but meets At Risk LOC. A member that has already been discharged from the NF shall not be transitioned from CHOICES Group 1 to CHOICES Group 3. Once a Member has discharged from the NF, he has voluntarily disenrolled from CHOICES Group 1 and must be newly enrolled into CHOICES Group 3. In these instances, a new HCBS PAE shall be required for enrollment into CHOICES Group 3.

When a member transitions from CHOICES Group 1 to Group 3 TennCare Member Services must recalculate the Member's Patient Liability. The member must also qualify as an SSI recipient at the time of transition.

Transition from CHOICES Group 3 to Group 1 or Group 2:

TennCare or the MCO shall initiate a transition from Group 3 to Group 1 or Group 2, as appropriate, when the member meets NF LOC and satisfies all requirements for enrollment into the requested Group. When a member transitions from Group 3 to Group 1, TennCare Member Services must recalculate the member's Patient Liability.

Transitions based on safety:

For existing CHOICES members, assessments are completed by the MCO annually and upon a change of the member's status/ condition. If at any time the MCO determines that the member's needs can no longer be safely met in the current care setting, the MCO may initiate and submit to TennCare a request for a safety determination as described in TennCare Rule. This determination must be made considering all covered services and supports available within either the individual's cost neutrality cap for Group 2 members, or expenditure cap for Group 3 members. TennCare must approve the MCO's determination to transition due to safety and/or cost neutrality. If a member does not wish to transition to another CHOICES Group so that his needs can be safely met, the MCO may initiate CHOICES disenrollment proceedings.

Transition information for NFs:

Nursing Facilities and other providers cannot initiate a CHOICES transition for CHOICES members. When a nursing facility believes that a CHOICES HCBS member requires a transition to receive TennCare reimbursed NF services long term, coordination with the MCO must occur.

Similarly, when a CHOICES HCBS member admits to a NF for an MCO approved short term stay, a PAE application is not required. Additionally, any skilled and/or rehabilitative service needed during a short term stay is authorized by the MCO and does not require submission of a PAE application. In these instances, the NF must coordinate with the MCO. Typically a short term stay can be approved for up to 90 Medicaid reimbursed days. The 90 days does not include days reimbursed by another payer source (including Medicare) and does not include bed hold days. Keep in mind though that the 10 day bed hold limit is applied across the short-term and long term NF benefit, (i.e. 10 days per member per year).

4.4 TRANSITIONING BETWEEN PACE AND CHOICES

When a member voluntarily transitions from PACE to CHOICES or vice versa, it's important to take additional measures to both limit service disruption and avoid the duplication of services. Key to minimizing any potential negative consequences is communication and collaboration between the MCO and PACE. Once a member has initiated the desire to transition, the transitioning from entity (PACE or the MCO, as applicable) should immediately contact the transitioning to entity (PACE or the MCO, as applicable) to help plan for the transition. This includes; coordinating care during the transition process, identifying potential barriers and risks that may occur in transition, and working to develop and implement strategies to eliminate barriers and minimize risks. The MCO and PACE will work together to answer the member's questions about the transition process. Once it is determined that the member is ready to transition, the transitioning from entity (PACE or the MCO, as applicable) will complete the TennCare form necessary to process the transition and submit it to the TennCare CHOICES mailbox.

When a transition request is received, TennCare will review the request, interface with both the MCO and PACE as necessary to confirm coordination and then process the transition. If at any time criteria is not met to transition the member, notification will be sent to both PACE and the MCO. If the transition involves a move from NF to HCBS or vice versa, TennCare LTSS will work with TennCare Member Services to recalculate the member's Patient Liability obligation amount.

4.5 ADDITIONAL ENROLLMENT INDICATORS

CHOICES and PACE carry over group:

For applicants who qualified for and were enrolled in CHOICES or PACE prior to July 1, 2012, only one significant deficit in any of the above areas was sufficient to satisfy the "need for inpatient care" provision of NF LOC eligibility. These people are in the carry over group and have an enrollment status that is referred to as "grandfathered" and represented in the TennCare Medicaid Management Information System (MMIS—also called interChange). TennCare eligibility and enrollment information is sent to Managed Care Organizations from the MMIS and provided to PACE staff and service providers via TN Anytime. TennCare relies on the MMIS and other safeguards to ensure that the correct standards are applied when determining level of care. CHOICES and PACE enrollees who are in the carry over group as "grandfathered"

will continue to be required to meet the standards in place prior to July 1, 2012 for the duration of their time in the program. TennCare's federal partners at the Centers for Medicare and Medicaid Services (CMS) approved allowing TennCare to "grandfather" existing NF residents and those already receiving home-based care so long as they continue to meet the LOC criteria in place at the time of enrollment and remain continuously eligible and enrolled in the CHOICES Group or PACE, as applicable.

Interim CHOICES Group 3:

Interim CHOICES Group 3 is open only between July 1, 2012 and June 30, 2015. CHOICES Group 3 is for individuals age sixty-five (65) and older and adults age twenty-one (21) and older with physical disabilities who qualify for TennCare as SSI recipients. Interim CHOICES Group 3 creates another eligibility pathway to Medicaid (in the CHOICES At Risk Demonstration Group) for those who do not qualify for NF LOC but are at risk of nursing home placement. Financial and categorical eligibility is determined by TennCare Member Services. Persons who qualify in the CHOICES At Risk Demonstration Group will be enrolled in TennCare Standard. Members enrolled in Interim CHOICES Group 3 on June 30, 2015 may continue to qualify in this group after June 30, 2015, so long as they continue to meet NF financial eligibility criteria and the LOC criteria in place at the time of enrollment into Interim CHOICES Group 3, and remain continuously enrolled in the CHOICES At Risk Demonstration Group, interim CHOICES Group 3, and TennCare. There is no enrollment target applied to Interim CHOICES Group 3. Once the interim group expires, enrollment in CHOICES Group 3 will be limited to SSI eligible individuals and not permitted for individuals at risk of institutional placement who meet institutional income standards.

5.0 PAE ASSESSMENTS

Now that you are familiar with CHOICES and PACE and have an understanding about eligibility and enrollment criteria, we will begin to introduce the process for completing a PAE application so that TennCare may determine level of care, or medical eligibility, for CHOICES and PACE. Remember, for an applicant to qualify for CHOICES Group 1 or 2 or PACE, NF LOC must be approved. To qualify for CHOICES Group 3, At Risk LOC must be approved. Also, just as Chapter 4 described, there are other enrollment and eligibility requirements that must be satisfied prior to an applicant's enrollment into CHOICES or PACE. This section will walk you through preliminary assessment information necessary to conduct assessments for CHOICES and PACE applicants.

5.1 WHO CAN COMPLETE A PAE ASSESSMENT?

For NF PAEs, assessors are clinically trained staff (employed by a hospital, nursing home, MCO or AAAD) who have completed an online TennCare training about LTSS Programs and the PAE application process. The assessor must be a Physician, Physician Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN) or Licensed Practical Nurse (LPN) or Licensed Social Worker (LSW).

For HCBS PAEs, assessors are clinically trained staff (employed by a PACE Organization, MCO or AAAD) who have completed a TennCare training about LTSS Programs and the HCBS PAE application process. The assessor must be a Physician, Physician Assistant, Nurse Practitioner, Registered or Licensed Nurse or Licensed Social Worker. Finally, HCBS assessors must be TennCare Qualified Assessors.

TennCare Qualified Assessors for HCBS must, in addition to meeting the qualifications above, take and pass a test measuring their understanding of HCBS requirements and renew their Qualified Assessor status annually. Qualified Assessors are assigned a unique Qualified Assessor Code. This code must be documented on the PAE with the Assessor Certification signature. TennCare will only accept HCBS PAE assessments performed by individuals who have been deemed a HCBS Qualified Assessor (regardless of TPAES submitter). HCBS Qualified Assessor trainings are offered by TennCare on a regular basis. Qualified Assessors must, on an annual basis, complete an online test to renew HCBS Qualified Assessor status.

For all PAEs, The clinical assessor must certify that the level of care information provided on the PAE is accurate. Assessors must also acknowledge that they understand that the information provided is being used to determine Medicaid eligibility and/or reimbursement for long-term services and supports and that any intentional act to provide false information that would potentially result in a person obtaining benefits or coverage that he or she is not entitled to is considered an act of fraud under the State's TennCare program and Title XIX of the Social Security Act. This certification is captured in TPAES on the Certification Tab. The PAE Certification Form is signed and dated by the LOC certifier and is included with the PAE application as an attachment in TPAES. Sometimes a physician, PA, NP, RN, LPN LSW, or TennCare Qualified Assessor allows a PAE to be completed and submitted in TPAES by someone else on his/her behalf. In these cases, the physician, PA, NP, RN, LPN, LSW, or TennCare Qualified Assessor continues to assume all responsibility for ensuring that the information as submitted is accurate.

5.2 INTERVIEWING PROCESS FOR AN HCBS PAE

The preferred source of information is the client. If there is another person in the room when the client is being interviewed, questions should continue to be directed to the client. If others who are present try to answer questions for the client, they should be asked not to assist with responses or provide reminders or hints. They will be given the opportunity to complete their own interview.

Other sources of information, such as the primary caregiver, family members, other helpers, friends, neighbors and/or provider staff should also be used. For the completion of some sections of the assessment, the assessor may need to interview other professional staff such as physicians, nurses, or social workers. Also, it may be necessary to obtain a translator or some other spokesperson for the individual. It will be important to know ahead of time if possible to prepare for the interview beforehand.

Although it is recommended, it is not necessary to seek information in the exact order in which appears on the form. The form is designed with a logical flow and is intended to appear reasonable to the applicant. However, because applicants will present information in their own way, it is not necessary to ask questions which have already been answered in the course of the interview, just record the answer already given.

5.3 ASKING QUESTIONS FOR AN HCBS PAE

A good clinical interviewer is always on the lookout for both themes and discrepancies. Themes help you note and describe patterns across time. These patterns may be critical to understanding both how to leverage the person's strengths and to understanding how best to support the person to prevent patterns of difficulties. An assessor should never "lead" respondents toward a particular answer, but is encouraged to ask for descriptions and clarifications that will help the respondent or the assessor to resolve discrepancies. Being on the lookout for discrepancies ensures that the assessor gets clarification when information "just doesn't add up".

It is important that the assessor avoids using 'buzz words', generalizations, or reporting opinions instead of descriptions and observations. Provide objective, extensive and clear descriptions of the person's medical, functional and behavioral status. When describing behavioral symptoms, remember that the same behavioral symptoms can present very differently for each person. One person's experience of "agitated" can involve violent or aggressive behaviors, while another person's experience may involve irritability, lack of sleep and extreme restlessness. It is important to describe in detail what behaviors, support needs, etc. look like *for that person*. Tell the story of their current presentation.

Ensure the assessment form provides a clear, detailed and consistent picture of the individual's functional status.

The best advice for a great clinical interview is to collect individualized, detailed information from a variety of sources to ensure that the individual's unique needs and characteristics are reflected. The quality of this process is directly correlated to the quality of the clinical interview.

6.0 PAE FUNCTIONAL ASSESSMENT

Now that you understand who can perform assessments and the interviewing techniques for HCBS applicants, it's important for all submitters to understand how to complete the functional assessment on the PAE. Remember, there are two components of level of care (LOC) eligibility:

- Medical necessity of care; and
- Need for inpatient care.

Both of these components apply to Nursing Facility LOC and At Risk LOC. The functional assessment and supporting medical evidence included with the PAE application is used to determine if the Need for Inpatient Care requirement is satisfied when determining LOC.

First, we'll walk through how to measure levels of functional deficit on the PAE. Next we'll cover each functional area and the applicant's need for assistance. Then we'll explain how the need for skilled and/or rehabilitative services is documented on the PAE.

6.1 Measuring Functional Deficits

On the PAE, there are 4 possible responses to each question. *Except* for behavior, "**Always**" means that the applicant is **always independent** with that ADL or related activity. "**Usually**" means that the person is **usually independent** (requiring assistance fewer than 4 days per week). "**Usually not**" means that the applicant is usually not independent (requiring assistance 4 or more days per week). "**Never**" means that the applicant is **never independent** with that ADL or related activity.

With respect to behavior, the responses are reversed. "**Always**" means that the applicant always requires intervention for behaviors. "**Usually**" means that the applicant requires intervention for behaviors 4 or more days per week. "**Usually not**" means that the applicant requires intervention for behaviors, but fewer than 4 days per week. "**Never**" means that the applicant does not have behaviors that require intervention.

TennCare has assigned a weighted value to each of the possible responses to each question on the PAE, based on the amount of assistance that would be required for a person with that type and level of ADL or related deficit. The TennCare NF LOC Acuity Scale (attached) provides the weight given to each functional measure and response. Each response must be supported by the medical evidence submitted with the PAE in order for the assigned acuity score to be approved by TennCare.

6.2 ADLs and ADL-related functions

When providing responses to each functional measure as indicated on the functional assessment, you should consider the act of physical assistance being "hands on" care. You should also consider a person's functionality in a 24 hour/7 days a week window of need. Some patients may appear, during your presence, to be functioning well in an area that they may not function well at in different times/days. For example, someone may be only incontinent at night, but continent the rest of the day. When these types of situations exist, it is important to clearly explain it on the PAE as a note or comments in TPAES.

I. Transfer

DEFINITION: Transfer - The applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others on an ongoing basis.

QUESTION ON PAE: Can applicant transfer to and from bed, chair or toilet without physical help from others?

HELPFUL HINT: This is moving the body from one place to another without ambulating (which is covered under the Mobility section). It is important to note the definition applies to bed, chair, or toilet only. An example may be that the applicant needs someone to hold onto him to successfully get up/down from the bed and on/off the toilet.

MARK THE ACCURATE ANSWER:

- Always: Applicant is always capable of transfer to and from bed, chair, or toilet without physical assistance from others.
- Usually: Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others 1-3 days per week.
- Usually Not: Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others 4-6 days per week.
- Never: Applicant is never capable of transfer to and from bed, chair, or toilet without physical assistance 7 days per week.

SUPPORTING DOCUMENTATION: TennCare approval of this deficit requires documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of transfer assistance required.

*Recommended documentation to support this functional deficit: medical **H**istory and **P**hysical (**H&P**), ADL flow sheets, PT notes, nurse’s notes, section “G” of **Minimum Data Set (MDS)***

II. Mobility

DEFINITION: Mobility - The applicant requires physical assistance from another person for mobility on an ongoing basis. Mobility is defined as the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair (manual or electric) if walking is not feasible. The need for a wheelchair, walker, crutch, cane, or other mobility aid shall not by itself be considered to meet this requirement.

QUESTION ON PAE: Can applicant walk without physical help from others?

HELPFUL HINT: This is the act of moving from one place to another. In other words, if someone is able to get from one place to another using their manual or power wheelchair, this would be considered "mobile". An example may be that the applicant needs someone to hold on to him when he is ambulating with his cane.

MARK THE ACCURATE ANSWER:

- Always: Applicant is always capable of walking without physical assistance.
- Usually: Applicant is incapable of walking unless physical assistance is provided by others 1-3 days per week.
- Usually Not: Applicant is incapable walking unless physical assistance is provided by others 4-6 days per week.
- Never: Applicant is never capable of walking without physical assistance 7 days per week.

Only when the above question is answered with a **UN** (Usually Not) or **N** (Never), follow to the next question under Mobility:

QUESTION ON PAE: If walking is not feasible (answer to mobility question above is UN or N), is Applicant capable of using a wheelchair, either manual or electric?

MARK THE ACCURATE ANSWER:

- Always: Applicant is always capable of mobility without physical assistance.

- Usually: Applicant is incapable of wheelchair mobility unless physical assistance is provided by others 1-3 days per week.
- Usually Not: Applicant is incapable of wheelchair mobility unless physical assistance is provided by others 4-6 days per week.
- Never: Applicant is never capable of wheelchair mobility without physical assistance 7 days per week.

SUPPORTING DOCUMENTATION: TennCare approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of mobility assistance required.

Recommended documentation to support this functional deficit: H&P, Plan of Care, ADL flow sheets, PT notes, nurse’s notes, section “G” of MDS

III. Eating

DEFINITION: Eating - The Applicant requires physical assistance with gastrostomy tube feedings or physical assistance or constant one-on-one observation and verbal assistance (reminding, encouraging to consume prepared food and drink (or self-administer tube feedings, as applicable) or must be fed part or all of each meal. Food preparation, tray set-up, assistance in cutting up foods, and general supervision of multiple residents shall not be considered to meet this requirement.

QUESTION ON PAE: Can applicant eat (or physically self -administer tube feeding as applicable) without help from others?

MARK THE ACCURATE ANSWER:

- Always: Applicant is always capable of eating without help from others.
- Usually: Applicant is incapable of eating without help from others 1-3 days per week.
- Usually Not: Applicant is incapable of eating without help from others 4-6 days per week.
- Never: Applicant in never capable of eating without help from others 7 days per week.

SUPPORTING DOCUMENTATION: TennCare approval of this deficit shall require documentation which supports the need for such intervention, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task. For PAEs submitted by the AAAD (or entity other than an MCO, NF, or PACE Organization), an eating or feeding plan specifying the type, frequency and duration of supports required by the Applicant for feeding, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task shall be required.

Recommended documentation to support this functional deficit: H&P, Plan of Care, ADL flow sheets, OT/ST notes, nurse’s notes, swallow study, section “G” of MDS

IV. Toileting

DEFINITION: Toileting - The applicant requires physical assistance from another person to use the toilet or to perform incontinence care, ostomy care, or catheter care on an ongoing basis

QUESTION ON THE PAE: Can applicant toilet without physical assistance from others?

HELPFUL HINT: Includes the act of toileting, adjusting clothing and/or being able to properly clean oneself. This does NOT include the act of getting on/off the toilet as this is accounted for in the Transfer question. Incontinence is scored separately, for example someone may usually be able to toilet but is incontinent and can never clean themselves. Some people can have an indwelling catheter and care for it themselves, do not assume the presence of one means the person is never able to self-care. An example may be the applicant needs someone to clean him/herself and help him/her pull up their pants and buckle their pants after toileting.

MARK THE ACCURATE ANSWER:

- Always: Applicant is always capable of toileting without physical assistance.
- Usually: Applicant is incapable of toileting unless physical assistance is provided by others 1-3 days per week.
- Usually Not: Applicant is incapable of toileting unless physical assistance is provided by others 4-6 days per week.
- Never: Applicant is never capable of toileting without physical assistance 7 days per week.

Only when the applicant is incontinent, follow to the next question under Toileting:

QUESTION ON THE PAE: Can applicant perform incontinent care without physical assistance from another person on an ongoing basis?

- Always: Applicant is always capable of performing incontinence care without physical assistance.
- Usually: Applicant is incapable of performing incontinence care and requires physical assistance 1-3 days per week.
- Usually Not: Applicant is incapable of performing incontinence care and requires physical assistance 4-6 days per week.
- Never: Applicant is never capable of performing incontinence care and requires physical assistance 7 days per week.

Mark the type of incontinence, Bowel or Bladder.

Only when the applicant has a catheter or ostomy present, follow to the next question under Toileting:

QUESTION ON THE PAE: Can applicant perform catheter/ ostomy care without physical assistance from another person on an ongoing basis?

- Always: Applicant is always capable of performing catheter/ ostomy care without physical assistance.
- Usually: Applicant is incapable of performing catheter/ ostomy care and requires physical assistance 1-3 days per week.
- Usually Not: Applicant is incapable of performing catheter/ ostomy care and requires physical assistance 4-6 days per week.
- Never: Applicant is never capable of performing catheter/ ostomy care and requires physical assistance 7 days per week.

SUPPORTING DOCUMENTATION: TennCare approval of this deficit shall require documentation of the specific type and frequency of toileting assistance required.

Recommended documentation to support this functional deficit: H&P, Plan of Care, ADL flow sheets, nurse’s notes, section “G” of MDS

V. Orientation

DEFINITION: Orientation - The applicant is disoriented to person (e.g., fails to remember own name, or recognize immediate family members), place (e.g., does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make good decisions that prevent risk of harm)

QUESTION ON PAE: Is applicant oriented to person (remembers name; recognizes family), place (does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm)?

HELPFUL HINT: Please note the definition for orientation to person, place and/ or event/situation only; this does NOT include such things as time, or people who are not immediate family. An example may be the applicant does not know who he/she is and/or where he/she is.

MARK THE ACCURATE ANSWER:

- Always: Applicant is always oriented to person, place and event/situation.
- Usually: Applicant is disoriented to person or place or event/situation 1-3 days per week.
- Usually Not: Applicant is disoriented to person or place or event/situation 4-6 days per week.
- Never: Applicant is never oriented to person or place or event/ situation 7 days per week.

SUPPORTING DOCUMENTATION: TennCare approval of this deficit shall require documentation of the specific orientation deficits(s), including the frequency of occurrence of such deficit(s), and the impact of such deficit(s) on the Applicant.

