

PREADMISSION EVALUATION CHECKLIST

The following checklist is to aid users in submitting a **complete PAE application**.

Submission of an *incomplete* PAE may result in processing delays or in denial of the PAE.

Effective July 1, 2009, **any deficiencies in a submitted PAE application (e.g., missing information, including signatures and required documentation) must be cured prior to disposition of the PAE to preserve the PAE submission date for payment purposes.** Deficiencies cured *after* the PAE is denied but within 30 days of the original PAE submission date 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). If approved, the effective date of PAE approval can be no earlier than 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.

NOTE: Completion of all elements on the checklist does not guarantee approval of the PAE; the applicant must satisfy medical eligibility requirements for long-term care services.

Document	Required Elements
PAE Page 1	<ul style="list-style-type: none"> <input type="checkbox"/> Is Service Requested checked? <input type="checkbox"/> Is Applicant name, address, date of birth, SSN and Medicaid ID (if applicable) completed? <input type="checkbox"/> Is Designee name, address and phone number completed OR is certification that applicant that does not want a designated correspondent <u>checked AND signed by applicant</u>? <input type="checkbox"/> Is LTC Provider name, phone and fax completed? <input type="checkbox"/> Is Provider Number specified (must match provider # for Level I or Level II NF, if applicable)? <input type="checkbox"/> Is Submitting Agency name, phone and fax completed (if other than provider)? <input type="checkbox"/> Is Submission Type specified?
PAE Pages 2-3	<ul style="list-style-type: none"> <input type="checkbox"/> Is a response provided for <u>all</u> functional areas even if applicant has no deficits in a particular area (<i>except</i> Incontinence, Indwelling Catheter/Ostomy and Insulin, if not applicable)? <input type="checkbox"/> If Medications is marked UN or N, are specific medications and explanation regarding why applicant is unable to self-administer medications with limited help from others provided? <input type="checkbox"/> If Insulin is marked UN or N, is explanation regarding why applicant is unable to inject insulin with a pre-filled syringe or draw up and inject sliding scale insulin provided? <input type="checkbox"/> If Behavior is marked A or U, are the specific behavioral problems requiring continual staff or caregiver intervention specified?
PAE Page 4 Level 2 Requests	<ul style="list-style-type: none"> <input type="checkbox"/> Is each applicable skilled or rehabilitative service checked <u>and the frequency</u> of each service specified? <input type="checkbox"/> Is required supporting documentation (as listed on page 4) for <i>each</i> skilled or rehabilitative service requested attached?
PAE Page 5	<ul style="list-style-type: none"> <input type="checkbox"/> Is the Certification of Assessment signed and dated by a Physician, NP, PA, RN, LPN or LSW, and the professional credentials (e.g., M.D., D.O., R.N., etc.) specified? <input type="checkbox"/> Are diagnoses relevant to the applicant's functional and/or skilled nursing needs (as reflected on the PAE) specified? <input type="checkbox"/> Is the PAE Request Date, if different from physician's certification date, specified? <input type="checkbox"/> Is the PAE Certification signed and dated by the physician? <input type="checkbox"/> When submitting a previously approved PAE for an update, is the revised request date, physician's signature and new date of signature completed?
History and Physical Exam	<ul style="list-style-type: none"> <input type="checkbox"/> Is a recent History and Physical (completed within 365 days of the PAE Request Date or date of Certification of Level of Care on page 5, whichever is earlier) OR other medical records supporting the applicant's functional and/or skilled nursing or rehabilitative needs <u>attached AND signed</u> by the physician, nurse practitioner or physician's assistant?
Physician Orders	<ul style="list-style-type: none"> <input type="checkbox"/> Are Physician Orders (current for the PAE Request Date or Revised PAE Request Date) attached?