Recommended documentation to support this functional deficit: H&P, plan of Care, Nurse’s notes, psych notes, Mini- Mental Status Exam (MMSE), Saint Louis University Mental Status (SLUMS)

VI. Communication

DEFINITION: Expressive and Receptive Communication - The Applicant is incapable of reliably communicating basic needs and wants (e.g., need for assistance with toileting; presence of pain) in a manner that can be understood by others, including through the use of assistive devices; or the Applicant is incapable of understanding and following very simple instructions and commands without continual intervention

HELPFUL HINT: Communication includes basic information; not complex instructions or complex needs/wants. Possibly ask the person to raise their hands over their head. This would not be to assess movement, but to assess if the person can follow simple instruction. An example may be that the applicant needs help to let others know that he/she needs to use the toilet.

QUESTION ON PAE: The applicant is incapable of reliably communicating basic needs and wants (e.g., need for assistance with toileting; presence of pain) in a manner that can be understood by others, including through the use of assistive devices.

MARK THE ACCURATE ANSWER:

- Always: Applicant is always capable of reliably communicating basic needs and wants.
- Usually: Applicant is incapable of reliably communicating basic needs and wants and requires continual intervention 1-3 days per week.
- Usually Not: Applicant is incapable of reliably communicating basic needs and wants, and requires continual intervention 4-6 days per week.
- Never: Applicant is never capable of reliably communicating basic needs and wants, and requires continual intervention 7 days per week.

QUESTION ON PAE: The applicant is incapable of understanding and following very simple instructions and commands without continual intervention.

MARK THE ACCURATE ANSWER:

- Always: Applicant is always capable of understanding and following very simple instructions and commands without continual intervention.
- Usually: Applicant is incapable of understanding and following very simple instructions and commands without continual intervention 1-3 days per week.
- Usually Not: Applicant is incapable of understanding and following very simple instructions and commands without continual intervention 4-6 days per week.
- Never: Applicant is never capable of understanding and following very simple instructions and commands without continual intervention 7 days per week.

SUPPORTING DOCUMENTATION: TennCare approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of communication assistance required.

Recommended documentation to support this functional deficit: H&P, Plan of Care, ST notes, Nurse's notes, psych notes, MMSE, SLUMS

VII. Medications

DEFINITION: Medication Administration - The Applicant is not cognitively or physically capable of self-administering prescribed medications at the prescribed schedule despite the availability of limited assistance from another person. Limited assistance includes, but is not limited to, reminding when to take medications, encouragement to take, reading medication labels, opening bottles, handing to Applicant, reassurance of the correct dose, and the use of assistive devices including a prepared medication box. An occasional lapse in adherence to a medication schedule shall not be sufficient for approval of this deficit; the Applicant must have physical or cognitive impairments which persistently inhibit his or her ability to self-administer medications.

QUESTION ON PAE: Is applicant physically or cognitively able to self-administer medications with limited assistance from others (as described above)?

HELPFUL HINT: This includes physician prescribed PO, IM, RX Otics, Ophthalmics, Topicals, Inhalers, Continuous SQ Medications, and SQ Injections excluding SS insulin.

MARK THE ACCURATE ANSWER:

- Always: Applicant is always capable of self-administration of prescribed medications.
- Usually: Applicant is incapable of self-administration of prescribed medications without physical intervention 1-3 days per week.

- Usually Not: Applicant is incapable of self-administration of prescribed medications without physical intervention 4-6 days per week.
- Never: Applicant is never capable of self-administration of prescribed medications without physical intervention 7 days per week.

Only when the above question is answered with a **UN** (Usually Not) or **N** (Never), you must list, on the PAE, the medications for which assistance is needed, and provide explanation regarding why applicant is unable to self-administer with limited help from others.

SUPPORTING DOCUMENTATION: TennCare approval of this deficit shall require evidence that such interventions have been tried or would not be successful, and that in the absence of intervention, the Applicant’s health would be at serious and imminent risk of harm.

Recommended documentation to support this functional deficit: H&P, Plan of Care, order/prescription for medications listed as unable to self-administer, Medication Administration Record (MAR), Nurse’s notes, Speech Therapy (ST) notes

VIII. Behavior

DEFINITION: Behavior - The Applicant requires persistent staff or caregiver intervention and supervision due to an established and persistent pattern of behavioral problems which are not primarily related to a mental health condition (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment), and which, absent such continual intervention and supervision, place the Applicant or others at imminent and serious risk of harm. Such behaviors may include physical aggression (including assaultive or self-injurious behavior, destruction of property, resistive or combative to personal and other care, intimidating/threatening, or sexual acting out or exploitation) or inappropriate or unsafe behavior (including disrobing in public, eating non-edible substances, fire setting, unsafe cooking or smoking, wandering, elopement, or getting lost.

QUESTION ON PAE: Does applicant require persistent intervention for an established and persistent pattern of behavioral problems not primarily related to a mental health or substance abuse disorder?

HELPFUL HINT: Notice answers are in reverse from previous options, “Always” referring to the person requires intervention. An example may be the applicant needs someone to intervene daily when he/she attempts to strike their caregiver.

MARK THE ACCURATE ANSWER:

- Always: Applicant always requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 7 days per week.
- Usually: Applicant requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 4-6 days per week.
- Usually Not: Applicant requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 1-3 days per week.
- Never: Applicant never requires persistent intervention due to an established and persistent pattern of behavioral problems.

When the above question is answered with an **A** (Always) or **U** (Usually), you must document and specify, on the PAE, the behavioral problems requiring continual staff or caregiver intervention.

SUPPORTING DOCUMENTATION: TennCare approval of this deficit shall require documentation of the specific behaviors and the frequency of such behaviors.

Recommended documentation to support this functional deficit: H&P, Plan of Care, nurse's notes, psych notes

6.3 SKILLED NURSING AND REHABILITATIVE SERVICES

For any applicant who requires one or more of the specified skilled nursing or rehabilitative services and at a frequency (daily for each of the specified skilled services and at least five (5) days per week for each of the specified rehabilitative services) for which level 2 NF reimbursement may be approved by TennCare, the submitter should complete the applicable portions of the PAE and attach documentation required for the determination of medical eligibility for level 2 or enhanced respiratory care reimbursement (as applicable), regardless of whether the applicant's care will be provided in a NF or in the community.

A Physician's Order will not be required if the skilled or rehabilitative services are being performed by a family member under a specified exemption to the Nurse Practice Act. However, the request must include medical records sufficient to document the need for each skilled or rehabilitative service(s), including the frequency of each service, as would be required for determination of eligibility of a higher level of NF reimbursement. This information will be used for purposes of determining the applicant's total acuity score (regardless of setting), as well as the applicant's cost neutrality cap if enrolled in CHOICES Group 2.

Reimbursement for Level 2 Nursing Facility Services requires specific supporting documentation for approval. This information is available in TPAES as you complete this section of the PAE application (attached). TennCare does not provide reimbursement for rehabilitative services for chronic conditions, exacerbations of chronic conditions, or weakness after hospitalization. Rehabilitative services for maintenance of functional status (e.g., routine range of motion exercises, stand-by assistance during ambulation, or applications of splints/braces) are not considered skilled level services.

While completing your assessment of the applicant preparing to complete the PAE, please compile the appropriate documentation for submission if requesting reimbursement for the Skilled and/ or Rehabilitative services listed below:

- Wound Care for Stage 3 or 4 decubitus
- Other Wound Care (i.e., infected or dehisced wounds)
- Injections, sliding scale insulin
- Injections, other: IV, IM
- Intravenous fluid administration
- Isolation precautions
- *Occupational Therapy by OT or OT assistant
- *Physical Therapy by PT or PT assistant
- Teaching Catheter/Ostomy care
- Teaching self-injection

- Total Parenteral nutrition
- Tube feeding, enteral
- Peritoneal Dialysis
- PCA Pump
- New tracheostomy or old tracheostomy requiring suctioning through the tracheostomy multiple times per day at less frequent intervals, i.e., < every 4 hours

6.4 ENHANCED RESPIRATORY CARE

Reimbursement for Level 2 Nursing Facility Services at one of the Enhanced Respiratory Care rates (and an HCBS Cost Neutrality Cap based on eligibility for such enhanced level of reimbursement) is limited to persons who meet specified medical eligibility criteria below. Approval of CV or TS reimbursement (or a Cost Neutrality Cap based on eligibility for such enhanced level of reimbursement) requires specific supporting documentation. The required supporting documentation is specified below for each rate. Documentation requirements may be modified for purposes of a Cost Neutrality Cap Determination, *as noted in italics below*. The specified documentation must be submitted with the PAE and/or Cost Neutrality Determination, as applicable.

While completing your assessment of the applicant preparing to complete the PAE, please compile the appropriate documentation for submission if requesting reimbursement for either of the following:

Chronic Ventilator Services – Provide all of the following:

1. Documentation which demonstrates that the person is ventilator dependent for at least 12 hours each day with an invasive patient end of the circuit (i.e., tracheostomy cannula).
2. A physician’s order for ventilator care (*For Cost Neutrality, submit the physician’s order for nursing services.*)
3. A detailed treatment plan developed with input and participation from a pulmonologist or physician with experience in ventilator care signed by the treating physician or a licensed respiratory care practitioner who will oversee the ventilator care (*For Cost Neutrality, submit the care plan for home-based nursing services.*)

NOTE: Reimbursement for NF services at the CV rate can be made *only* to NFs that meet standards of care for delivery of ventilator services, as set forth in TennCare Rules.

Frequent Tracheal Suctioning – Provide all of the following:

1. Documentation which demonstrates that the person has a functioning tracheostomy requiring suctioning **through the tracheostomy** at a minimum, multiple times per 8-hour shift. The suctioning must be required to remove excess secretions and/or aspirate **from the trachea**, which cannot be removed by the patient’s spontaneous effort. (Suctioning of the nasal or oral cavity does **not** qualify for this higher level of reimbursement.)
2. A physician’s order for tracheal suctioning (*For Cost Neutrality, submit the physician’s order for nursing services to perform tracheal suctioning.*)

3. A detailed treatment plan signed by the treating physician, licensed registered nurse, or licensed respiratory professional who will oversee the intensive respiratory care (*For Cost Neutrality, submit the care plan for home based nursing services to perform tracheal suctioning.*)
4. *If some of the care is performed by family members or other caregivers, submit detailed documentation of the care provided by family members or other caregivers, in addition to physician's orders and a nursing care plan for services performed by a registered or licensed nurse.*

NOTE: The NF must ensure the availability of necessary equipment, supplies, and appropriately trained and licensed nurses or licensed respiratory care practitioners to perform the specified tasks.

6.5 FINALIZING THE FUNCTIONAL ASSESSMENT

Now that you have performed the assessment, you should thoroughly review all the medical documentation you've gathered to support each assessment. This is to ensure there are no areas of question; all discrepancies should have been remediated during the assessment process. If there are pieces of conflicting information, those areas should be clarified by obtaining additional documentation. Once you have clear and concise information you will assimilate the information in preparation of completing the PAE in TPAES and if needed, the safety determination request. For every response you mark on each assessment performed, ask yourself the question, "Does my documentation support this response?" If the answer is no, then chances are that TennCare will think the same.

7.0 SAFETY DETERMINATION

As explained in Chapter 2, the need for inpatient care requirement of NF LOC may be satisfied with either a total acuity score of 9 or a determination that a person who meets At Risk LOC does not qualify for enrollment into CHOICES Group 3. A submitting entity may demonstrate on the PAE application that a person does not qualify for enrollment into CHOICES Group 3 because they cannot be safely served using the full array of benefits and services available. A safety determination request can also be made upon the request of the applicant or the applicant's representative. In these cases, the submitting entity requests a safety determination from TennCare. Specifically, a safety determination is defined in TennCare Rule as a TennCare decision regarding whether an applicant would qualify to enroll in CHOICES Group 3 or if there is sufficient evidence to demonstrate that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the Applicant was enrolled in Choices Group 3, including CHOICES HCBS up to the Expenditure Cap of \$15,000, non-Choices HCBS available through TennCare (e.g., home health), cost-effective alternative services (as applicable), services available through Medicare, private insurance or other funding sources, and natural supports provided by family members and other caregivers who are willing and able to provide such care. For detailed information about

services available in Group 3 up to the \$15,000 Expenditure Cap and other available TennCare services, please see list of Group 3 Services (attached). It is also important to remember that the MCO may authorize **Cost Effective Alternatives (CEA)** above the expenditure cap. More information about a CEA can be found on the TennCare website.

7.1 DECIDING IF A TENNCARE SAFETY DETERMINATION SHOULD BE REQUESTED

A Safety Determination by TennCare regarding whether an applicant would qualify for enrollment into CHOICES Group 3 can be made upon request of the applicant, the applicant's representative, or the entity submitting the PAE including the AAAD, MCO, NF, or PACE Organization if at least one of the following criteria are met:

1. The applicant has an approved total acuity score of at least five (5) and safety concerns impacting the applicant's ability to be safely served in CHOICES Group 3 exist;
2. The applicant has an approved individual acuity score of at least three (3) for the mobility or transfer measures and the absence of frequent intermittent assistance for mobility or transfer needs would result in imminent and serious risk to the applicant's health and safety; (documentation of the mobility/ transfer deficits and the lack of availability of assistance for mobility/transfer needs is required);
3. The applicant has an approved individual acuity score of at least two (2) for the toileting measure, and the absence of frequent intermittent assistance for toileting needs would result in imminent and serious risk to the applicant's health and safety (documentation of the toileting deficits and the lack of availability of assistance for toileting needs is required);
4. The applicant has an approved individual acuity score of at least three (3) for the Orientation measure and the absence of frequent intermittent or continuous intervention and supervision would result in imminent and serious risk of harm to the applicant and/or others (documentation of the impact of such deficits on the applicant's safety, including information or examples that would support and describe the imminence and seriousness of risk is required);
5. The applicant has an approved individual acuity score of at least two (2) for the Behavior measure and the absence of intervention and supervision for behaviors at the frequency specified in the PAE would result in imminent and serious risk of harm to the applicant and/or others (in addition to information submitted with the PAE, information or examples that would support and describe the imminence and seriousness of risk resulting from the behaviors is required);
6. The applicant has experienced a significant change in physical or behavioral health or functional needs or the applicant's caregiver has experienced a significant change in physical or behavioral health or functional needs which impacts the availability of needed assistance for the applicant;
7. The applicant has a pattern of recent falls resulting in injury or with significant potential for injury or a recent fall under circumstances indicating a significant

- potential risk for further falls (documentation of the falls is required, Fall Form may be utilized);
8. The applicant has an established pattern of recent emergent hospital admissions or emergency department utilization for emergent conditions or a recent hospital or NF admission or episode of treatment in a hospital emergency department under circumstances sufficient to indicate that the person may not be capable of being safely maintained in the community (not every hospital or NF admission or ER episode will be sufficient to indicate such);
 9. The applicant's behaviors or a pattern of self-neglect has created a risk to personal health, safety and/or welfare that has prompted intervention by law enforcement or Adult Protective Services. A report of APS or law enforcement involvement shall be sufficient by itself to require the conduct of a Safety Determination (but not necessarily the approval of a Safety Determination);
 10. The Applicant has recently been discharged from a community-based residential alternative setting (or such discharge is pending) because the applicant's needs can no longer be safely met in that setting;
 11. The applicant has diagnosed complex acute or chronic medical conditions which require frequent, ongoing skilled and/or rehabilitative interventions and treatment by licensed professional staff;
 12. The applicant requires post-acute inpatient treatment for a specified period of time to allow for stabilization, rehabilitation or intensive teaching in order to facilitate a safe transition into the community;
 13. The applicant's MCO has determined, upon enrollment into Group 3 based on a PAE submitted by another entity, that the Applicant's needs cannot be safely met within the array of services and supports available if enrolled in Group 3, such that a higher level of care is needed.
 14. None of the criteria above have been met, but other safety concerns which impact the applicant being safely served in CHOICES Group 3 exist (a detailed description of the safety concern and sufficient evidence showing the necessary intervention and supervision needed by the applicant must be included); OR
 15. The applicant is a current CHOICES Group 1 or Group 2 member or PACE member enrolled on or after July 1, 2012 and has been determined upon review to no longer meet NF LOC based on a total acuity score of 9 or above but because of specific safety concerns, still requires the level of care currently being provided (a justification and associated documentation must be represented in at least one of the areas listed above).

PAEs may be submitted by more than one entity on behalf of an applicant. If Entity #1 (e.g., the MCO) believes that an applicant's needs can be safely met if enrolled in Group 3 and a Safety Determination is not needed for the applicant, but Entity #2 (e.g., the NF) believes that a Safety Determination is appropriate, then Entity #2 (e.g., the NF) may also submit a PAE on behalf of the applicant, along with a completed Safety Determination request, to the Bureau for review.

If the applicant meets one of the requirements above and the submitting entity (MCO, AAAD, NF, PACE Organization) or the applicant/representative has requested a safety review, the PAE assessor must complete all actions necessary to successfully submit the safety determination request.

7.2 REQUESTING A SAFETY DETERMINATION

TennCare has made available a Safety Determination Request Form (attached) which will guide the PAE assessor through the safety determination request process. The Safety Determination Form is also required to be completed and submitted with the PAE and safety determination request in TPAES. Additional documentation required to support a Safety Determination request shall include all of the following:

1. A completed PAE that includes:
 - a. A detailed explanation of each ADL or related deficiency (as required by TennCare);
 - b. A completed Safety Determination Request Form (attached); and Medical evidence sufficient to support the functional and related deficits identified on the PAE and the health and safety risks identified on the safety determination request form. Documentation to support the safety justification may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.
2. A comprehensive needs assessment which shall include all of the following:
 - a. An assessment of the applicant's physical, behavioral, and psychosocial needs not reflected in the PAE, including the specific tasks and functions for which assistance is needed by the applicant, the frequency with which such tasks must be performed, and the applicant's need for safety monitoring and supervision;
 - b. The applicant's living arrangements and the services and supports the applicant has received for the six (6) months prior to submission of the safety determination request, including unpaid care provided by family members and other caregivers, paid services and supports the applicant has been receiving regardless of payer (e.g., non-CHOICES HCBS available through TennCare such as home health and services available through Medicare, private insurance or other funding sources); and any anticipated change in the availability of such care or services from the current caregiver or payer; and
 - c. Detailed explanation regarding any recent significant event(s) or circumstances that have impacted the applicant's need for services and supports, including how such event(s) or circumstances impact the applicant's ability to be safely supported within the array of covered services and supports that would be available if the applicant were enrolled in CHOICES Group 3;

3. A person-centered plan of care developed by the MCO Care Coordinator, NF, or PACE Organization (i.e., the entity submitting the Safety Determination request) which specifies the tasks and functions for which assistance is needed by the applicant, the frequency with which such tasks must be performed, the applicant's need for safety monitoring and supervision; and the amount (e.g., minutes, hours, etc.) of paid assistance that would be necessary to provide such assistance; and that would be provided by such entity upon approval of the safety determination. (A plan of care is not required for a safety determination submitted by the AAAD.) In the case of a Safety Determination request submitted by an MCO or AAAD for a NF resident, the plan of care shall be developed in collaboration with the NF, as appropriate; and
4. An explanation regarding why an array of covered services and supports, including CHOICES HCBS up to the Expenditure Cap of \$15,000 and non- CHOICES HCBS (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers would not be sufficient to safely meet the applicant's needs in the community.

8.0 GATHERING DOCUMENTATION TO SUPPORT THE PAE

All PAE submissions are required to have specific supportive documentation reflecting the deficits as identified on the PAE. This documentation will be reviewed by TennCare and compared to the PAE and functional deficits as listed when determining LOC. If supportive documentation is not attached to the PAE according to specifications, LOC may be denied.

The following are required attachments to a NF PAE submission:

- A recent History and Physical (completed within 365 days of the PAE Request Date) AND/OR other recent medical records from a MD or advanced practitioner who provided the medical diagnoses which support the applicant's functional and/or skilled nursing or rehabilitative needs;
- Nursing Facility PAE Certification Form that satisfies the MD certification of medical necessity and current Physician's Orders for NF service and/or level of NF reimbursement requested.
- Certification of the accuracy of the PAE shall be required for all PAEs on the certification tab in TPAES; and
-
- Supporting documentation for reimbursement of skilled nursing and/or rehabilitative services based on the need for such services.

Reminder: While an appropriate PASRR is not a required attachment, the entire PASRR process is required to be completed before a NF LOC determination can be made for Group 1 requests. In the event there has been an appropriate change of status completed, that determination should be added as an attachment to the PAE and labeled as COS to satisfy the PASRR requirement.

The following are required attachments to a HCBS PAE submission:

- A recent History and Physical (completed within 365 days of the PAE Request Date or date of Physician Certification, whichever is earlier) AND/OR other recent medical records from a MD or advanced practitioner who provided the medical diagnoses which support the applicant's functional and/or skilled nursing or rehabilitative needs;
- Certification of the level of care assessment by a Qualified Assessor shall be required for all PAEs on the certification tab in TPAES; and
- HCBS documentation tools (applicant and collateral tools) are required to be completed and submitted with all HCBS PAEs (attached).

The following are required attachments to a PACE PAE submission:

- MD Certification of medical necessity for PACE;
- A recent History and Physical (completed within 365 days of the PAE Request Date or date of Physician Certification, whichever is earlier) AND/OR other recent medical records from a MD or advanced practitioner who provided the medical diagnoses which support the applicant's functional and/or skilled nursing or rehabilitative needs;
- Certification of the level of care assessment by an Assessor shall be required for all PAEs on the certification tab in TPAES; and
- HCBS documentation tools (applicant and collateral tools) are required to be completed and submitted with all HCBS PAEs (attached).

The following are required attachments to a Safety Determination Request (in addition to PAE documents):

- Safety Determination Request Form
- Comprehensive needs assessment
- Person centered Plan of Care (except for AAAD submissions)
- Explanation regarding why an array of covered services and supports, including CHOICES HCBS up to the Expenditure Cap of \$15,000 and non- CHOICES HCBS (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers would not be sufficient to safely meet the Applicant's needs in the community
- Any other documentation that may serve as evidence to support that a person's needs can't be safely met if enrolled I CHOICES Group 3.

Documentation must support each functional and/or skilled nursing or rehabilitative need specifically as these are approved/denied separately upon adjudication. For example, if someone is deficient in Transfer and Mobility and Communication as marked on the PAE, but the supportive documentation only shows why the person cannot transfer or ambulate (and does not show any issues related to communicating) then the Communication portion of the PAE may be denied. Again, this may affect the estimated acuity score as the Communication weighted value would change to a zero if it was completely denied, or to a score lower than submitted if partially approved.

Documents submitted as supportive documentation must include the following to be considered valid documentation:

- Date (within the last 365 days)
- Identifying notation to indicate where the documentation originated (e.g., letterhead)
- Diagnoses
- Credentials of the document author

Acceptable and recommended documentation

- Current History and physical from applicant's physician or from a recent hospital stay
- Current ADL flow sheets
- Current Nurse's notes
- Section "G" of most recent MDS
- PT/OT assessments and notes
- Current physician, PA, NP or FNP progress notes
- Medical records from health departments
- Medical records from clinics
- Medical records from nursing facilities
- Recent physician office visits
- HCBS documentation tools

It is critical that qualified persons submitting a PAE complete the PAE in its entirety, being careful to accurately assess each functional area and to submit sufficient medical evidence to support the assessed level of function, and that assessors are thorough in their review of the assessment and supporting documentation prior to certifying its accuracy. It is equally as important if requesting a safety determination that all required documents be submitted and that the supporting documents attached reflect and support the indicated safety concern(s).

9.0 SUBMITTING THE PAE

Now that you have reviewed program enrollment and eligibility criteria and performed the necessary assessments of the individual's need for assistance, it is time to apply for LOC or medical eligibility, for CHOICES or PACE (financial eligibility is a separate process and determination and requires a distinct application available on the TennCare website). PAE applications are submitted via a web based application known as TPAES (TennCare's PAE System). To learn more about the TPAES system and the correct submission of a PAE application, please visit TennCare's website.

Who can submit a PAE?

For TennCare to determine if a person can be authorized to submit a PAE via TPAES the following must be performed as part of the TPAES user application process:

1. Complete the online TPAES training
2. Obtain and submit a TPAES training completion certificate
3. Complete and submit a TPAES access form
4. Sign the Acceptable Use Policy (AUP)

Once complete, the user may request through TennCare, access to TPAES. This is done by submitting the completed items above via email to LTC.Operations@tn.gov. TennCare works with its Information Security team to grant TPAES access. Each NF, MCO, hospital, and AAAD has a set number of licenses that are provided by TennCare. Additional licenses may be purchased. Please contact LTC.Operations@tn.gov with questions about TPAES system access.

When a PAE should be submitted

1. When a TennCare eligible person is admitted to a NF for receipt of TennCare reimbursed NF Services
2. When a private-paying resident of a NF attains TennCare eligible status
3. When a NF eligible person requires continuation of the same LOC beyond a PAE expiration date assigned by TennCare
4. When a person is applying for CHOICES or PACE
5. To determine an individual's cost neutrality cap for CHOICES Group 2

When a PAE must be submitted

Anytime there is a change in LOC such as:

1. When Medicare reimbursement for SNF services has ended and TennCare Level 2 reimbursement for NF services is requested
2. When a NF eligible person has a change in LOC such as a change from TennCare Level 1 to TennCare Level 2 reimbursement, or from TennCare Level 1 or Level 2 reimbursement to a Chronic Ventilator or Tracheal Suctioning Enhanced Respiratory Care rate, Enhanced Respiratory Care rate to TennCare Level 1 reimbursement, unless the person already has an approved unexpired Level 1 PAE
3. When a NF eligible person is changed from an Enhanced Respiratory Care rate to TennCare Level 2 reimbursement, unless the person has an approved unexpired Level 2 PAE
4. When a NF eligible person no longer requires the specific skilled nursing or rehabilitative services for which a Level 2 PAE was approved but requires other skilled nursing or rehabilitative services for which Level 2 reimbursement may be authorized in a NF
5. When a member enrolled in CHOICES Group 1 or Group 2 no longer meets NF LOC (in place at time of enrollment)
6. When a Member enrolled in CHOICES Group 3 no longer meets at risk LOC. When a Member enrolled in CHOICES Group 3 can no longer be safely served in CHOICES Group 3.

When a PAE is not required

1. When a NF Eligible with an approved unexpired Level 1 PAE returns to the NF after being hospitalized

2. When a NF Eligible with an approved unexpired Level 2 PAE returns to the NF after being hospitalized, if there has been no change in the skilled nursing or rehabilitative service for which the PAE was approved
3. When a NF Eligible changes from Level 2 to Level 1 NF reimbursement and has an approved unexpired Level 1 PAE
4. To receive Medicaid co-payment when Medicare is the primary payer of SNF care
5. When a Discharge/Transfer/Hospice Form is appropriate.
6. For authorization by an MCO of Ventilator Weaning services or short-term payment at the Tracheal Suctioning Enhanced Respiratory Care rate for a person who has just been weaned from the ventilator, but who still requires short-term intensive respiratory intervention. Medical necessity determinations and authorization of Ventilator Weaning services and short-term payment at the Tracheal Suctioning Enhanced Respiratory Care rate during the post-weaning period will be managed by the person's MCO
7. When a person will be receiving hospice services in the NF.

Hospice is covered under the TennCare program as a medical benefit, not a long-term care benefit. When a person elects to receive hospice in a NF, federal regulations require that room and board in the NF is reimbursed by the hospice facility as part of the hospice benefit. So, when a NF resident elects hospice, he/she continues to reside in the NF and to receive appropriate room and board, as well as other services. However, these services are reimbursed to the NF by the hospice agency as a part of the hospice benefit, and not by the MCO as LTSS are no longer being provided.

Also keep in mind that in accordance with TennCare Rule 1200-13-01-.10 (d) if a NF admits or allows continued stay of a TennCare Eligible without an approved PAE it does so at its own risk and in such event the NF shall give the applicant a plain language written notice that Medicaid reimbursement will not be paid unless the PAE is approved and if it is not finally approved the applicant can be held financially liable for services provided, including services delivered prior to the effective date of the PAE and enrollment in CHOICES Group 1, unless a third party is liable.

9.1 TPAES TECHNICAL REQUIREMENTS FOR THE SUBMISSION OF A PAE

Once a PAE application is submitted to TennCare, the Division of Long Term Services and Supports determines if all technical requirements for submission are met. The submission becomes a critical part of that individual applicant's permanent TennCare record and it is therefore imperative that the PAE application is complete and accurate. This section explores all of the information you are providing to TennCare. This includes information about the applicant, about you, the submitter, about the provider of services and the purpose for requesting a LOC determination. Because accurate information is crucial at the onset of this process, TennCare conducts an initial screening of information referred to as technical verification and validation. Typically technical reviews occur within 2 business days of PAE submission. When a PAE does

not meet technical requirements, it is not sent to a TennCare nurse to determine if other criteria (including LOC) are met. The process ends with a notification to the submitter which is available in TPAES. It lists the reason for the technical denial and remedy options. Typically, the submitter should immediately **REVISE** the PAE to remedy the deficiency noted and resubmit the PAE application. If all technical requirements are met, the PAE is forwarded to a TennCare nurse to determine if LOC criteria are met.

After the PAE has been submitted, if you believe that a technical error occurred, please submit a support ticket through TPAES. To view how to complete a support ticket please visit TennCare's website to view LTSS' online training.

9.2 MD CERTIFICATION FOR NF REQUESTS

For NF applicants, the medical necessity provision of NF LOC is satisfied through Physician (or PA, NP as applicable) signature and printed name on the PAE certification form (attached) which can also be printed from the homepage of the TPAES online portal. Physician certification is required for PACE applicants as well. It is important that the most recently updated form is used and attached to the PAE. An original physician's signature is required when submitting a PAE and any revisions or recertifications (detailed in Chapters 12 and 13). PAEs will not be approved for NF LOC unless the certification form is filled out in its entirety and the physician (or PA, NP as applicable) has signed the statement on the PAE Certification page certifying the applicant requires the level of care provided in a nursing facility and that the requested long term care services are medically necessary for the applicant. The information on the certification page must match that provided in the certification tab in TPAES. Anytime, it appears that a Certification Signature is duplicated or not an original signature, a referral to TennCare's Program Integrity Unit must be made.

9.3 ENTERING IDENTIFYING INFORMATION IN TPAES

Applicant Information

Enter the full name of the applicant (Last, First, Middle). If the middle name is unknown you may leave it blank. Enter the current address for the applicant. Enter in the manner below. This is important because all TPAES letters about this PAE that are sent to the applicant will populate the name and address, for the envelope window, exactly as you have entered the name and address information.

Bing, Chandler M.
495 Grove Street
Central Perk, TN 33377

Enter the date of birth in a mm/dd/yyyy format (all dates in TPAES should use this format)

Enter the Social Security Number and Medicaid ID (if person has Medicaid and a Medicaid ID is available). Nursing Facilities and hospitals will need to verify that the Social Security Number

provided on the PASRR matches with the PAE. If the PASRR has a different Social Security Number than the PAE, the PAE may be denied for having no PASRR.

Enter the applicant's telephone number including the area code.

Designee Information

The designee is someone that the applicant **MUST** identify as the person that s/he wants to cooperate and receive information regarding the PAE. If the applicant chooses to not have someone else receive information regarding the PAE, s/he must sign the PAE to acknowledge and certify there is no designated correspondent. The PAE submitter must also acknowledge in TPAES when there is no designee or the PAE may be technically denied. Identification of a designee is a court ordered requirement that ensures that appropriate parties acting on behalf of a PAE applicant are included in notifications of PAE decisions.

Enter the full name of the designee (Last, First, Middle). If the middle name is unknown you may leave blank. Enter the current address for the applicant. Enter in the manner below. This is important because all letters that are sent to the designee will populate the name and address, for the envelope window, exactly as you have entered the name and address information.

Geller, Monica E.
5 Morton Street, Apt 14
West Village, TN 33377

Enter the designee's telephone number including area code.

Submitting Entity Information

Enter the full name of the company submitting the PAE. Enter the full name of the contact person for the PAE. Enter the appropriate provider number, if existing, to the company (NPI, ICF, SNF). Enter the company's business phone number including area code. Enter the company's fax number including area code. This information is stored in TPAES as a contact, and is used to share important information and program updates. Please do not enter personal phone or fax lines.

Provider Information

If applicable, enter the provider information. Enter the provider name and address. Enter the business telephone number including area code. Enter the company's fax number including area code. This information is stored in TPAES as a contact, and is used to share important information and program updates. Please do not enter personal phone or fax lines.

Enter the provider NPI, Intermediate Care Facility (ICF), or Skilled Nursing Facility (SNF) numbers as it applies.

9.4 ENTERING ADDITIONAL INFORMATION IN TPAES

Along with identifying information, additional information is needed to help TennCare determine what you are requesting. While the PAE application is submitted to determine LOC or medical eligibility for LTSS programs, it is also used to approve a higher reimbursement amount for level 2 services or enhanced respiratory rates. It is used to alert TennCare when a current member has a change in LOC or has an end dated PAE but still meets LOC criteria, and finally, the PAE application is used to change a CHOICES Group 2 member's individual cost neutrality cap. On all CHOICES PAEs (not required for PACE PAEs), we need the submitter to tell TennCare why the PAE is being submitted so that we can ensure processes and decisions are accurate. This section details the additional information needed for CHOICES PAE submissions.

Service Requested

Check the box identifying the appropriate service that the applicant requests. If the applicant is choosing to remain in the home & community setting, choose "HCBS". If the applicant is choosing to admit into a nursing facility, choose "Nursing Facility".

HCBS Choices

- Check the box identifying the appropriate Target Group of the applicant:
 - If age 65 or older, choose "Age 65+"
 - If age 21 or older, choose "Physically disabled (21+)" and you must list the specific diagnosis or condition relating to the physical disability. *In order to be approved for target population in Group 3, you must also submit supporting documentation related to the listed diagnosis or condition that meets the definition of physical disability in TennCare Rule.
- Check the box identifying the appropriate Cost Neutrality Cap to the applicant's service needs:
 - Level 1: would qualify for Level 1 NF care
 - Level 2: would qualify for Level 2 (or skilled) SNF care
 - CV (Chronic Ventilator): would qualify for enhanced respiratory care (i.e., for persons who are chronically ventilator dependent).
 - TS (Tracheal Suctioning): would qualify for enhanced respiratory care (i.e., for persons who have a functioning tracheotomy that requires frequent suctioning through the tracheotomy).
- Check the box identifying the appropriate Submission Request Type for the PAE:
 - New CHOICES applicant: a person who is currently not a CHOICES member
 - Change in current LOC: a person who is a current CHOICES member and his/her level of care needs have changed in any manner such that it is not reflected on the current PAE

- Current CHOICES member, current PAE ending: a person who is a current CHOICES member and his/her PAE is soon to end and the requestor believes CHOICES should continue
- CN Cap determination: a current Group 2 CHOICES member whose needs have changed and therefore requires a change in the individual cost neutrality cap that is applied

Nursing Facility Choices

- Check the box identifying the appropriate Reimbursement Levels to the applicant's service needs:
 - Level 1: would qualify for Level 1 NF care
 - Level 2: would qualify for Level 2 (or skilled) SNF care
 - CV (Chronic Ventilator): would qualify for enhanced respiratory care (i.e., for persons who are chronically ventilator dependent).
 - TS (Tracheal Suctioning): would qualify for enhanced respiratory care (i.e., for persons who have a functioning tracheotomy that requires frequent suctioning through the tracheotomy).
- Check the box identifying the appropriate Submission Request Type for the PAE:
 - New CHOICES applicant: a person who is currently not a CHOICES member
 - Change in current LOC: a person who is a current CHOICES member and his/her level of care needs have changed in any manner such that it is not reflected on the current PAE
 - Current CHOICES member, current PAE ending: a person who is a current CHOICES member and his/her PAE is soon to end and the requestor believes CHOICES should continue
 - Hospice: Hospice services are not Long Term Services or supports and do not require a PAE. If the service type being requested is hospice, please stop and do NOT submit the PAE.

Applicant Admitted From

If the applicant has been admitted into a nursing facility, check the box identifying the location that the applicant resided prior to admission; another nursing facility, home, hospice care, or hospital.

Applicant currently resides in a NF?

Answer the question Yes or No. If yes, document the date of admission to that facility. If available, document the facility Medicaid Provider number.

Discharge Expectation

Check the box identifying if the applicant is expected to discharge from the facility within the next six (6) months or not expected to discharge. This indication may affect decisions related to estate recovery and PAE approval effective dates.

Diagnosis

Enter the full diagnosis that is relevant to the applicant's functional and/or skilled nursing needs. This diagnosis should also be found within the supporting documentation that is attached to the PAE.

Entering the PAE Request Date

This is the date you want the PAE to be effective. As part of the PAE approval process, TennCare will determine the PAE approval effective date and will use what you enter as part of their decision. Please see Section 10.10 to learn more about how TennCare determines a PAE approval effective date.

Nursing Facility, Address/Phone Number(s)

Enter the full name of the nursing facility that the applicant is requesting for admission or a current resident of. Enter the facility's phone number including area code. Enter the full address of the facility including City, State, County and Zip Code.

Current NF payer source

Check the box identifying the current nursing facility payer source at the time of the PAE; Medicare or Private Pay (if other, please note).

Medicaid Only Payer Date

Enter the requested date of Medicaid payment for NF services (otherwise known as the **Medicaid Only Payer Date** or MOPD) if known at the time of the PAE submission. If the MOPD is unknown, the PAE will be processed and level of care determined. However, an MOPD is required before CHOICES enrollment can be approved. It is very common for facilities to submit a PAE then enter the MOPD at a later time once it is known. The TPAES home page includes a list of items waiting for an MOPD to be entered.

The Medicaid Only Payer Date or MOPD is required before a person is enrolled into CHOICES Group 1 (care in a Nursing Facility or NF). In addition to other CHOICES enrollment requirements, the Bureau of TennCare must have received notification from the NF that Medicaid reimbursement is being requested for the effective date of CHOICES enrollment. This requirement is cited in TennCare Rule 1200-13-01-.02. The MOPD is the date the NF intends to bill the MCO (CHOICES) for NF services because no other payer source exists. Other payers include third party liability such as private insurance or Medicare. It also means that the patient is not privately paying.

The MOPD is a known date; it's not a guess or an estimate. This means that the MOPD should not change once entered into TPAES. If a MOPD does change, the MCO must be contacted.

Sometimes the MOPD is known at the time the PAE is submitted. Sometimes the MOPD is not known until more information is gathered about other payer sources. A NF can enter the MOPD at any time; there is no time limit. However, if there is more than 90 days between the PAE approved effective date and the Medicaid Only Payer Date a facility has to recertify the PAE. If there is more than 365 days between the PAE approved effective date and the Medicaid Only Payer Date a facility has to submit a new PAE.

Here are some examples:

1. NF submits a PAE that is approved on 7/1/12. On 12/1/12, the NF enters the MOPD. The MOPD is 8/1/12. In this case, the NF does NOT have to recertify the PAE.
2. NF submits a PAE that is approved on 7/1/12. On 6/1/13, the NF enters the MOPD. The MOPD is 12/1/13. In this case, the NF does have to recertify the PAE.
3. NF submits a PAE that is approved on 7/1/12. On 8/1/13, the NF enters the MOPD. The MOPD is 8/1/13. In this case, the NF has to submit a new PAE.

Note

If applicant does NOT currently reside in a NF and/or Medicare is responsible for NF payment, applicant cannot be enrolled into CHOICES Group 1, even if a PAE is approved. Upon NF admission and/or exhaustion of Medicare benefit, the NF must via TPAES enter a Medicaid Only Payer Date (MOPD) before enrollment into CHOICES can occur.

Request Safety Determination

Check yes or no to show whether or not you are submitting a safety determination request with the PAE. Complete the safety attestation box which will become available once you have checked a response.

9.5 COMPLETING THE CERTIFICATION TAB IN TPAES

For NF and PACE PAE submissions, the information on the certification form must match that information provided on the certification tab in TPAES. This must include the MD certification on both the Certification form and tab. For all PAE submissions (PACE, NF, or HCBS), regardless of the PAE submitter, the name and credentials of the individual who conducted the face-to-face assessment of the applicant must be reflected on the Certification tab in TPAES. Upload and attach the Certification form to the NF or PACE PAE prior to submitting to TennCare.

9.6 COMPLETING THE FUNCTIONAL ASSESSMENT TAB IN TPAES

In Section 5 we detailed performing and finalizing the functional assessment, ensuring that each area is complete. When you have completed your assessment you should have a very good idea of how the individual will score on the functional assessment. Mark the responses on the PAE which reflect the functional abilities as you observed and as reflected in the documentation. Rely

on your skilled clinical knowledge, effective observation and assessment skills and the preponderance of the documentation to assist you in completing the PAE. Upload and attach all of the documents to the PAE prior to submitting to TennCare. Please label each attachment clearly.

9.7 COMPLETING THE SKILLED NURSING AND REHABILITATIVE SERVICES TAB IN TPAES

For any applicant who requires one or more of the specified skilled nursing and/or rehabilitative services as described in Chapter 6, check the box identifying **ONLY** those services that apply to the specific applicant, if any. Do not mark this page if there are no services that apply to the applicant. Upload and attach all of the required and supporting documents to the PAE prior to submitting to TennCare. Please label each attachment clearly.

9.8 COMPLETING THE SAFETY TAB IN TPAES

If you are requesting a safety determination you will indicate which area(s) triggered the need for the safety determination request and make sure to upload all required and supporting documents. Please make sure to label each attached document clearly. For required documents, label them as instructed on the Safety Determination Request Form.

9.9 FINALIZING AND SUBMITTING THE PAE

Once you have completed the PAE including the functional assessment, uploaded and attached all required and supporting documentation, and completed all certifications as appropriate, you are ready to submit your PAE. Before you hit the “submit” button ask yourself these questions:

- Are all demographics complete and accurate?
- Are all of the responses on the functional assessment complete, true and accurate?
- Does the documentation I submitted support the responses as marked on the functional assessment?
- Did I request a safety determination; if so are all of the responses on the safety determination complete, true and accurate?
- Have I supplied all of the required attachments?
- Have I met all of the technical requirements of a PAE submission?

If the answer to all of these questions is “yes”, then you should submit your PAE. You can do this by hitting the “SUBMIT” button in TPAES. You will then get a message indicating that your PAE has been submitted. Each PAE is assigned a control number.

Additional MCO and AAAD Documentation Requirements:

For all PAEs submitted by the MCO, the *MCO Checklist* must be uploaded as an attachment to the PAE. This form is required to make an accurate financial eligibility decision, but is not required for PAE adjudication.

For all PAEs submitted by the AAAD, a completed *Sams ILA (NSI) 2007 Assessment*, and *Freedom of Choice* form must be uploaded as an attachment to the PAE. This information is used to relay information to the appropriate MCO in the event the PAE is approved and the applicant is subsequently enrolled in CHOICES, but is not required for PAE adjudication.

10.0 TENNCARE PAE DETERMINATION

Once you have completed and submitted the PAE via TPAES, TennCare verifies that the submission is valid as detailed in Chapter 9. Once a PAE application is determined to be technically correct and not a duplicate PAE, the PAE application is forwarded to a TennCare Registered Nurse (RN). This section outlines all of the decisions the TennCare PAE nurse makes when determining LOC.

In order to meet NF LOC requirements, TennCare must determine that an applicant meets both of the following criteria:

1. Medical Necessity of Care
2. Need for inpatient Nursing Care
 - a. Have a total acuity score of at least 9; or
 - b. Meet At Risk criteria on an ongoing basis and be determined by TennCare to not qualify for enrollment into group 3 based on a Safety Determination.

In order to meet At Risk LOC requirements TennCare must determine that an applicant meets both of the following criteria:

1. Medical Necessity of Care
2. Need for inpatient Nursing Care
 - a. Have a significant deficit (needs assistance daily or at least 4 days per week) in an ADL or ADL Related function as indicated and approved on the PAE application.

In addition to LOC determinations, TennCare determines the following:

1. Level of NF reimbursement based on skilled nursing and rehabilitative services needed.
2. Whether there is an appropriate PASRR or a need for referral (for CHOICES Group 1 only).
3. Individual cost neutrality caps for people applying for or enrolled in CHOICES Group 2
4. PAE approval effective and end dates.
5. Validity of Qualified Assessor certification.

This Chapter explains these decisions in more detail.

10.1 DETERMINING MEDICAL NECESSITY OF CARE

For persons requesting care in a Nursing Facility:

To meet this provision of LOC, care in a nursing facility must be expected to improve or ameliorate the individual's physical or mental condition, to prevent deterioration in health status, or to delay progression of a disease or disability, **and** such care must be ordered and supervised by a physician on an ongoing basis.

This criteria is satisfied through Physician (or PA, NP as applicable) signature on the PAE certification form (attached). This signature serves as an attestation that the applicant requires the level of care provided in a nursing facility and that the requested long-term care services are medically necessary as defined above. The signer further attests that such care is ordered and supervised by a physician on an ongoing basis.

Any intentional act to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. Additionally, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties.

It is important that the most recently updated form is used and attached to any NF or PACE PAE requesting NF services. The most recently updated form is always available on the TennCare website and can also be found and printed from the submitter homepage in TPAES. The PAE certification form must be completed in its entirety and must include an original signature and the date LOC is certified as medically necessary. PAEs requesting NF services without this information will be denied NF LOC as not meeting the Medical Necessity of Care requirement.

For persons requesting HCBS in CHOICES or PACE:

To meet this provision of LOC, HCBS must be required in order to allow the person to continue living safely in the home or community-based setting and to prevent or delay placement in a nursing facility, and such HCBS must be specified in an approved plan of care and needed *on an ongoing basis*. The need for *one-time* HCBS is not sufficient to meet medical necessity of care for HCBS.

If a person's ongoing need for assistance with activities of daily living and/or instrumental activities of daily living can be met through the provision of assistance by family members and/or other caregivers, or through the receipt of services available to the member through community resources (e.g., Meals on Wheels) or other payer sources (e.g., Medicare), s/he does not require HCBS in order to continue living safely in the home and community-based setting and to prevent or delay placement in a nursing facility.

This criterion is satisfied by MCOs through the completion of the cost neutrality tab in TPAES by listing the services and frequency. It is satisfied by the AAADs with a checkbox in TPAES indicating the need for ongoing HCBS. PACE satisfies this requirement through physician certification. PAEs requesting HCBS without this information will be denied NF LOC as not meeting the Medical Necessity of Care requirement.

10.2 DETERMINING THE NEED FOR INPATIENT CARE

For persons requesting care in a Nursing Facility:

The individual must have a physical or mental condition, disability, or impairment that, as a practical matter, requires daily inpatient nursing care. The individual must be unable to self-perform needed nursing care and must:

- Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale; or
- Meet At Risk LOC criteria on an ongoing basis and be determined by TennCare to not qualify for enrollment into group 3 based on a Safety Determination.

For persons eligible to receive care in a NF, but requesting HCBS in CHOICES or PACE:

The applicant has a physical or mental condition, disability, or impairment that requires ongoing supervision and/or assistance with activities of daily living in the home or community setting. In the absence of such HCBS the person would require and must qualify to receive NF services in order to remain eligible for HCBS. The individual must be unable to self-perform needed assistance and must:

- Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale; or
- Meet At Risk LOC criteria on an ongoing basis and be determined by TennCare to not qualify for enrollment into group 3 based on a Safety Determination.

This criterion is satisfied in part by the diagnosis listed on the PAE (For NF requests, the certification form which includes certification of the diagnosis via signature by the Physician, PA, or NP as applicable). The diagnosis must also be supported by medical evidence. The PAE nurse also reviews the functional assessment and supporting medical documentation to determine the total acuity score. The following chart represents each functional measure and associated values:

Functional Measure	Condition	Always	Usually	Usually not	Never	Maximum Individual Acuity Score	Maximum Acuity Score for the Measure(s)
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating		0	1	3	4	4	4
Toileting	Highest value of three questions for the toileting measure	0	0	1	2	2	3
Incontinence care		0	1	2	3	3	
Catheter/ostomy care		0	1	2	3	3	

Orientation		0	1	3	4	4	4
Expressive communication	Highest value of two questions for the communication measure	0	0	0	1	1	1
Receptive communication		0	0	0	1	1	
Self-administration of medication	First question only; excludes SS insulin	0	0	1	2	2	2
Behavior		3	2	1	0	3	3
Maximum possible ADL (or related) Total Acuity Score							21

Also included in the total acuity score are any values assigned to the approval of skilled and/or rehabilitative needs as documented on the PAE application and supported by medical evidence. Section 3 of this chapter discusses determinations related to skilled and rehabilitative services in more detail. The following chart represents the skilled and rehabilitative services captured on the PAE application and the associated values:

Skilled or rehabilitative service	Maximum Individual Acuity Score
Ventilator	5
Frequent tracheal suctioning	4
New tracheostomy or old tracheostomy requiring suctioning through the tracheostomy multiple times per day at less frequent intervals, i.e., < every 4 hours	3
Total Parenteral Nutrition (TPN)	3
Complex wound care (i.e., infected or dehisced wounds)	3
Wound care for stage 3 or 4 decubitus	2
Peritoneal dialysis	2
Tube feeding, enteral	2
Intravenous fluid administration	1
Injections, sliding scale insulin	1
Injections, other IV, IM	1
Isolation precautions	1
PCA pump	1
Occupational Therapy by OT or OT assistant	1
Physical Therapy by PT or PT assistant	1
Teaching catheter/ostomy care	0
Teaching self-injection	0
Other	0
Maximum Possible Skilled Services Total Acuity Score	5

Modified Approval

A TennCare PAE nurse may approve a modified score for an ADL or related deficiency based on information provided in the supporting medical documentation. TennCare does not simply approve or deny the submitted score for each ADL deficiency. Instead, TennCare may approve a modified score when supported by medical evidence, while preserving the integrity of the originally filed application. These modifications are not intended to replace the vital service provided by PAE assessors. It is critical that NFs and other submitting entities make every effort to ensure that the assessment information submitted in the PAE accurately reflects the applicant’s level of functioning, and that medical evidence submitted is consistent with and supports the functional deficits identified in the application. Remember that an assessor is certifying that the information provided in the PAE assessment is accurate and is accountable for accurate submissions.

For persons not eligible to receive care in a NF, but “at risk” of NF placement and requesting HCBS in CHOICES:

The applicant has a physical or mental condition, disability, or impairment that requires ongoing supervision and/or assistance with activities of daily living in the home or community setting. In the absence of such HCBS, the person would not be able to live safely in the community and would be at risk of NF placement. The applicant must require supervision and/or assistance daily or at least 4 times per week with one or more activities of daily living (as listed on the PAE application) on an ongoing basis.

This criteria is satisfied in part by the diagnosis listed on the PAE in TPAES and as supported by medical evidence. The PAE nurse also reviews the functional assessment and supporting medical documentation to determine if at least one significant deficit exists. A significant deficit is a deficit in an ADL or related function as listed on the PAE application that requires assistance daily or at least 4 times weekly. An acuity score is not used to determine if a person meets “At Risk” LOC. The following chart shows each functional measure and the associated significant deficit:

Functional Measure	Always	Usually	Usually not	Never
Transfer			*	*
Mobility			*	*
Eating			*	*
Toileting			*	*
Incontinence care			*	*
Catheter/ostomy care			*	*
Orientation			*	*
Expressive communication			*	*
Receptive communication			*	*

Self-administration of medication			*	*
Behavior	*	*		

A TennCare determination that an applicant does not qualify to enroll in CHOICES Group 3

Once a person is determined to not have a score of at least 9 on the TennCare Acuity Scale (attached), the PAE nurse determines if the person meets At Risk LOC. If a person does not meet NF LOC requirements but does meet At Risk LOC requirements, TennCare must determine if enrollment criteria for CHOICES Group 3 is met. This decision includes a determination that:

- a) The applicant is in the defined target population for CHOICES HCBS (age 65 or older or age 21 or older with physical disabilities);

TennCare makes this determination using all the information that is provided with the PAE application.

The decision also includes a determination that:

- b) The applicant’s needs can be safely and appropriately met in the community with the array of services and supports that would be available if the applicant was enrolled in CHOICES Group 3, including CHOICES HCBS up to the expenditure cap of \$15,000, non-CHOICES HCBS available through TennCare (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers.

TennCare makes this determination only when a complete safety determination request is received. Individuals who meet At Risk LOC requirements who cannot be safely served if enrolled in CHOICES Group 3 will be granted NF LOC approval and as long as all other enrollment and eligibility requirements are met, will be approved for TennCare reimbursed NF services through CHOICES Group 1 or for more comprehensive HCBS through CHOICES Group 2 or PACE.

10.3 DETERMINING THE INDIVIDUAL ACUITY SCORE

TennCare has assigned a weighted value to each of the possible responses to each question on the PAE, based on the amount of assistance that would be required for a person with that type and level of ADL or related deficit. Each response must be supported by the medical evidence submitted with the PAE. An **individual acuity score** is the weighted value assigned to:

- 1) The response to a specific ADL (or related) question on the TennCare PAE that is supported by the medical evidence submitted with the PAE; or
- 2) A specific skilled or rehabilitative service determined by TennCare to be needed by the applicant based on the medical evidence submitted with the PAE.

How an individual acuity score is calculated:

Submitted answers on the functional assessment are reviewed by a TennCare nurse and may be approved, denied or partially approved based on a review of all the submitted supporting documentation. Only those answers to functional measures approved or partially approved by TennCare will apply to the approved acuity score. This means the acuity scores populated by TPAES at the time of submission (so that the TPAES user can anticipate TennCare's LOC decision) are not final until the PAE is reviewed and approved by TennCare.

If an answer provided on the functional assessment is denied, the score assigned for that functional measure is 0. If it is approved as submitted, the ADL (or related) measure will receive the full weighted value for that measure. If a functional assessment answer is partially approved by TennCare because the supporting documentation does not support the answer given, but does support a lesser frequency of the deficit, the functional measure is awarded the value assigned with the response best supported by the documentation. For example: A response of "Never" is submitted for the functional measure of transfer. Upon submission of the PAE, TPAES provides the user with a "submitted" score of 4 for that deficit. TennCare reviews the documentation and finds that it does not support that the applicant can "never" transfer without assistance. It does however, support that the applicant needs assistance with transferring most days of the week (4). In this case, the TennCare nurse denied the response of "never" but assigns the value provided for a response of "usually not", giving the functional measure an "approved" score of 3.

Specific areas on the functional assessment are captured based on condition and assigned weighted values based on such. These conditions are as follows:

1. Maximum Acuity Score for Transfer and Mobility

Assessment of the need for assistance with transfer and the need for assistance with mobility are separate but overlapping measures of an applicant's physical independence (or dependence) with movement.

The maximum individual acuity score for transfer is 4.

The maximum individual acuity score for mobility is 3.

The highest individual acuity score among the transfer and mobility measures is the applicant's total acuity score across both measures.

The maximum acuity score across both the transfer and mobility measures is 4.

2. Maximum Acuity Score for Toileting

Assessment of the need for assistance with toileting includes the following:

- a) An assessment of the applicant's need for assistance with toileting;
- b) Whether the applicant is incontinent, and if so, the degree to which the applicant is independent in incontinence care; and
- c) Whether the applicant requires a catheter and/or ostomy and if so, the degree to which the applicant is independent with catheter and/or ostomy care.

The highest individual acuity score among each of the 3 toileting questions is the applicant's total acuity score for the toileting measure.

The maximum acuity score for toileting is 3.

3. Maximum Acuity Score for Communication

Assessment of the applicant's level of independence (or deficit) with communication shall include an assessment of expressive as well as receptive communication.

The highest individual acuity score across each of the 2 communication questions is the applicant's total score for the communication measure.

The maximum possible acuity score for communication is 1.

4. Maximum Acuity Score for Self-Administration of Medication

Assessment of the applicant's level of independence (or deficit) with self-administration of medications as an ADL-related function shall not take into consideration whether the applicant requires sliding scale insulin and the applicant's level of independence in self-administering sliding scale insulin.

Sliding scale insulin is considered along with other skilled and/or rehabilitative services for which TennCare could authorize level 2 NF reimbursement.

The maximum individual acuity score for self-administration of medication is 2.

The maximum individual acuity score for sliding scale insulin is 1.

The maximum possible acuity score for ADLs or related deficits is 21.

Skilled Nursing and/or Rehabilitative Services:

TennCare has also assigned a weighted value to each of the skilled and/or rehabilitative services for which level 2 or enhanced respiratory care NF reimbursement could be authorized, when determined by TennCare to be needed by the applicant on a daily basis or at least five days per week for rehabilitative services, based on the medical evidence submitted with the PAE.

For any applicant who requires one or more of the specified skilled nursing or rehabilitative services and at a frequency (daily for each of the specified skilled services and at least five (5) days per week for each of the specified rehabilitative services) for which level 2 NF

reimbursement may be approved by TennCare, the submitter completes the applicable portions of the PAE and includes documentation required for determination of eligibility for level 2 or enhanced respiratory care NF reimbursement (as applicable), regardless of whether the applicant's care will be provided in a NF or in the community. A Physician's Order is not required if the skilled or rehabilitative services are being performed by a family member under a specified exemption to the Nurse Practice Act. However, the PAE must include medical records sufficient to document the need for each skilled or rehabilitative service(s), including the frequency of each service, as would be required for determination of eligibility of a higher level of NF reimbursement. This information will be used for purposes of determining the applicant's total acuity score (regardless of setting), as well as the applicant's cost neutrality cap if enrolled in CHOICES Group 2.

The highest individual acuity score across all of the skilled and/or rehabilitative services is used to calculate the applicant's acuity total for skilled and/or rehabilitative services.

The maximum possible acuity score for skilled and/or rehabilitative services is 5.

10.4 DETERMINING THE TOTAL ACUITY SCORE

The applicant's approved acuity total for each functional measure (or in the case of transfer and mobility, across both measures) will be added in order to determine the applicant's total ADL and related deficit acuity total up to a maximum of 21. The applicant's total ADL and related deficit acuity total will then be added to the applicant's skilled and rehabilitative services acuity total, up to a maximum of 5, in order to determine the applicant's approved total acuity score. The maximum total acuity score is 26.

10.5 PRACTICAL EXAMPLES

Example A:

Based on responses to questions in the PAE functional assessment and supported by medical evidence submitted with the PAE, Applicant A is "Never" independent with transfer, mobility, eating or toileting, but is continent and does not have a catheter or ostomy. In addition, Applicant A is "Never" independent in administration of medication, despite the provision of assistance as specified in the PAE. Applicant A is "Always" oriented to person and place and "Always" independent in expressive and receptive communication. Applicant A "Never" requires intervention for dementia-related behaviors. Applicant A does not require any of the specified skilled or rehabilitative services for which Level 2 NF reimbursement would be authorized.

- The acuity score for the transfer measure is 4.
- The acuity score for the mobility measure is 3.
- The combined acuity score across the transfer and mobility measures is 4 (the highest value across the two measures).
- The acuity score for the eating measure is 4.
- The acuity score for the first toileting question is 2.
- The acuity scores for the incontinence and catheter/ostomy care questions are each 0.

- The acuity score for the toileting measure is 2 (the highest value of three possible questions for the toileting measure).
- The acuity score for the orientation measure is 0.
- The acuity score for expressive communication is 0.
- The acuity score for receptive communication is 0.
- The acuity score for the communication measure is 0 (the highest value of two possible questions for the communication measure).
- The acuity score for the self-administration of medication measure is 2.
- The acuity score for the behavior measure is 0.
- The total ADL or related acuity score is 12.
- The skilled services acuity score is 0.
- The applicant’s **total acuity score** is 12.

Example B:

Based on responses to questions in the PAE functional assessment and supported by medical evidence submitted with the PAE, Applicant B is “Always” independent with transfer, mobility, eating and all aspects of toileting; “Never” oriented to person and place; “Always” independent with expressive communication and “Usually” independent with receptive communication; “Never” independent with self-administration of medication, despite the provision of assistance as specified in the PAE (due to cognitive impairments); and “Always” requires intervention for persistent behaviors (not primarily related to a mental health condition or substance abuse disorder). Applicant B does not require any of the specified skilled or rehabilitative services for which Level 2 NF reimbursement would be authorized.

- The acuity score for the transfer measure is 0.
- The acuity score for the mobility measure is 0.
- The combined acuity score across the transfer and mobility measures is 0 (the highest value across the two measures).
- The acuity score for the eating measure is 0.
- The acuity score for each of the toileting questions is 0.
- The acuity score for the toileting measure is 0 (the highest value of three possible questions for the toileting measure).
- The acuity score for the orientation measure is 4.
- The acuity score for expressive communication is 0.
- The acuity score for receptive communication is 0.
- The acuity score for the communication measure is 0 (the highest value of two possible questions for the communication measure).
- The acuity score for the self-administration of medication measure is 2.
- The acuity score for the behavior measure is 3.
- The total ADL or related acuity score is 9.
- The skilled services acuity score is 0.
- The applicant’s **total acuity score** is 9.

Now you should completely understand how the total acuity score is derived by TennCare and have specific examples showing exactly how it is calculated. When an applicant has a total

acuity score 9 or above, this part of the “need for inpatient care” provision is met. When an applicant scores less than 9, another level of care determination is made. You should also fully understand how TennCare makes a decision regarding whether an applicant meets At Risk Level of Care.

Next we will detail the TennCare safety determination portion of the PAE adjudication process. Remember, a safety determination is made when a person does not meet the “need for inpatient care” provision of NF LOC but does meet the “need for inpatient care” requirement for At Risk LOC approval **and** a completed safety determination request is received by TennCare.

10.6 MAKING A SAFETY DETERMINATION

A safety determination is a decision made by TennCare regarding whether an applicant would qualify to enroll in CHOICES Group 3 or if there is sufficient evidence, as required and determined by TennCare, to demonstrate that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in Choices Group 3, including CHOICES HCBS up to the Expenditure Cap of \$15,000, non-Choices HCBS available through TennCare (e.g., home health), cost-effective alternative services (as applicable), services available through Medicare, private insurance or other funding sources, and natural supports provided by family members and other caregivers who are willing and able to provide such care, and which may impact the applicant’s NF LOC eligibility.

TennCare’s safety determination is based on a review of the medical evidence in its entirety, including consideration of the applicant’s medical and functional needs, and the array of services and supports that would be available if the Applicant was enrolled in CHOICES Group 3 as described above. The lack of availability of suitable community housing or the need for assistance with routine medication management shall not be sufficient by itself to justify approval of a safety determination request. Additionally, an applicant who could be safely served in CHOICES Group 3 except that he does not meet Medicaid categorical and financial eligibility criteria for CHOICES Group 3 (i.e. is not an SSI recipient) shall not be eligible for CHOICES Group 1 or Group 2 as a result of a Safety Determination.

Anytime a safety determination is requested and justification as indicated in Section 7.1 is provided and supported but the medical evidence received by TennCare is insufficient to make a Safety Determination, TennCare may request a face-to-face assessment by the AAAD (for non-Medicaid-eligible Applicants), or the MCO (for Medicaid-eligible Applicants), in order to gather additional information needed by TennCare to make a final safety determination. In such instances, the PAE shall be deemed incomplete, and the time for disposition of the PAE shall be tolled for a reasonable period of time (not to exceed 10 business days, except when such delay is based on the reasonable needs or request of the applicant, and only for a specific additional period not to exceed a total period of more than 30 calendar days) while such additional evidence is gathered.

TennCare may also make a Safety Determination when none of the criteria specified in section 7.1 have been met, but a Safety Determination is requested based on other safety concerns and when the request includes sufficient supporting medical evidence.

A Safety Determination is approved if there is sufficient evidence to demonstrate that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in CHOICES Group 3. When a safety determination request is approved, NF LOC is approved for the applicant. If subsequently enrolled in CHOICES Group 1 or 2 or in PACE based upon approval of a safety determination, the submitting entity requesting the safety determination request (NF, MCO, or PACE Organization) must implement any **Plan of Care (POC)** developed by that entity and submitted as part of the safety determination request and used to demonstrate the services needed by the applicant. This means that if the NF submits a PAE with a safety determination request and as part of that request, includes a POC which shows the services needed to safely serve the member in the NF and TennCare subsequently approves the PAE for NF LOC based on a safety determination, then the POC submitted as part of the request must be implemented.

10.7 LEVEL 2 NF REIMBURSEMENT

To qualify for the approval of Level 2 reimbursement, the applicant must have a physical or mental condition, disability, or impairment that requires one or more of the skilled nursing or rehabilitative services for which Level 2 NF reimbursement may be authorized by TennCare. The need for such service must be supported by the medical evidence submitted with the PAE.

The individual must require such services at a greater frequency, duration, or intensity than, for practical purposes, would be provided through a daily home health visit. The applicant must require the skilled service on a daily basis and/or the rehabilitative service at least five (5) days per week, pursuant to a physician's order.

In addition, the individual must be mentally or physically unable to perform the needed skilled services or the individual must require skilled services which, in accordance with accepted medical practice, are not usually and customarily self-performed.

- a. Administration of oral medications, ophthalmics, otics, inhalers, subcutaneous injections (e.g., fixed-dose insulin, subtherapeutic heparin, and calcitonin), topicals, suppositories, nebulizer treatments, oxygen administration, does not satisfy this requirement.
- b. Nursing observation and assessment do not satisfy this requirement.

A skilled rehabilitative service must be expected to improve the individual's condition. Restorative and maintenance nursing procedures (e.g., routine range of motion exercises; stand-by assistance during ambulation; applications of splints/braces by nurses and nurse aides) do not

satisfy this requirement.

Level 2 NF Care at the Chronic Ventilator Rate of Reimbursement:

The member is ventilator dependent for at least 12 hours each day with an invasive patient end of the circuit (i.e., tracheostomy cannula), and must require ventilator services by an appropriately licensed professional pursuant to a physician's order.

Level 2 NF Care at the Tracheal Suctioning Rate of Reimbursement:

The member has a functioning tracheostomy and requires suctioning through the tracheostomy by an appropriately licensed professional at a minimum, multiple times per eight (8) hour shift, pursuant to a physician's order. The suctioning must be required to remove excess secretions and/or aspirate from the trachea, which cannot be removed by the patient's spontaneous effort. Suctioning of the nasal or oral cavity does not qualify for this higher level of reimbursement.

10.8 PASRR (NF REQUESTS ONLY)

While the PASRR process is separate from LOC determinations, an appropriate PASRR is nonetheless required for NF LOC approval. Similarly, if an applicant's PASRR is negative, but during the clinical review in determining LOC, the TennCare PAE nurse identifies information supporting a positive PASRR, a denial will be issued for no appropriate PASRR and the submitter will be asked to resubmit the PAE along with the appropriate PASRR. If there is not an appropriate PASRR, the PAE is denied. Notice is sent to the applicant (and designee if available) and the submitter is notified. The effective date of an approved PAE can't be before the date of an appropriate PASRR.

An appropriate PASRR is one that is:

- negative (without a subsequent determination that PASRR should be positive)
- positive with a determination that NF placement is appropriate (if short term, PAE should be end dated to reflect)
- positive with a determination that no MI or MR diagnosis exists OR
- positive with a determination that a dementia diagnosis overrides an MI diagnosis

In the event that an applicant develops a PASRR condition or suspicion of a PASRR condition after being admitted to the NF or has a significant change in their status which may result in a change in the plan of care or need for specialized services, regardless if they have previously been identified through PASRR, a change of status should be submitted by the NF to the Department of Mental Health and Substance Abuse Services (DMHSAS) or the Department of Intellectual and Developmental Disabilities (DIDD) as appropriate. Once the determination has been returned to the NF, it should be uploaded as an attachment to the PAE in TPAES and labeled as "change of status".

10.9 DETERMINING AN INDIVIDUAL'S COST CAP FOR CHOICES GROUP 2

When CHOICES Group 2 requests are received and NF LOC is approved, the PAE reviewer must determine the individual's cost neutrality cap. The cost neutrality cap is defined as: the average cost of the level of NF reimbursement that would be paid if the member were institutionalized. The level of reimbursement that would be approved for a Group 1 request is the cost neutrality cap for a group 2 request.

A member who would qualify only for Level 1 NF reimbursement has a cost neutrality cap set at the average cost of Level 1 NF care.

A member who would qualify for Level 2 NF reimbursement has a cost neutrality cap set at the average cost of Level 2 or skilled NF care.

A member who would qualify for the Enhanced Respiratory Care Reimbursement for persons who are chronically ventilator dependent or for persons who have a functioning tracheostomy that requires frequent suctioning through the tracheostomy will have a cost neutrality cap that reflects the higher payment that would be made to the NF for such care. There is no cost neutrality cap for Ventilator Weaning Reimbursement as such service is available only on a short-term basis in a SNF or acute care setting (not HCBS).

10.10 DETERMINING PAE EFFECTIVE DATES

Determining PAE Approved Effective Dates:

If a PAE is approved (for NF LOC, or when NF LOC is denied, but At Risk LOC is approved), the effective date of the approved PAE may be the PAE request date as indicated by the submitter or, for NF PAEs approved for NF LOC, the physician certification date, whichever is earlier, keeping in mind the following:

- The effective date of NF LOC for an approved NF PAE can't be before the date of an appropriate PASRR.
- A PAE approval effective date may not be greater than ten (10) days prior to the date of PAE submission. When a PAE request date is more than 10 days before the date of submission, the PAE request date used by the PAE Reviewer to determine the PAE approval effective date is a date of 10 days prior to PAE submission.
- A Recertified PAE is approved using the PAE approval effective date of the original PAE, so long as the approval effective date on the recertified PAE does not exceed the end date of the original PAE.
- A revised PAE cannot have an approval date more than 10 days prior to the date all information which cured the original deficiency is submitted.
- If a Recertification is submitted within thirty (30) days of a retro-active financial eligibility determination, the effective date can go back as far as the original PAE approval effective date.

Determining PAE End Dates:

A PAE may be approved for a fixed period of time with an expiration date based on an assessment of the applicant's medical condition and anticipated continuing need for inpatient nursing care. PAE approval end dates are determined using clinical nursing judgment in conjunction with:

1. Medical documentation submitted which demonstrates that the condition of the applicant may improve over a period of time in such a degree that the applicant will no longer need the level of care approved;
2. Duration requested and/or approved for skilled nursing and/or rehabilitative services;
3. Duration of Physician Orders;
4. An indication by the PAE submitting entity of “within 6 months” in the discharge expected field in TPAES (only for NF requests when NF LOC approved); and
5. A PASRR determination that NF is appropriate only on a short term basis (only for NF requests when NF LOC approved).

A safety determination may include NF LOC approval periods of less than 30 days when it is determined that additional post-acute inpatient treatment of no more than 30 days is needed for stabilization, rehabilitation, or intensive teaching as specified in the plan of care following an acute event, newly diagnosed complex medical condition, or significant progression of a previously diagnosed complex medical condition in order to facilitate the applicant's safe transition back to the community.

When a PAE is approved with an expiration date, the only way to extend PAE approval past the end date is to submit a new PAE. A recertified PAE cannot extend a PAE end date.

11.0 NOTIFICATION OF PAE DECISIONS

Users should always check the TPAES homepage to know which PAEs are pending submission, pending TennCare determination, requiring an MOPD (NF only), and which PAEs have been adjudicated by TennCare. When a PAE is determined by TennCare, the PAE control number will be available on the user’s TPAES homepage. You can also search the TPAES system by entering the TPAES control number. TennCare LOC decisions can be viewed in TPAES by opening the PAE and reviewing the Request Information Tab. The current status will read “Approved” or “Denied”. If denied, the user should view the “Denial Override” field to know if the PAE was approved for At Risk LOC.

In addition to LOC decisions, users can also view enrollment decisions. This includes whether enrollment into CHOICES or PACE is approved or denied. If approved, you will see the enrollment effective date. However, you should always rely on TNAnytime to confirm CHOICES enrollment information. Enrollment denial reasons will be included in TPAES as well.

11.1 VIEWING THE DENIAL REASON IN TPAES

If LOC is indicated as denied on the Request Information Tab in TPAES, there are three (3) places where you can get detailed information about the denial and reason(s).

First, the TennCare nurse indicates a decision (approved, denied or partially approved) next to each functional measure response you listed on the Functional Assessment Tab in TPAES. For any measure denied or partially approved, line by line comments regarding the denial of that deficit, including the specific inconsistencies or inadequacies in the medical evidence, are next to each functional measure response. This allows the submitter to clearly identify which functional deficits were not supported by the medical evidence such that additional information can be submitted as appropriate, or an appeal can be filed if a mistake was made in reviewing the information submitted.

Second, the denial reason can be reviewed on the formal notification of denial available in TPAES and titled “Notice of Denial”. It is housed in TPAES as a Related Item under “Generated Attachments”. This Notice of Denial is designed for submitters and specifies the reason for denial. There are two (2) provider notification letters used by TennCare. The technical denial notification is generated when technical requirements are not met to successfully submit the PAE for TennCare review and submitter action is required to correct an error. When a technical denial is issued, the submitter must immediately remedy the error in TPAES and resubmit the PAE for determination. Technical denial notifications are very specific in identifying for the submitter the error made and also how to remedy the error.

Here are the reasons for a technical denial and actions step instructions as indicated on the technical denial provider notification:

Duplicate PAE: Applicant has an active PAE for the same level of care and date span as this request. If this is a change in level of care, please indicate such as the submission request type.

Incorrect applicant information submitted: Please revise PAE with correct applicant information and submit.

Incorrect provider information submitted: Please revise PAE with correct provider information and submit.

Incorrect Designee information submitted: Please revise PAE with correct designee information and submit.

Certification of Assessor not complete: Please revise PAE with complete information regarding the qualified assessor on the Certification Tab and submit.

Recertification of this PAE is not necessary: MOPD is 90 days or less from approval effective date or applicant is already enrolled in CHOICES.

Qualified Assessor (or code) listed does not match attached documentation: Please revise PAE and enter correct Qualified Assessor name or code in TPAES.

The other type of provider notification is generated when a PAE is denied for not meeting LOC requirements. The notice indicates that the PAE has been denied because of a deficiency found during the clinical review of the PAE and that submitter action is required to remedy. Similar to the technical denial notification, this notification is also very specific in describing the reason for denial. The notice will indicate which component of NF LOC was not met, including medical necessity or care and the need for inpatient services provisions. It also very clearly details inconsistencies or inadequacies found in the PAE applications so that the submitter may remedy through revision or so that if appealed, can support what mistake TennCare might have made.

Finally, a letter to the applicant (and designee when applicable) is generated and sent by TennCare. These letters are also available to the submitter in TPAES as a Related Item under “Generated Attachments”. Each letter generated pulls from the applicant name and address fields as you list them in TPAES when submitting the PAE. It is critical that you correctly enter information in TPAES as incorrect entries could mean a delay in the PAE letter being delivered to the applicant.

As the PAE assessor, you likely have access to crucial medical information to support deficits as you list them on the PAE. It is always in the best interest of your organization and the applicant to revise a deficient PAE so that TennCare has the information it needs to make accurate LOC decisions. A revision should always be done immediately. Revisions may be submitted up to 30 days after the denial has been issued. A submitter must hit the Revise button in TPAES, and then hit Edit before changes can be made. After 30 days a new PAE is required. If on the other hand, you believe that TennCare made a mistake in the review, you should immediately call the TennCare LTSS Help Desk at 877-224-0219 so that the PAE can be reviewed again and mistakes can be corrected. Each applicant denied NF LOC has the right to appeal the decision. If an appeal is filed by an applicant residing in a NF, the NF must ensure that discharge processes as established by the *Doe* Consent Decree are adhered to. Please see the TennCare website for additional information about the *Doe* Consent Decree.

12.0 REVISING A PAE

Anytime a PAE is denied for technical reasons, it should immediately be revised (corrected) and resubmitted. If, the PAE is denied because NF LOC criteria are not met, and as the assessor, you agree with the PAE denial, then revision is not necessary. However, if you believe the applicant meets medical eligibility requirements based on the information you have available, but NF LOC is denied by TennCare, you should revise the PAE and submit documentation that is consistent with the level of deficiency indicated. You may also resubmit the PAE with a revised score that is consistent with the supporting medical documentation.

If NF LOC is denied but “at risk” LOC is approved and you believe the applicant may meet the criteria for a safety determination, you may revise the PAE and request a safety determination. Please remember to submit all required and supporting documentation to support the safety determination request.

Deficiencies cured (or remedied) after the PAE is denied but within thirty (30) days of the original PAE submission date as a revised PAE, will be processed as a new application, with reconsideration of the earlier denial based on the record as a whole (including both the original denied application and the additional information submitted with the revised PAE). If approved, the effective date of PAE approval can be no more than ten (10) days prior to the date of receipt of the information which cured the original deficiencies in the denied PAE. Payment will not be retroactive back to the date the deficient application was received or to the date requested in the deficient application.

If more than 30 days have passed, you must submit a new application. TennCare will only include in its review the new PAE application. This means that if there is information from the original PAE that you want reviewed as part of the determination, be sure to also include it in the new PAE submission.

13.0 RECERTIFYING A PAE

TPAES allows users to recertify a previously approved PAE. The purpose of recertification of a CHOICES PAE differs from the purpose of recertifying a PACE PAE. This section describes the reasons and processes for recertifying both a CHOICES PAE and a PACE PAE.

13.1 RECERTIFYING A CHOICES NF PAE

The purpose of recertifying a CHOICES PAE is to demonstrate that information submitted on the PAE is still accurate, even though the PAE has not been used for a period of 90 days or more. PAEs do **NOT** need to be recertified every 90 days. However, if you have submitted a PAE and there is more than 90 days between the PAE approval date and the MOPD, the PAE must be recertified to show that the individual continues to meet the level of care represented on the initially submitted and approved PAE. Essentially recertification is simply a signed statement from the treating physician (PA or NP as applicable) verifying that the PAE application submitted still accurately represents the needs of the applicant. On the PAE Certification Form recertification includes this statement: “I certify that the applicant’s medical condition on the recertified PAE is consistent with that described in the initial certification and that Nursing Facility services are medically necessary for the applicant.”

When a user enters the MOPD on a PAE and it is more than 90 days from the PAE approval effective date, TPAES will prompt the user to recertify the PAE. This is the only time a PAE needs to be recertified. A PAE with no end date can be recertified anytime within 365 days of the initial submission. A PAE with an end date can be recertified, but recertification will never extend a PAE expiration date. A new PAE is required to extend an end dated PAE.

If the applicant’s medical condition has changed significantly, such that the previously approved PAE does not reasonably reflect the applicant’s current medical condition and functional capabilities, a new PAE is required.

When a PAE is recertified, the original PAE approval effective date is used as the recertified PAE approval effective date.

13.2 RECERTIFYING A PACE PAE

Annual recertification of a PACE PAE is required to demonstrate that a current PACE member continues to meet medical eligibility requirements for NF LOC in place at the time of PACE

enrollment, or that the current PACE member will meet NF LOC criteria within six months in the absence of continued coverage of PACE services. Once a PACE member has been annually recertified, TennCare may waive the annual recertification requirement. A note will be made in TPAES indicating that future recertifications will be waived with diagnosis of a terminal, chronic condition.

The PACE Organization is required to submit a completed PAE recertification request via TPAES 30 days prior to the recertification due date. The PAE recertification due date is one year (365 days) from the PACE enrollment effective date. Once the recertified PACE PAE is submitted, TennCare will review the recertified PAE applying NF LOC criteria in place at the time of PACE enrollment (as long as the member was continuously enrolled). Based on the information submitted, TennCare will make one of the following decisions:

1. Determination that NF LOC in place at the time of enrollment is met and the requirement for annual recertification is waived.
2. Determination that NF LOC in place at the time of enrollment is met and the requirement for annual recertification is not waived.
3. Determination that NF LOC in place at the time of enrollment is not met but PACE member will likely meet NF LOC in place at the time of enrollment within 6 months without continued coverage of PACE services.
4. Determination that NF LOC in place at the time of enrollment is not met and PACE member will likely continue to not meet NF LOC in place at the time of enrollment even without continued coverage of PACE services.

TennCare Determination:

TennCare will apply the LOC criteria in place at the time of PACE enrollment when adjudicating PACE recertification requests. NF LOC annual recertification requests are submitted via TPAES as a Recertified PAE and reviewed by TennCare. After at least one annual recertification, TennCare may determine that subsequent annual recertification is not necessary. Annual recertification as described above is waived only when TennCare determines there is no reasonable expectation of improvement or significant change in the enrollee's condition, due to the severity of a chronic condition or the degree of impairment of functional capacity. When TennCare waives the annual recertification requirement, the box will be checked which indicates future recertifications are waived.

NF LOC recertification request approvals:

Once it is determined that NF LOC is met for PACE annual recertification requests, TennCare will determine whether the annual recertification requirement can be waived. The annual recertification requirement is waived when it is determined by TennCare that there is no reasonable expectation of improvement or significant change in the member's condition due to the severity of a chronic condition or the degree of impairment of functional capacity. This may include:

1. A diagnosis of Alzheimer's or related dementia.

2. Ongoing chronic conditions that require routine monitoring.
3. Disease processes that have a decreased likelihood for improvement or high risk of progress toward deterioration.

NF LOC recertification request denials:

Once it is determined that NF LOC is not met for PACE annual recertification requests, TennCare will determine whether the member will meet NF LOC within 6 months, absent continued coverage of PACE services. This decision will be based on the following:

1. The individual's ability to remain compliant with medications required for treating the individual's medical condition.
2. The individual's ability to remain compliant with a specialized diet necessary for prevention of complications related to the member's medical condition.
3. The individual's ability to maintain mobility (including transfer) without physical assistance from others.
4. The individual's ability to maintain independence with activities of daily living.

The PAE and supporting documentation received with the recertified PAE will be reviewed to make this determination. If it is determined by TennCare that NF LOC will likely be met within 6 months without continued coverage of PACE services, the PAE recertification request will be approved. The annual recertification requirement will not be waived in these instances.

A determination that a PACE member does not meet NF LOC and will likely continue to not meet NF LOC within 6 months, even without continued coverage of PACE services, will result in a PAE denial and the member's disenrollment from the PACE program.

14.0 APPEALS

The Appeals process is designed to protect the interests and right to due process for Medicaid applicants and beneficiaries. PAE appeal rights are afforded anytime a PAE is denied or when a PAE has been approved with an end date. In these instances, each letter sent to the applicant includes the reason for denial (or end date as applicable) and appeal rights, as well as a statewide list of legal aid offices. TennCare's Division of LTSS also handles specific CHOICES and PACE enrollment appeals regarding the denial of enrollment into these programs, termination of enrollment in one of these programs or the denial or termination of Consumer Direction.

A technical denial should not be appealed. Technical denials require correction of erroneous information by the submitter and are expected to be immediately corrected by the submitter. The errors that result in a technical denial are related only to applicant, provider or designee information that is entered incorrectly. Additionally, provider payment disputes do not fall under the purview of TennCare, but instead should be brought to the attention of the MCO or Tennessee's Department of Commerce and Insurance.

14.1 REVIEWING AN APPEAL IN TPAES

If NF level of care is denied, the applicant notice of action includes appeal rights and the time limit within which an appeal may be filed. The time limit for filing an appeal is 30 days plus mailing time. Mailing time includes five (5) days for receipt of the notice mailed by TennCare and may include an additional five (5) days when an applicant's appeal is mailed to TennCare. This means a total of 35-40 days may be allowed for an applicant to timely file a PAE appeal (40 days only when the appeal is mailed to TennCare).

To determine if an applicant has filed a PAE appeal with TennCare, a submitting entity can view the PAE appeal in TPAES. Detailed steps are as follows:

1. Locate the patient's PAE in TPAES and open it.
Go to the PAE Request Info Tab.
2. Under General Information, locate the "Current Status" field.
3. If the Current Status is indicated as "Appeal Pending," there is a pending PAE appeal for this applicant. In that case, the applicant may not be involuntarily discharged until such appeal has been resolved. This does not preclude the applicant from a voluntary discharge.

To determine if the time limit for filing an appeal has expired, the submitting entity can view the generated notice of adverse action in TPAES. Detailed steps are as follows:

1. Locate the patient's PAE in TPAES and open it.
Go to the PAE Related Items Generated Attachments Tab.
2. The letter date is next to the generated attachment listed; or
3. Click on the letter title or icon to view the letter which includes a date in the upper left.

When a PAE appeal is resolved, the Current Status is indicated in TPAES as follows:

- Appeal Overturned Pre-Judgment: Adverse action was overturned prior to hearing and NF level of care is approved.
- Appeal Overturned by Judgment: Adverse action was overturned as a result of the hearing and NF level of care is approved.
- Appeal Upheld by Judgment: Appeal was withdrawn or defaulted, or the adverse action was upheld as a result of the hearing and NF level of care is denied.

14.2 PAE APPROVAL EFFECTIVE DATES BASED ON APPEAL DECISION

It is important to understand that when it is determined during the course of an appeal that the person meets level of care criteria, and such determination is based on *new* information not originally submitted with the PAE such that TennCare's original decision was correct, the earliest effective date of level of care eligibility permitted is the date the deficiency in the original application was cured. This means that if the PAE did not include supporting medical documentation necessary to approve NF level of care, the date that information is received (i.e., the date the deficiency was cured) is the date that must be used in determining the PAE approval

effective date on appeal. It is therefore critical that assessors and submitting entities make every effort to ensure that the assessment information submitted in the PAE application accurately reflects the person's level of functioning, and that the medical evidence submitted is consistent with and supports the functional deficits identified in the application.

14.3 NF DISCHARGE REQUIREMENTS UNDER THE *DOE* CONSENT DECREE

In accordance with Section 5(a)(2) of the *Doe v. Word* Consent Decree, whenever a current resident of a nursing home has submitted a PAE for approval of Medicaid reimbursement for NF services, the resident may not be discharged because TennCare initially denied the PAE application until any appeal is resolved or the time during which an appeal may be requested has passed without action. This includes applicants denied for NF level of care, but approved for At Risk LOC.

Once a NF has determined that an appeal has not been filed, and that the time limit for appealing a PAE with TennCare has expired, federally compliant discharge processes may continue. Federal requirements pertaining to NF Discharge and transfer processes can be found at 42 CFR 483.12. A copy of the *Doe v. Word* Order can be found on the TennCare website.

14.4 NF REQUEST FOR INFORMATION PROCESS

TennCare has a process to request the immediate attention of a NF when a PAE has been denied, providing 10 calendar days for a NF to submit additional documentation which, if submitted and determined sufficient to approve NF level of care, would preserve the original PAE effective date. Only when the NF *again* fails to submit information sufficient to cure the deficiencies with the PAE would any subsequent approval date, including approval during the pendency of an appeal, be based on the later date that the deficiency is finally cured.

15.0 ABBREVIATIONS USED

Acceptable Use Policy (AUP)

Activities of Daily Living (ADL)

Area Agencies on Aging and Disability (AAAD)

Centers for Medicare and Medicaid Services (CMS)

Cost Effective Alternatives (CEA)

Federal Benefit Rate (FBR)

Health Insurance Portability Accountability Act (HIPAA)

Home and Community Based Services or HCBS

Level of Care (LOC)

Licensed Practical Nurse (LPN)

Licensed Social Worker (LSW)

Long Term Services and Supports (LTSS)

Managed Care Organizations (MCO)

Medicaid management Information System (MMIS)

Medicaid Only Payer Date (MOPD)

Medical History and Physical (H&P)

Medication Administration Record (MAR)

Mini Mental Status Exam (MMSE)

Minimum Data Set (MDS)

Nurse Practitioner (NP)

Nursing Facility (NF)

Physician Assistant (PA)

Pre Admission Evaluation (PAE)

Pre-Admission Screening and Resident Review (PASRR)

Program of All-inclusive Care for the Elderly (PACE)

Protected Health Information (PHI)

Qualifying Income Trust (QIT)

Registered Nurse (RN)

Saint Louis University Mental Status (SLUMS)

Single Point of Entry (SPOE)

Speech Therapy (ST)

TennCare's PAE System (TPAES)

16.0 ATTACHMENTS

1. PAPER PAE APPLICATION
2. PAE CERTIFICATION FORM
3. LEVEL 2 SUPPORTING DOCUMENTATION GRID
4. HCBS APPLICANT TOOL
5. HCBS COLLATERAL TOOL
6. SAFETY DETERMINATION REQUEST FORM
7. LIST OF GROUP 3 SERVICES
8. TENNCARE LEVEL OF CARE ACUITY SCALE

ATTACHMENT 1
PAPER PAE APPLICATION

CHOICES Pre-Admission Evaluation (PAE)

APPLICANT Name (Last, First, Middle) _____ Date of Birth ____/____/____
Street Address _____ County _____
City _____ State _____ Zip _____
SSN _____ - _____ - _____ AND Medicaid Number (if currently eligible) _____

DESIGNEE Name (Last, First, Middle) _____
Street Address _____ Phone (____)____-____
City _____ State _____ Zip _____

Applicant MUST identify the person that s/he wants to receive information about this application OR sign below to show that s/he chooses NOT to have anyone else receive this information:

My signature certifies that I do NOT want a designated correspondent. _____

SUBMITTING ENTITY
Agency _____ Contact Name _____
(if other than admitting NF) Provider Number _____ Phone (____)____-____ Fax (____)____-____

SERVICE REQUESTED:

HCBS Check **Target Group(s)** below, as applicable:
 Age 65 + Physically disabled (21 +) – specify diagnosis or condition _____

Check **one** of the **Cost Neutrality Caps** below:
 Level 1 Level 2 CV (Chronic Ventilator) TS (Tracheal Suctioning)

Submission Request Type:
 New CHOICES Applicant Change in current LOC Current CHOICES member, current PAE ending
 CN Cap determination

Request Safety Determination: Yes No

Nursing Facility Check **one** of the **Reimbursement Levels** below:
 Level 1 Level 2 CV (Chronic Ventilator) TS (Tracheal Suctioning)

Submission Request Type:
 New CHOICES Applicant Change in current LOC Current CHOICES member, current PAE ending
 Hospice ***Hospice services are not LTC services. Do not submit PAE!**

Request Safety Determination: Yes No

Applicant Admitted From: Another NF Home Hospice Care Hospital

Applicant currently resides in a NF? Yes Date of NF admission ____/____/____ NF/SNF Medicaid Provider # _____
 No

Discharge Expectation: Discharge expected within 6 months Discharge not expected

Nursing Facility _____ Phone (____)____-____
Address _____ City _____ State _____ County _____ Zip _____

Current NF payor source: Medicare Private Pay Requested date of Medicaid payment for NF services (**MOPD**) ____/____/____

NOTE: If applicant does NOT currently reside in a NF and/or Medicare is responsible for NF payment, applicant cannot be enrolled into CHOICES Group 1, even if a PAE is approved. Upon NF admission and/or exhaustion of Medicare benefit, the NF must via TPAES enter a Medicaid Only Payer Date (MOPD) before enrollment into CHOICES can occur.

I. TRANSFER:

The applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others on an ongoing basis.

*Approval of this deficit requires documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of transfer assistance required.

Can applicant transfer to and from bed, chair, or toilet without physical help from others?

- A. Applicant is always capable of transfer to and from bed, chair, or toilet without physical assistance.
- U. Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others 1-3 days per week
- UN. Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others 4-6 days per week.
- N. Applicant is never capable of transfer to and from bed, chair, or toilet without physical assistance 7 days per week.

II. MOBILITY:

The applicant requires physical assistance from another person for mobility on an ongoing basis. Mobility is defined as the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair (manual or electric) if walking is not feasible.

*Approval of this deficit requires documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of mobility assistance required.

Can applicant walk without physical help from others?

- A. Applicant is always capable of walking without physical assistance.
- U. Applicant is incapable of walking unless physical assistance is provided by others 1-3 days per week.
- UN. Applicant is incapable walking unless physical assistance is provided by others 4-6 days per week.
- N. Applicant is never capable of walking without physical assistance 7 days per week.

If walking is not feasible (answer to mobility question above is UN or N), is applicant capable of using a wheelchair, either manual or electric?

- A. Applicant is always capable of mobility without physical assistance.
- U. Applicant is incapable of wheelchair mobility unless physical assistance is provided by others 1- 3 days per week.
- UN. Applicant is incapable of wheelchair mobility unless physical assistance is provided by others 4-6 days per week.
- N. Applicant is never capable of wheelchair mobility without physical assistance 7 days per week.

III. EATING:

The applicant requires physical assistance with gastrostomy tube feedings or physical assistance or constant one-on-one observation and verbal assistance (reminding, encouraging) to consume prepared food and drink (or self-administer tube feedings, as applicable) or must be fed part or all of each meal. Food preparation, tray set-up, assistance in cutting up foods, and general supervision of multiple residents shall not be considered to meet this requirement.

*Approval of this deficit requires documentation which supports the need for such intervention, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the applicant would be unable to self-perform this task. For PAEs submitted by an entity other than an MCO, NF, or PACE, an eating or feeding plan specifying the type, frequency and duration of supports required by the applicant for feeding, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the applicant would be unable to self-perform this task is required.

Can applicant eat prepared meals or administer tube feedings without assistance from others?

- A. Applicant is always capable of eating prepared meals or administering tube feedings without assistance.
- U. Applicant is incapable of eating prepared meals or administering tube feedings unless assistance is provided by others 1-3 days per week.
- UN. Applicant is incapable of eating prepared meals or administering tube feedings unless assistance is provided by others 4-6 days per week.
- N. Applicant is never capable of eating prepared meals or administering tube feedings without assistance 7 days per week.

IV. TOILETING

The applicant requires physical assistance from another person to use the toilet on an ongoing basis

*Approval of this deficit requires documentation of the specific type and frequency of toileting assistance required.

Can applicant toilet without physical help from others (This does not include transferring)?

- A. Applicant is always capable of toileting without physical assistance.
- U. Applicant is incapable of toileting unless physical assistance is provided by others 1-3 days per week.
- UN. Applicant is incapable of toileting unless physical assistance is provided by others 4-6 days per week.
- N. Applicant is never capable of toileting without physical assistance 7 days per week.

IF INCONTINENT: Does applicant require physical assistance from another person to perform incontinent care on an ongoing basis?

Check Type(s): [] Bowel [] Bladder

- A. Applicant is always capable of performing incontinence care without physical assistance.
- U. Applicant is incapable of performing incontinence care and requires physical assistance 1-3 days per week.
- UN. Applicant is incapable of performing incontinence care and requires physical assistance 4-6 days per week.
- N. Applicant is never capable of performing incontinence care and requires physical assistance 7 days per week.

If catheter/ ostomy present: Does applicant require physical assistance from another person to perform catheter/ ostomy care on an ongoing basis?

- A. Applicant is always capable of performing catheter/ ostomy care without physical assistance.
- U. Applicant is incapable of performing catheter/ ostomy care and requires physical assistance 1-3 days per week.
- UN. Applicant is incapable of performing catheter/ ostomy care and requires physical assistance 4-6 days per week.
- N. Applicant is never capable of performing catheter/ ostomy care and requires physical assistance 7 days per week.

V. ORIENTATION:

The applicant is disoriented to person (e.g., fails to remember own name, or recognize immediate family members), place (e.g., does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm)

*Approval of this deficit requires documentation of the specific orientation deficit(s), including the frequency of occurrence of such deficit(s), and the impact of such deficit(s) on the applicant.

Is applicant oriented to PERSON (fails to remember own name, or recognizes family), PLACE (does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm)?

- A. Applicant is always oriented to person, place and event/situation.
- U. Applicant is not oriented to person or place or event/situation 1-3 days per week.
- UN. Applicant is not oriented to person or place or event/situation 4-6 days per week.
- N. Applicant is never oriented to person or place or event/ situation 7 days per week.

VI. COMMUNICATION:

Expressive Communication

The applicant is incapable of reliably communicating basic needs and wants (e.g., need for assistance with toileting; presence of pain) in a manner that can be understood by others, including through the use of assistive devices

*Approval of this deficit requires documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of communication assistance required.

EXPRESSIVE: Can applicant reliably communicate basic wants and needs?

- A. Applicant is always capable of reliably communicating basic needs and wants.
- U. Applicant is incapable of reliably communicating basic needs and wants and requires continual intervention 1-3 days per week.
- UN. Applicant is incapable of reliably communicating basic needs and wants, and requires continual intervention 4-6 days per week.
- N. Applicant is never capable of reliably communicating basic needs and wants, and requires continual intervention 7 days per week.

Receptive Communication

The applicant is incapable of understanding and following very simple instructions and commands without continual intervention.

*Approval of this deficit requires documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of communication assistance required.

RECEPTIVE: Can applicant understand and follow very simple instructions without continual intervention?

- A. Applicant is always capable of understanding and following very simple instructions and commands without continual intervention.
- U. Applicant is incapable of understanding and following very simple instructions and commands without continual intervention 1-3 days per week.
- UN. Applicant is incapable of understanding and following very simple instructions and commands without continual intervention 4-6 days per week.
- N. Applicant is never capable of understanding and following very simple instructions and commands without continual intervention 7 days per week.

VII. MEDICATION:

The applicant is not cognitively or physically capable of self-administering prescribed medications at the prescribed schedule despite the availability of limited assistance from another person. Limited assistance includes, but is not limited to, reminding when to take medications, encouragement to take, reading medication labels, opening bottles, handing to applicant, reassurance of the correct dose, and the use of assistive devices including a prepared medication box. An occasional lapse in adherence to a medication schedule shall not be sufficient for approval of this deficit; the applicant must have physical or cognitive impairments which persistently inhibit his or her ability to self-administer medications.

*Approval of this deficit requires evidence that such interventions have been tried or would not be successful, and that in the absence of intervention, the applicant’s health would be at serious and imminent risk of harm.

Is applicant physically or cognitively able to self-administer medications with limited assistance from others (as described above)? This excludes sliding scale insulin which is documented in the skilled services section.

- A. Applicant is always capable of self-administration of prescribed medications.
- U. Applicant is incapable of self-administration of prescribed medications without physical intervention 1-3 days per week.
- UN. Applicant is incapable of self-administration of prescribed medications without physical intervention 4-6 days per week.
- N. Applicant is never capable of self-administration of prescribed medications without physical intervention 7 days per week.

NOTE: If ‘UN’ or ‘N’ is marked, please list medications for which assistance is needed, and provide an explanation regarding why the applicant is unable to self-administer with limited help from others:

VIII. BEHAVIOR:

The applicant requires persistent staff or caregiver intervention and supervision due to an established and persistent pattern of behavioral problems which are not primarily related to a mental health condition (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment), and which, absent such continual intervention and supervision, place the applicant or others at imminent and serious risk of harm. Such behaviors may include physical aggression (including assaultive or self-injurious behavior, destruction of property, resistive or combative to personal and other care, intimidating/threatening, or sexual acting out or exploitation) or inappropriate or unsafe behavior (including disrobing in public, eating non-edible substances, fire setting, unsafe cooking or smoking, wandering, elopement, or getting lost).

*Approval of this deficit requires documentation of the specific behaviors and the frequency of such behaviors.

Does applicant require persistent intervention for an established and persistent pattern of behavioral problems not primarily related to a mental health or substance abuse disorder?

- A. Applicant always requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 7 days per week.
- U. Applicant requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 4-6 days per week.
- UN. Applicant requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 1-3 days per week.
- N. Applicant never requires persistent intervention due to an established and persistent pattern of behavioral problems.

NOTE: If 'A' or 'U' is marked, please specify the behavioral problems requiring continual staff or caregiver intervention:

Skilled Nursing or Rehabilitative Services

The applicant requires daily skilled nursing or rehabilitative services at a greater frequency, duration, or intensity than, for practical purposes, would be provided through daily home health visits.

Approval of such skilled nursing or rehabilitative services requires a physician's order and other documentation as specified in the PAE. Level 2 reimbursement for rehabilitative services and acuity points for such rehabilitative services shall not be approved for chronic conditions, exacerbations of chronic conditions, weakness after hospitalization, or maintenance of functional status, although the NF shall be required to ensure that appropriate services and supports are provided based on the individualized needs of each resident.

SKILLED NURSING & REHABILITATIVE SERVICES (Check all that apply and indicate frequency needed):

Reimbursement for Level 2 Nursing Facility Services requires specific supporting documentation for approval. The required supporting documentation is specified below *in italics* for *each* skilled or rehabilitative service. The specified documentation must be submitted with the PAE. *TennCare does not provide reimbursement for rehabilitative services (see below) for chronic conditions, exacerbations of chronic conditions, or weakness after hospitalization. Rehabilitative services for maintenance of functional status (e.g., routine range of motion exercises, stand-by assistance during ambulation, or applications of splints/braces) are not considered skilled level services.

NEED	SERVICE	DURATION	
		Requested Start Date	Requested End Date
<input type="checkbox"/>	Wound Care for Stage 3 or 4 decubitus <i>Physician's order and Wound Assessment (describing characteristics and measurements)</i>	/ /	/ /
<input type="checkbox"/>	Other Wound Care (i.e., infected or dehisced wounds) <i>Physician's order and Wound Assessment (describing characteristics and measurements)</i>	/ /	/ /
<input type="checkbox"/>	Injections, sliding scale insulin <i>Physician's order for Sliding Scale protocol and Blood Glucose Monitoring Log</i>	/ /	/ /
<input type="checkbox"/>	Injections, other: IV, IM <i>Physician's Orders – Specify Frequency and Duration</i>	/ /	/ /
<input type="checkbox"/>	Intravenous fluid administration <i>Physician's Orders – Specify Frequency and Duration</i>	/ /	/ /
<input type="checkbox"/>	Isolation precautions <i>Lab report with organism and diagnosis to support isolation</i>	/ /	/ /
<input type="checkbox"/>	*Occupational Therapy by OT or OT assistant <i>Physician's Orders and OT Evaluation – Specify Frequency, Duration, and Diagnosis</i>	/ /	/ /
<input type="checkbox"/>	*Physical Therapy by PT or PT assistant <i>Physician's Orders and PT Evaluation – Specify Frequency, Duration, and Diagnosis</i>	/ /	/ /
<input type="checkbox"/>	Teaching Catheter/Ostomy care <i>Skilling for <u>new</u> catheter/Ostomy only – Specify teaching plan</i>	/ /	/ /
<input type="checkbox"/>	Teaching self-injection <i>Skilling for <u>new</u> diabetics only – Specify teaching plan</i>	/ /	/ /
<input type="checkbox"/>	Total Parenteral nutrition <i>Physician's Orders</i>	/ /	/ /
<input type="checkbox"/>	Tube feeding, enteral <i>Physician's Orders</i>	/ /	/ /
<input type="checkbox"/>	Peritoneal Dialysis <i>Physician's Orders</i>	/ /	/ /
<input type="checkbox"/>	PCA Pump <i>Physician's Orders</i>	/ /	/ /
<input type="checkbox"/>	New tracheostomy or old tracheostomy requiring suctioning through the tracheostomy multiple times per day at less frequent intervals, i.e., < every 4 hours <i>Physician's Orders, including date of tracheostomy and documentation of frequency of suctioning required, if applicable</i>	/ /	/ /
<input type="checkbox"/>	Other <i>If other requests, submit supporting documentation.</i>	/ /	/ /

ENHANCED RESPIRATORY CARE RATES

Reimbursement for Level 2 Nursing Facility Services at one of the Enhanced Respiratory Care rates (and an HCBS Cost Neutrality Cap based on eligibility for such enhanced level of reimbursement) is limited to persons who meet specified medical eligibility criteria below. Approval of CV or TS reimbursement (or a Cost Neutrality Cap based on eligibility for such enhanced level of reimbursement) requires specific supporting documentation. The required supporting documentation is specified below for each rate. Documentation requirements may be modified for purposes of a Cost Neutrality Cap Determination, *as noted in italics below*. The specified documentation **must** be submitted with the PAE and/or Cost Neutrality Determination, as applicable.

<input type="checkbox"/>	<p>Chronic Ventilator Services – Provide <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Documentation which demonstrates that the person is ventilator dependent for at least 12 hours each day with an invasive patient end of the circuit (i.e., tracheostomy cannula) • A physician’s order for ventilator care (<i>For Cost Neutrality, submit the physician’s order for nursing services.</i>) • A detailed treatment plan developed with input and participation from a pulmonologist or physician with experience in ventilator care signed by the treating physician or a licensed respiratory care practitioner who will oversee the ventilator care (<i>For Cost Neutrality, submit the care plan for home-based nursing services.</i>) <p>NOTE: Reimbursement for NF services at the CV rate can be made <i>only</i> to NFs that meet standards of care for delivery of ventilator services, as set forth in TennCare Rules.</p>
<input type="checkbox"/>	<p>Frequent Tracheal Suctioning – Provide <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Documentation which demonstrates that the person has a functioning tracheostomy requiring suctioning through the tracheostomy at a minimum, multiple times per 8-hour shift. The suctioning must be required to remove excess secretions and/or aspirate from the trachea, which cannot be removed by the patient’s spontaneous effort. (Suctioning of the nasal or oral cavity does not qualify for this higher level of reimbursement.) • A physician’s order for tracheal suctioning (<i>For Cost Neutrality, submit the physician’s order for nursing services to perform tracheal suctioning.</i>) • A detailed treatment plan signed by the treating physician, licensed registered nurse, or licensed respiratory professional who will oversee the intensive respiratory care (<i>For Cost Neutrality, submit the care plan for home-based nursing services to perform tracheal suctioning.</i>) • <i>If some of the care is performed by family members or other caregivers, submit detailed documentation of the care provided by family members or other caregivers, in addition to physician’s orders and a nursing care plan for services performed by a registered or licensed nurse.</i> <p>NOTE: The NF must ensure the availability of necessary equipment, supplies, and appropriately trained and licensed nurses or licensed respiratory care practitioners to perform the specified tasks.</p>

ATTACHMENT 2

PAE CERTIFICATION FORM

NURSING FACILITY PAE CERTIFICATION FORM

APPLICANT'S NAME: _____

APPLICANT'S SSN: _____

REQUIRED ATTACHMENTS (When a PAE is required, the following attachments **must** be included)

- ✓ A recent History and Physical (completed within 365 days of the PAE Request Date or date of Physician Certification below, whichever is earlier) OR other recent medical records supporting the applicant's functional and/or skilled nursing or rehabilitative needs; and
- ✓ If skilled nursing and/or rehabilitative services are being requested, a separate Physician's Order for such service(s) must be attached and supporting documentation for reimbursement based on the need for such service(s).

PHYSICIAN CERTIFICATION OF LEVEL OF CARE AND PHYSICIAN ORDER FOR NF SERVICES

Must be completed by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.

I certify that the applicant **requires the level of care provided in a nursing facility** and that the requested long-term care services are medically necessary for this applicant. **Medically necessary** care in a nursing facility must be expected to **improve or ameliorate** the individual's physical or mental condition, to **prevent deterioration** in health status, or to **delay progression** of a disease or disability, and such care must be ordered and supervised by a physician on an ongoing basis. I further certify that **I am ordering nursing facility services on an ongoing basis**. I understand that this information will be used to determine the applicant's eligibility for long-term care services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties.

DIAGNOSES relevant to applicant's functional and/or skilled nursing needs:

Must be SIGNED by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist

Signature and Credentials: _____ Signature Date: _____

Printed name of signature listed above: _____

**Please note: If skilled and/or rehabilitative service(s) are being requested, a separate MD Order for such service(s) must be attached to the PAE.*

COMPLETE THE SECTION BELOW ONLY IF THE PAE MUST BE RECERTIFIED

CERTIFICATION UPDATE: I certify that the applicant's medical condition on the recertified PAE is consistent with that described in the initial certification (above) and that Nursing Facility services are medically necessary for the applicant.

Must be SIGNED by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist

Recert PAE Request Date	Signature and Credentials	Date of Signature

ATTACHMENT 3

LEVEL 2 SUPPORTING DOCUMENTATION GRID

Skilling Service	Supporting Documentation Required	Instructions	Approval Period
Ventilator (Does not include vent weaning services)	Physician order for ventilator. and Must have an invasive patient end of circuit.	Documentation which supports ventilator services provided by registered/ licensed nurse and/ or respiratory therapist. And Does not meet requirements for enhanced respiratory reimbursement for chronic ventilator services	3-6 month increments
Nasopharyngeal suctioning	Physician order. and Nursing notes indicating care	Treatment plan must be signed by the treating physician and contain a plan for services to be performed by a registered or licensed nurse and/ or respiratory therapist.	3-6 month increments
Infrequent tracheal suctioning	Physician order. and Nursing notes indicating care.	Patient must have a functioning tracheostomy requiring suctioning through the tracheostomy multiple times per day at less frequent intervals, e.g., < every 4 hours.	30 day increments.
Total Parenteral Nutrition	Physician order. Medical Administration Record (optional).	Documentation must contain duration and frequency of treatment.	30 day increments.
Complex wound care (e.g., infected wounds, dehisced wounds, 3 or more stage 3 and/or stage 4 wounds)	Physician order. and Wound assessment (describing characteristics, type and measurements).	Documentation must support the following: 1. Infected or dehisced wound 2. Three (3) or more stage 3 and/or stage 4 wounds 3. Wound vac Wound type and severity to be determined based upon documentation received.	3-6 month increments

Wound care for stage 3 or 4 decubitus	Physician order. and Wound assessment (describing characteristics and measurements).	Documentation must support there is a stage 3 and/or stage 4 wound. Stage 3 – Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to but not through, underlying fascia. Stage 4 – Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (tendon, joint, capsule). Undermining and sinus tracts may be present.	3-6 month increments.
Peritoneal Dialysis	Physician order.		Open ended.
Tube feeding, enteral	Physician order including type of feeding, amount and/or rate.	Tube feeding must constitute 50% or greater of the nutritional/ caloric intake. Documentation should indicate if patient is NPO or taking PO foods/ liquids.	6 months unless determined that tube feeding will be required long term, in which case, approval may be open ended.
Intravenous fluid administration	Physician Order (must include frequency and duration). Medical Administration Record (optional).	Can be approved for one day only.	Exact number of days ordered. If continuous, 30-60 day increments.
Injections, sliding scale	Physician order. and Sliding scale insulin log or medication record	See separate protocol	14 day increments. Maximum of 60 days per incidence

<p>Injections, other IV, IM</p>	<p>Physician Order. (must include frequency and duration).</p> <p>Medical Administration Record (optional)</p>	<p>Do not bill for one day, one time orders. Does not include scheduled insulin doses.</p>	<p>Exact number of days ordered.</p>
<p>Isolation precautions</p>	<p>Physician order for isolation.</p> <p>and</p> <p>Diagnosis to support need for isolation.</p> <p>or</p> <p>Lab report indicating organism (opt.)</p>		<p>30 day increments.</p>
<p>PCA pump</p>	<p>Physician order. (must include duration of therapy).</p> <p>and</p> <p>Diagnosis to support treatment.</p> <p>or</p> <p>Medical Administration Record (optional)</p>		<p>30 day increments. Terminal pain management up to 3 months.</p>

Occupational therapy by OT or OT assistant	Physician order (must be 5x per week aggressive therapy). or Therapist notes and evaluation.	Must be new/acute event or condition, not an old condition, e.g. new CVA, amputation, fracture, etc. May be approved for 30 days when admitting from hospital after acute care of diagnosis directly related to therapy need (total hip replacement, rotator cuff repair...) Chronic conditions such as generalized weakness are not approvable.	As indicated by the physician/therapist certification, but not more than 90 days.
Physical therapy by PT or PT assistant	Physician order (must be 5x per week aggressive therapy). or Therapist notes and evaluation.	Must be new/acute event or condition, not an old condition, e.g. new CVA, amputation, fracture, etc. May be approved for 30 days when admitting from hospital after acute care of diagnosis directly related to therapy need (total hip replacement, rotator cuff repair...) Chronic conditions such as generalized weakness are not approvable.	As indicated by the physician/therapist certification, but not more than 90 days.
Teaching catheter/ostomy care	Physician order. and Documentation of teaching plan requiring at least one week of instruction.	Ensure patient is functionally and mentally able to learn and perform the specific task(s). Documentation should include the patient's capability to provide self-care adequately.	30 day increments.
Teaching self-injection	Physician order. and Documentation of teaching plan requiring at least one week of instruction.	Ensure patient is functionally and mentally able to learn and perform the specific task(s). Documentation should include the patient's capability to provide self-care adequately.	30 day increments.

The following chart provides additional clinical requirements and timelines for enhanced respiratory reimbursement approval.

Ventilator	<p>Physician order – ventilator dependent at least 12 hours per day.</p> <p>and</p> <p>Must have an invasive patient end of circuit (e.g., tracheostomy cannula).</p> <p>and</p> <p>Detailed treatment plan.</p>	<p>Treatment plan must be developed with input and participation from a pulmonologist or physician with experience in ventilator care, signed by the treating physician or a licensed respiratory professional who will oversee the intensive respiratory care.</p>	3-6 month increments
Frequent tracheal suctioning	<p>Physician order.</p> <p>and</p> <p>Detailed treatment plan.</p> <p>and</p> <p>Nursing notes indicating care.</p>	<p>Patient must have a functioning tracheostomy requiring suctioning through the tracheostomy at a minimum, multiple times per 8-hour shift. (6 times over a 24 hour period)</p> <p>Treatment plan must be signed by the treating physician, licensed registered nurse, or licensed respiratory professional who will oversee the intensive respiratory care and must contain the following elements:</p> <ol style="list-style-type: none"> 1. Nursing care plan for services to be performed by a registered or licensed nurse and/ or respiratory therapist. 2. Plan for care to be rendered by family members, with documentation of their ability to perform such care. 	3-6 month increments.

ATTACHMENT 4
HCBS APPLICANT TOOL

APPLICANT INTERVIEW



SECTION A: DEMOGRAPHICS

Applicant's Name _____ Date of Birth ____ / ____ / ____

SSN _____ Age _____ Gender: Male Female Assessment Date ____ / ____ / ____

Applicant's Address _____ Assessment Time ____ : ____ am / pm

City _____ State _____ Zip _____ County _____

Where is Applicant currently located? Hospital medical Home/alone Home/ family Nursing Facility
 Group Home Assisted living Other: _____

Present during interview: Family Individual Caregiver Home Health Guardian Other: _____

Describe how you were contacted and the services requested by applicant/ family member:

Medical Records to be submitted with assessment: None Home Health Records Hospital Records MD Records
 NF Chart Other _____

Section B: Functional Assessment

LEGEND

With the exception of behaviors (behaviors using the opposite scale) the following applies:

Always = Applicant can always perform the function without assistance.

Usually = Applicant requires assistance 1-3 days per week.

Usually not = Applicant requires assistance 4 or more days per week.

Never = Applicant can never perform the function without assistance.

1. TRANSFER

Interview Questions:

Are you able to:

Sit down and get up from a chair by yourself? Always Usually Usually Not Never

Get in and out of the bed by yourself? Always Usually Usually Not Never

Get on/off toilet by yourself? Always Usually Usually Not Never

Do you require **physical assistance from another person** with any of the above? Yes No

Who provides this assistance? _____ Describe the assistance needed/ provided: _____

If physical assistance from another person is indicated; how many days per week? 1-3 4-6 7 NA

Supporting Medical Condition(s): _____

Transfer Observations: _____

APPLICANT INTERVIEW



2. MOBILITY

Interview Questions:

Are you able to walk (with or without assistive devices)? Yes No With Without

Are you able to use a wheelchair independently (manual or electric)? Yes No

Do you require **physical assistance** from another person with mobility? Yes No

Who provides assistance? _____ Describe how the person assists you _____

If physical assistance from another person is indicated; how many days per week? 1-3 4-6 7 NA

Assessor observation of applicant's gait:

Steady Shuffling Limp Unsteady Balance problems not observed

Deformities (specify) _____ Limb loss (specify) _____

Prosthesis (specify type and if used or not) _____

Supporting Medical Condition(s): _____

Mobility Observations: _____

3. EATING

Interview Question:

Are you able to eat prepared meals by yourself? Yes No

If no, do you require assistance? Yes No Who provides assistance? _____

What kind of assistance does this person provide? Physical feeding Verbal assistance one on one observation

If assistance from another person is indicated; how many days per week? 1-3 4-6 7 NA

Do you have a feeding tube? No Yes if yes, are you able to administer tube feedings independently? Yes No

If no, how many days per week do you require **physical assistance** with your tube feedings? 1-3 4-6 7 NA

Supporting Medical Condition(s): _____

Eating Observations: _____

APPLICANT INTERVIEW



4. TOILETING

Interview Questions:

Are you able to clean yourself, including adjusting clothing, after toileting? Yes No

If no, # days per week: 1-3 4-6 7

If no, who provides this assistance? _____

Describe how the person assists you: _____

Maintain continence of bladder? No Yes if no, # days per week: 1-3 4-6 7

Maintain continence of bowel? No Yes if no, # days per week: 1-3 4-6 7

Are you able to clean yourself, including adjusting clothing, after an incontinence episode without physical assistance from another person? Yes No

If no, who provides this assistance? _____ Describe how the person assists you: _____

Do you use a catheter? Yes No NA

Do you have an ostomy? Yes No NA

If yes to either catheter/ostomy, can you manage without physical assistance from another person? Yes No

Who provides this assistance? _____ Describe how the person assists you: _____

Supporting Medical Condition(s): _____

Toileting Observations: _____

5. ORIENTATION

Interview Questions:

Person

What is your full name? _____ Correct Yes No

Can you name the other people in the room? Yes No NA Correct? Yes No NA

OR

Can you name the people from photographs in the room? Yes No NA Correct? Yes No NA

Information confirmed with: _____

Place

Can you tell me where you are? _____ Correct Yes No

What is your street address/ room number? _____ Correct Yes No

What city/ town are you in? _____ Correct Yes No

APPLICANT INTERVIEW



Information confirmed with: _____

Event/Situation

Describe what you would do in case of an emergency: _____

Information (must be confirmed) confirmed with: _____

Is assistance required with orientation? Yes No If yes, # of days per week 1-3 4-6 7

If yes, who provides this assistance? _____

Describe how this person assists you: _____

Supporting medical condition(s) specific to orientation: _____

Orientation Observations: _____

6. COMMUNICATION

Interview Questions:

Can you make people understand when you need something? Yes No **Speech Impairment:** Yes No

Hearing : Adequate with/without devices Not Adequate with/without devices

Vision: Adequate with/without corrective lens Not adequate with/without corrective lens

Give applicant a simple command within their functional ability (raise right hand, touch nose, point to your pen) and document ability to follow simple command: _____

Did there appear to be any communication deficits while completing this interview? _____

Did applicant use communication assistive device (e.g., lpad, picture board)? Yes No

If yes, list type: _____

Supporting Medical condition(s): _____

Communication Observations: _____

APPLICANT INTERVIEW



7. BEHAVIOR

Assessor Observed Behavior:

- Cooperative
- Angry/irritable
- Withdrawn

- Uncooperative
- Sociable

Level of Consciousness:

- Awake Drowsy Alert
- Oriented to: Person Place

Is there a diagnosis which would lead to a cognitive impairment? Yes No If yes, list the diagnosis: _____

Behavioral Observations: _____

8. MEDICATIONS (INCLUDES: PO, IV, IM, ENTERAL, OPTICS, TOPICALS, INHALER, AND CONTINUOUS SQ PAIN)

Interview Questions:

Are you physically or cognitively able to self-administer physician prescribed medications by the routes listed below at the time prescribed? (Self-administration does not include reminding when to take medications, encouragement to take, reading medication labels, opening bottles, having them handed to you and/ or reassurance of the correct dose.) **If no, please indicate the prescribed medication on the line provided. If none prescribed via that route, please mark NA as appropriate.**

Pills/Tablets Yes No NA _____

Eye drops Yes No NA _____

Inhaler/Nebulizer Yes No NA _____

Topicals/Patches Yes No NA _____

Injections Yes No NA _____

Meds via Tube (G Tube, J tube, NG tube...) Yes No NA

If no to above, who provides this assistance? _____ # days per week 1-3 4-6 7 NA

Describe assistance required: Reminders Encouragement Reading Labels Opening Bottles
 Someone hands them to me preparation of medication box Other: _____

Supporting Medical Condition(s): _____

Medication Observations: _____

Are you receiving any treatments that are ordered by a physician to be performed by a licensed Nurse/ Therapist?

- Yes No NA

If yes, please describe the services being requested and attach the appropriate additional required documentation: _____

APPLICANT INTERVIEW



Section C: APPLICANT OR DESIGNEE SIGNATURE

I HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ON THIS DOCUMENT AND IT ACCURATELY REFLECTS THE RESPONSES I HAVE GIVEN DURING THIS ASSESSMENT. I ALSO UNDERSTAND THAT THE COMMENTS AND OBSERVATIONS ARE THOSE OF THE QUALIFIED ASSESSOR.

Applicant Signature: _____ Date: ____/____/____

Section D: ASSESSOR CREDENTIALS AND SIGNATURE

BY MY SIGNATURE, I AGREE THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION MAY BE USED TO DETERMINE MEDICAID ELIGIBILITY AND MAY ALSO BE USED BY A JUDGE TO MAKE A HEARING DECISION. I FURTHER UNDERSTAND THAT PEOPLE WHO LIE AND PROVIDE FALSE INFORMATION THAT WOULD POTENTIALLY RESULT IN A PERSON OBTAINING TENNCARE SERVICES TO WHICH HE/SHE IS NOT ENTITLED IS CONSIDERED AN ACT OF FRAUD AND MAY BE FINED OR SENT TO JAIL.

Printed Name: _____

Signature: _____ Credentials: _____

Date: _____ Assessor Code : _____

ATTACHMENT 5
HCBS COLLATERAL TOOL

COLLATERAL INTERVIEW



Applicant Last _____ First Initial _____

RESPONDENT INFORMATION

Name: _____ Relationship to Applicant: _____

Title (if applicable): _____ Agency (if applicable): _____

Date of Interview: _____ Location of Interview: _____

Hands-on caregiver? Yes No, # of days per week _____ for _____ months / years

LEGEND

With the exception of behaviors (behaviors using the opposite scale) the following applies:

Always = Applicant can always perform the function without assistance.

Usually = Applicant requires assistance 1-3 days per week.

Usually not = Applicant requires assistance 4 or more days per week.

Never = Applicant can never perform the function without assistance.

I. TRANSFER/ MOBILITY

Rise from a chair independently? Always Usually Usually Not Never

Get on and off the toilet independently? Always Usually Usually Not Never

Get in and out of bed independently? Always Usually Usually Not Never

If this applicant requires physical assistance with transfer, # days per week physical assistance is required:

1-3 4-6 7 N/A

Walk independently without physical assistance from another person ?

Always Usually Usually Not Never NA

If answered UN or N, can he/she use a wheelchair independently, either manual or electric?

Always Usually Usually Not Never NA

Usual method of mobility? Walk Wheelchair

Assistive devices: Cane/Quad Cane Walker Lift Chair Wheelchair Gait belt

Other(specify): _____

Gait Description, if observed(pace, steadiness):

Is this applicant able to walk or operate wheelchair without **physical assistance** from another person? Yes No

If no, # days per week assistance required 1-3 4-6 7 NA

What medical condition(s) does he/she have to support the need for physical assistance with Transfer/ Mobility?

Transfer/Mobility Comments: _____

COLLATERAL INTERVIEW



Applicant Last _____ First Initial _____

II. EATING/TOILETING

Is He/She able to:

Eat prepared meals without assistance from others? Yes No If no, # days per week: 1-3 4-6 7

Administer tube feeding independently? Yes No If no, # days per week: 1-3 4-6 7 NA

If assistance is indicated, describe the type of assistance provided: _____

What medical condition(s) does he/she have to support the need for physical assistance, constant one-on-one observation and verbal assistance? _____

Toilet Independently? Yes No, If no,# days per week: 1-3 4-6 7

Maintain continence of bladder? Yes No If no, # days per week: 1-3 4-6 7 NA

Maintain continence of bowel? Yes No If no,# days per week: 1-3 4-6 7 NA

Clean self after incontinence episode? Yes No N/A

Does applicant use a catheter? Yes No N/A

Does applicant have an ostomy? Yes No N/A

If yes, how often is assistance required? Always Usually Usually Not Never

Eating/Toileting Comments: _____

III. Orientation

Is He/She able to:

Oriented to name? Always Usually Usually Not Never

Able to identify family members? Always Usually Usually Not Never

Oriented to place? Always Usually Usually Not Never

Aware of current circumstances in order to make decisions that prevent risk of harm? Always Usually Usually Not Never

If any answer other than Always, please provide **specific** examples: _____

Orientation Comments: _____

IV. COMMUNICATION

Follow simple directions? Always Usually Usually Not Never

Communicate basic needs with or without assistive aid? Always Usually Usually Not Never

COLLATERAL INTERVIEW



Applicant Last _____ First Initial _____

Communication Comments: _____

V. BEHAVIOR

Does applicant require persistent behavioral intervention/supervision? Yes No NA

Describe the established and persistent behaviors which are not primarily related to a mental health condition or substance abuse disorder: _____

Describe the persistent staff or caregiver intervention/supervision required/provided _____

If behavioral intervention/supervision is indicated, who is presently providing this intervention? _____

Behavior Comments: _____

VI. MEDICATION

****Please get this information from person responsible for dispensing medications****

Information obtained from? _____

Is He/She able to take pills from a medcup/hand, get them to their mouth, and swallow them (refusal doesn't indicate inability) on the appropriate schedule? Yes No

Is He/She receiving any injections (not including sliding scale insulin), topicals, eye drops, or inhalers? Yes No

If yes, are they able to self-administer? Yes No

If no, # of days per week assistance is required: 1-3 4-6 7 NA

If no, to any of the above, describe intervention(s): _____

Medication Comments: (If unable to self-administer, describe limitations and number of days assistance is needed)

VII. SIGNATURE

BY MY SIGNATURE, I AGREE THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION MAY BE USED TO DETERMINE MEDICAID ELIGIBILITY AND MAY ALSO BE USED BY A JUDGE TO MAKE A HEARING DECISION. I FURTHER UNDERSTAND THAT PEOPLE WHO LIE AND PROVIDE FALSE INFORMATION THAT WOULD POTENTIALLY RESULT IN A PERSON OBTAINING TENNCARE SERVICES TO WHICH HE/SHE IS NOT ENTITLED IS CONSIDERED AN ACT OF FRAUD AND MAY BE FINED OR SENT TO JAIL.

Signature of person providing information: _____ Date: _____

Signature of person providing **medication** information: _____ Date: _____

COLLATERAL INTERVIEW



Applicant Last _____ First Initial _____

If by telephone, I _____ certify that I have conducted this interview with _____ and have read back the responses to all questions and have obtained permission to sign this document on their behalf. Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Credentials: _____

Date: _____ Assessor Code: _____

ATTACHMENT 6

SAFETY DETERMINATION REQUEST FORM



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

This form is to be used only by an entity submitting a PAE for NF LOC and requesting a Safety Determination in accordance with requirements set forth in TennCare Rule. This form must be completed in its entirety and included with the PAE submission, along with all required documentation as specified below. An incomplete Safety Determination Request Form, or a Safety Determination Form submitted without documentation as specified below, will be denied.

Total Acuity Score of PAE as submitted: _____

Current Living Arrangements:

Applicant residence (if applicant currently resides in a NF, housing status prior to admission):

- Lives in own home/apt (alone)
- Lives in own home/apt (with spouse/partner)
- Lives in own home/apt (with others)—specify relationship _____
- Lives in other's home—specify relationship _____
- Assisted living facility
- Other community-based residential (i.e., group home) setting—specify _____
- Other—specify _____

If the applicant would not be able to return to or continue living in this residence, please explain why:

Justification for Safety Determination Request:

Please note that documentation as specified below may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.

Please check and complete **all** that apply. (While a single justification is sufficient for review of a Safety Determination request, it is critical that TennCare has benefit of all available information pertaining to safety concerns that could impact the applicant's ability to be safely served in the community.)

- The applicant has an approved acuity score of at least five (5) but no more than eight (8) and safety concerns impacting the applicant's ability to be safely served in CHOICES Group 3 exist.
 - Provide a detailed description of the safety concern and include sufficient evidence showing that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in Choices Group 3.



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

(Attach additional explanation if needed and any other documentation which would support the safety concerns detailed below. Label attachment(s) as “**Score 5-8 with Safety Concerns.**”)

Description of documentation attached: _____

- The applicant has an individual acuity score of at least 3 for the mobility or transfer measures **and** the absence of frequent intermittent assistance for mobility or transfer needs would result in imminent and serious risk to the applicant’s health and safety.
- Describe how often mobility and/or transfer assistance is needed by the member and the availability of paid and unpaid caregivers to provide such assistance, including any recent changes in the applicant’s needs and/or availability of caregivers to meet such needs. (Attach additional explanation if needed and any other documentation which would support safety concerns pertaining to the applicant’s mobility or transfer deficit. Label attachment(s) as “**Mobility or Transfer Deficit.**”)

Description of documentation attached: _____

- The applicant has an individual acuity score of at least 2 for the toileting measure, **and** the absence of frequent intermittent assistance for toileting needs would result in imminent and serious risk to the applicant’s health and safety.
- Describe how often toileting assistance is needed by the member and the availability of paid and unpaid caregivers to provide such assistance, including any recent changes in the applicant’s needs and/or availability of caregivers to meet such needs. (Attach additional explanation if needed and any other documentation which would support safety concerns pertaining to the applicant’s toileting deficit. Label attachment(s) as “**Toileting Deficit.**”)

Description of documentation attached: _____

- The applicant has an individual acuity score of at least 3 for the Orientation measure **and** the absence of frequent intermittent or continuous intervention and supervision would result in imminent and serious risk of harm to the applicant and/or others.



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

- Provide a detailed description of how orientation deficits impact the applicant's safety, including information or examples that would support and describe the imminence and seriousness of risk. (Attach additional explanation if needed and any other documentation which would support safety concerns pertaining to the applicant's orientation deficit. Label attachment(s) as "**Orientation Deficit.**")

Description of documentation attached: _____

- The applicant has an individual acuity score of at least 2 for the Behavior measure **and** the absence of intervention and supervision for behaviors at the frequency specified in the PAE would result in imminent and serious risk of harm to the Applicant and/or others.
 - Provide a detailed description of the specific behavior(s), the frequency of each behavior, and information and/ or examples which support and describe the imminence and seriousness of risk resulting from the behavior(s). (Attach additional explanation if needed and any other documentation which would support safety concerns pertaining to the applicant's behavior deficit. Label attachment(s) as "**Behavior Deficit.**")

Description of documentation attached: _____

- The applicant** has experienced a significant change in physical or behavioral health or functional needs.
 - Provide a detailed description of the change(s), and how such changes impact the applicant's need for assistance. (Attach additional explanation if needed and any other documentation which would support that these change(s) occurred and/or concerns pertaining to the applicant's safety as a result of the change(s). Label attachment(s) as "**Change in Needs.**")

Description of documentation attached: _____



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

Applicant’s **primary caregiver** has experienced a significant change in physical or behavioral health or functional needs which impacts the availability of needed assistance for the applicant.

- Provide a detailed description of the change(s), and how such changes impact the availability of needed assistance for the applicant. (Attach additional explanation if needed and any other documentation which would support that these changes occurred and/or concerns pertaining to the applicant’s safety as a result of the change(s). Label attachment(s) as “**Change in Primary Caregiver Status.**”)

Description of documentation attached: _____

Applicant has a pattern of recent falls resulting in injury or with significant potential for injury or a recent fall under circumstances indicating a significant potential risk for further falls.

- Provide a detailed description of the fall(s) including the date of each incident, circumstances surrounding each fall, injury sustained as a result of the fall (if applicable) or significant potential for injury or risk for further falls, treatment received (if applicable), and interventions implemented to mitigate the risk of falls and injury from falls, and whether these interventions have been successful. (Attach additional explanation if needed and any other documentation pertaining to fall(s), including documentation of any treatment received. TennCare developed Fall Form may be used to assist. Label attachment(s) as “**Documentation of Falls.**”)

Description of documentation attached: _____

Applicant has an established pattern of recent emergent hospital admissions or emergency department utilization for emergent conditions or a recent hospital or NF admission or episode of treatment in a hospital emergency department under circumstances sufficient to indicate that the person may not be capable of being safely maintained in the community (not every hospital or NF admission or ER episode will be sufficient to indicate such).

- Document below and provide detailed explanation of any circumstances pertaining to such inpatient admission(s) or ER visit(s) which indicate that the person may not be capable of being safely maintained in the community, along with records from each admission or ER visit, e.g., discharge papers. Label attachment(s) as “**Inpatient Admissions/ER Visits.**”



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

Recent (last 365 days) hospital admissions		
Admit Date	Discharge Date	Reason for Admission

Recent (last 365 days) ER visits (for emergent condition <i>only</i>)	
Date	Reason for ER visit

Recent (last 365 days) nursing facility admissions		
Admit Date	Discharge Date	Reason for admission

Description of documentation attached: _____

The applicant’s behaviors or a pattern of self-neglect has created a risk to personal health, safety and/or welfare requiring involvement by law enforcement or Adult Protective Services.

- Provide a detailed description of the behaviors and/or pattern of self-neglect, the frequency of each such behavior or self-neglect, the risk to personal health, safety and/or welfare, the date of involvement by law enforcement or Adult Protective Services, and any actions taken by such agency to ensure the person’s safety. Attach supporting documentation, including the APS/ Police reports, where available. Label attachment(s) as “**APS/Police Involvement.**”

Description of documentation attached: _____



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

- The applicant has recently been discharged from a community-based residential alternative setting (or such discharge is pending) because the applicant's needs can no longer be safety met in that setting.
- Document below and attach documentation detailed description of the circumstances leading to discharge, including documentation from the CBRA. Include explanation regarding any other previous settings from which the applicant has been discharged due to safety concerns, including the date(s) of such admissions and discharge. Label attachment(s) as "CBRA Discharge."

Name of CBRA facility: _____

Date of discharge: _____

Safety concerns leading to discharge _____

Description of documentation attached: _____

- The applicant has diagnosed complex acute or chronic medical conditions which require frequent, ongoing skilled and / or rehabilitative interventions and treatment by licensed professional staff.
- Document below (attach additional explanation if needed) and attach current (last 365 days) medical records documenting each condition, including ongoing treatment prescribed, and the name, professional title, and contact information of the primary treating practitioner for each such condition:

Medical Condition	Acute or Chronic	Intervention Required	Licensed staff required

Description of documentation attached: _____

- The applicant requires post- acute inpatient treatment for a specified period of time to allow for stabilization, rehabilitation or intensive teaching in order to facilitate a safe transition into the community.

Acute event: _____

Treatment required: _____

Duration of time needed: _____



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

- The applicant's MCO has determined, upon enrollment into Group 3 based on a PAE submitted by another entity, that the applicant's needs cannot be safely met within the array of services and supports available if enrolled in Group 3.
- None of the criteria above have been met, but other safety concerns which impact the applicant being safely served in CHOICES Group 3 exist.
- Provide a detailed description of the safety concern and include sufficient evidence showing that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in Choices Group 3. (Attach additional explanation if needed and any other documentation which would support the safety concerns detailed below. Label attachment(s) as "**Other Safety Concerns.**")

Description of documentation attached: _____

- The applicant is a current CHOICES Group 1 or 2 member or PACE member enrolled on or after 7/1/2012 and has been determined upon review to no longer meet NF LOC requirements based on a total acuity score of 9 or above, but because of specific safety concerns, still requires the level of care currently being provided. Safety justification and associated documentation must be represented in at least one of the areas listed above.

Additional Required Documentation:

In addition to the information specified above to support each of the safety concerns identified, you must attach:

- ✓ A comprehensive needs assessment, including:
 - ✓ an assessment of the applicant's physical, behavioral, and psychosocial needs not reflected in the PAE;
 - ✓ the specific tasks and functions for which assistance is needed by the Applicant;
 - ✓ the frequency with which such tasks must be performed; and
 - ✓ the Applicant's need for safety monitoring and supervision

Label attachment(s) as "**Comprehensive Needs Assessment.**"

- ✓ A detailed description of the Applicant's living arrangements and the services and supports the Applicant has received during the six (6) months prior to submission of the Safety Determination request, including unpaid care provided by family members and other caregivers, paid services and supports the Applicant has been receiving regardless of payer (e.g., non-CHOICES HCBS available through TennCare such as home health and services



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

available through Medicare, private insurance or other funding sources); and any anticipated change in the availability of such care or services from the current caregiver or payer

Label attachment(s) as “**Prior 6 Months.**”

- ✓ A detailed explanation regarding any recent significant event(s) or circumstances that have impacted the Applicant’s need for services and supports, including how such event(s) or circumstances impact the Applicant’s ability to be safely supported within the array of covered services and supports that would be available if the Applicant were enrolled in CHOICES Group 3

Label attachment(s) as “**Recent Events.**”

- ✓ A person-centered plan of care developed by the MCO Care Coordinator, NF, or PACE Organization (i.e., the entity submitting the Safety Determination request) which specifies the tasks and functions for which assistance is needed by the Applicant, the frequency with which such tasks must be performed, the Applicant’s need for safety monitoring and supervision; and the amount (e.g., minutes, hours, etc.) of paid assistance that would be necessary to provide such assistance; and that would be provided by such entity upon approval of the Safety Determination. (A plan of care is not required for a Safety Determination submitted by the AAAD.) In the case of a Safety Determination request submitted by an MCO or AAAD for a NF resident, the plan of care shall be developed in collaboration with the NF, as appropriate. To the extent that all of the required information is not specified in a NF Plan of Care, please attach the Plan of Care along with additional documentation regarding tasks and functions, frequency, etc., that will help to describe why the person’s needs cannot be safely met in CHOICES Group 3, and why the higher level of care is appropriate.

✓ Label attachment(s) as “**Plan of Care.**”

- ✓ A detailed explanation regarding why the array of covered services and supports, including CHOICES HCBS up to the Expenditure Cap of \$15,000 and non- CHOICES HCBS (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers would not be sufficient to safely meet the applicant’s needs in the community

Label attachment(s) as “**Safety Explanation.**”

Submitting Entity Attestation

Completed Attestation, printed name, signature, credentials and date of form completion are required.

Please read and check at least one of the statements below (check all that apply):

- I do **not** believe this individual can be safely served in the community in CHOICES Group 3.
- I believe this individual **can** be safely served in the community in CHOICES Group 3.



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

This safety determination form was completed at the request of the applicant/representative.

By signing below, I, as a licensed professional, take responsibility for the information provided in this Safety Determination request and attest that I have personally reviewed the information provided in this Safety Determination Request and it is accurate and true to the best of my knowledge. I understand that this information will be used to determine the applicant's eligibility and/or reimbursement for long-term care services. I understand that any intentional act or omission on my part to provide false information or give a false impression that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled may be considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent may be subject to federal and state civil and criminal penalties.

Printed Name of person making this decision

Signature of person making this decision

Credentials

Date



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

Please use this form when the justification for a safety determination request is related to a recent fall(s). Provide any available information for falls occurring within the last 6 months. Most recent fall should be listed first. All fields are not required, but providing all the details available will help ensure that the correct LOC is approved for this person.

Fall #	Date of fall:	Time of Fall:	AM / PM
Location of Fall:			
What was applicant doing prior to fall?			
List factors contributing to fall (environment, meds, etc...)			
Was an injury sustained related to fall? YES / NO		If yes, describe:	
What mechanisms are in place to prevent falls?			
Why were these prevention mechanisms unsuccessful?			
Fall #	Date of fall:	Time of Fall:	AM / PM
Location of Fall:			
What was applicant doing prior to fall?			
List factors contributing to fall (environment, meds, etc...)			
Was an injury sustained related to fall? YES / NO		If yes, describe:	
What mechanisms are in place to prevent falls?			
Why were these prevention mechanisms unsuccessful?			
Fall #	Date of fall:	Time of Fall:	AM / PM
Location of Fall:			
What was applicant doing prior to fall?			
List factors contributing to fall (environment, meds, etc...)			
Was an injury sustained related to fall? YES / NO		If yes, describe:	
What mechanisms are in place to prevent falls?			
Why were these prevention mechanisms unsuccessful?			
Fall #	Date of fall:	Time of Fall:	AM / PM
Location of Fall:			
What was applicant doing prior to fall?			
List factors contributing to fall (environment, meds, etc...)			



Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

Was an injury sustained related to fall? YES / NO	If yes, describe:
What mechanisms are in place to prevent falls?	
Why were these prevention mechanisms unsuccessful?	

ATTACHMENT 7

***LIST OF CHOICES GROUP 3 HOME AND COMMUNITY
BASED SERVICES***

CHOICES Home Care

Here are the kinds of home care you could get in TennCare CHOICES. The kind and amount of care you get depends on what you need. The total cost of these kinds of care can't be more than \$15,000 per calendar year, not counting minor home modifications. To keep getting home care, your MCO must still be able to safely meet your needs at home.

- **Personal care visits** (up to 2 visits per day, lasting no more than 4 hours per visit; there must be at least 4 hours between each visit.) – Hands-on help with self care tasks like getting out of bed, taking a bath, getting dressed, eating meals, or using the bathroom. Do you need this kind of hands-on care? If you do, the worker giving your personal care visits can also help with household chores like fixing meals, cleaning, or laundry. And they can run errands like grocery shopping or picking up your medicine. They can only help with those things **for you**, not for other family members who aren't in CHOICES. And they can only do those things if there's no one else that can do them for you.
- **Attendant care** (up to 1,080 hours per calendar year) – The same kinds of help you'd get with personal care visits, but for longer periods of time (more than 4 hours per visit or visits less than 4 hours apart). You can only get attendant care when your needs can't be met with shorter personal care visits.

Do you need hands-on help with self-care tasks **and also** need help with household chores or errands? If so, your attendant care limit increases to up to 1,400 hours per calendar year. This higher limit is **only** for people who **also** need help with household chores or errands. How much attendant care you get depends on your needs.

- **Home-delivered meals** (up to 1 meal per day).
- **Personal Emergency Response System** - A call button so you can get help in an emergency when your caregiver is not around.
- **Adult day care** (up to 2,080 hours per calendar year) - A place that provides supervised care and activities during the day.
- **In-home respite care** (up to 216 hours per calendar year) - Someone to come and stay with you in your home for a short time so your caregiver can get some rest.
- **In-patient respite care** (up to 9 days per calendar year) – A short stay in a nursing home or assisted care living facility so your caregiver can get some rest
- **Assistive technology** (up to \$900 per calendar year) – Certain low-cost items or devices that help you do things easier or safer in your home like grabbers to reach things
- **Minor home modifications** (up to \$6,000 per project; \$10,000 per calendar year; and \$20,000 per lifetime) – Certain changes to your home that will help you get around easier and safer in your home like grab bars or a wheelchair ramp.
- **Pest control** (up to 9 units per calendar year) - Spraying your home for bugs or mice.

ATTACHMENT 8

TENNCARE LEVEL OF CARE ACUITY SCALE

TennCare Level of Care Acuity Scale

ADL (or related) Deficiencies		Weights					
		Always	Usually	Usually Not	Never	Max Individual Score	Max Acuity Score
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating		0	1	3	4	4	4
Toileting	Highest value of three possible questions for the toileting measure	0	0	1	2	2	3
Incontinence care		0	1	2	3	3	
Catheter/ostomy care		0	1	2	3	3	
Orientation		0	1	3	4	4	4
Expressive communication	Highest value of two possible questions for the communication measure	0	0	0	1	1	1
Receptive communication		0	0	0	1	1	
Self-administration of medication	First question only (excludes SS Insulin)	0	0	1	2	2	2
Behavior		3	2	1	0	3	3
Maximum Possible ADL (or related) Acuity Score							21

Skilled Services

Ventilator	5
Frequent tracheal suctioning	4
New tracheostomy or old tracheostomy requiring suctioning through the	3
Total Parenteral Nutrition (TPN)	3
Complex wound care (i.e., infected or dehisced wounds)	3
Wound care for stage 3 or 4 decubitus	2
Peritoneal dialysis	2
Tube feeding, enteral	2
Intravenous fluid administration	1
Injections, sliding scale insulin	1
Injections, other IV, IM	1
Isolation precautions	1
PCA pump	1
Occupational Therapy by OT or OT assistant	1
Physical Therapy by PT or PT assistant	1
Teaching catheter/ostomy care	0
Teaching self-injection	0
Other	0
Maximum Possible Skilled Services Acuity Score	5

Maximum possible ADL (or related) Acuity Score		21
	+	
Maximum possible Skilled Services Acuity Score		5
	=	
Maximum Total NF LOC Acuity Score		26