

# Submitting a PAE – Nursing Facility

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- Scan all documents required for submission of the PAE before starting the process.
- Please group attachments and submit as one document rather than scanning individual pages.
- Please complete page 5 of the paper PAE - Physician's Signature page and use as an attachment.

## Log-In

You will use the username and password provided by TennCare to log in. If you do not have a username or password, please refer back to the TPAES access portion of this training. Do NOT use another user's login information.

- Log into your TPAES account by navigating to [treq.tn.gov](http://treq.tn.gov).
  - Note: Do **not** type in "www" at the beginning of the web address.
- On your homepage, you will see several buttons and reporting options, please refer to the walk through video to learn what those options are.

## Demographic Section

### Creating PAE:

- Locate **Basic Tasks** (in left-hand Navigation Pane column).
- Select "**Submit to my Preferred Projects.**"
- Click the word "**CHOICES**" to begin the PAE.

**Hospice Question:** Must choose "No" to move forward with PAE. Hospice is not an LTC service.

### Application Section:

- Complete Applicant full name, social security number and date of birth, address, and phone.
- Review data entered to ensure that all information is correct.

### Submission/Service Request Section:

- Select "Nursing Facility."
- Reimbursement Level - Select: Lev 1, Lev 2, Chronic Ventilator, or Tracheal Suctioning.

- In the “Submission Request Type” drop-down box, select the appropriate type of PAE.
  - Change in Current LOC
  - Current CHOICES Member, current PAE effective date ending
  - Hospice (cannot choose)
  - New CHOICES Member
- Enter Admission Date.
- Select Request Safety Determination
  - Yes
  - No-Check the Attestation box
- Applicant Currently Residing in NF (Yes or No).
  - If applicant is currently residing in a NF, enter Discharge Expectation selection.
- Provider Information-type Provider name in box marked “**enter value to find here.**”
- Enter Provider Fax Number (**this is a required field**).

**Extending Skilled Services:**

- Enter Control number in top left hand search bar.
- Click “Extend Skilled Service” Button.
- Enter “Skilled Service Extension Requested Start Date.”
- Enter “Skilled Service Extension Requested End Date.”
- Click “OK” at top of page.

**Details Section**

**“Request Info” Tab:**

- Locate the “**Request Info Tab.**”
  - Enter PAE REQUEST DATE for Medicaid-reimbursed long-term care services. DHS Add Date and DHS Eligibility Date may be added if known but is not a requirement.
- Locate **Designee Information.**
  - If designee is known, fill out Designee Name, Address, and Phone Number.

**NOTE:** If the applicant does not have a designee, the box indicating Designee Not Provided must be checked before proceeding.

- Take note of the following language in TPAES designating that an “*Applicant MUST identify the person that s/he wants to receive information about this application OR signify in writing that s/he only wants notices to be sent to her/him. This PAE applicant has signified in writing that he/she wants notices to be sent only to him/her. The submitter of this PAE has a copy of this signed waiver on file.*”

**“Certification” Tab:**

- Click on the Certification tab, located under “Details.”

- Enter in the Certifier of Accuracy, Certification of Accuracy Date, and the Certifier of Accuracy Credentials.
  - \*Please note the following may complete the Certification of Assessment: Physician, Nurse Practitioner, Physician Assistant, Registered or Licensed Nurse, or Social Worker
- Complete the Diagnoses section- do not enter medical coding as Diagnosis, please enter the diagnosis in complete sentences.
- Enter in the Certifying Physician's name and the Physicians Certification's date.
  - \*Please note the following may complete the Physician certification of Level of Care: Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.
- Click the "OK button," located at the top of the page (this will generate a Control/Item ID Number and save all data entered).

## Functional Assessment

- Click "Edit/Complete Function Assessment" button in the top ribbon.
- Answer questions on PAE as follows:

### **Transfer:**

Question on PAE:

- **Can applicant transfer without physical help from others?**
- Scoring – Transfer is scored with the mobility group.

### **Mobility:**

Question on PAE:

- **Can applicant walk without physical help from others?**
  - IF ANSWERED YES – move on to "Eating."
  - *IF ANSWERED "Never" or "Usually not" please answer next question: Can applicant self-propel a wheelchair without physical help from others?*
- Scoring – Mobility is scored with the transfer group.

### **Eating:**

Question on PAE:

- **Can applicant place food/drink in the mouth without physical help from others?**
- Scoring – Eating is scored alone.

### **Toileting:**

Question on PAE:

- **Can Applicant use a toilet without physical help from others?**
- **IF INCONTINENT: Can applicant perform incontinence care without physical help from others?** (Only answer if applicable)
- **IF INDWELLING CATHETER or OSTOMY is present, can applicant perform self-care without physical help from others?** (Only answer if applicable)
- Scoring – All 3 Toileting questions are grouped together for scoring.

### **Orientation:**

Question on PAE:

- **Is applicant oriented to both PERSON AND PLACE?** (Note: Person OR Place in certain responses – be sure to choose the accurate one for your applicant.)
- Scoring – Orientation is scored alone.

### **Communication:**

Questions on PAE:

- **EXPRESSIVE: Can applicant express basic wants and needs?**
- **RECEPTIVE: Can applicant understand and follow very simple instructions?**
- Scoring – Both Communication questions are grouped together for scoring.

### **Medications:**

Question on PAE:

- **Is applicant physically or mentally able to self-administer medications with limited help from others?**
- Scoring – Medications is scored alone.

### **Behavior:**

Question on PAE:

- **Does applicant require continual staff intervention for a persistent pattern of dementia-related behavioral problems?**
- NOTICE: for the area of Dementia Related Behaviors the always, usually, usually not, and never are reversed in meaning from the other questions

***When complete with the Assessment, click “OK” at the top of the page.***

## Review

- **Finalize PAE** button- This opens the boxes to allow corrections or additional information. Review all entered data. If no corrections are needed.
- Review PAE and click “OK.”

## Safety Assessment

- Click the “Complete Safety Assessment” Button.
- Review the Justifications and Supporting Documentation.
- Check any appropriate Submitter Response boxes.
- Attach the Safety Determination Request Form when attaching PAE supporting documentation (review the Attaching Documents Cheat sheet).
- Click the “**OK** button,” located at the top of the page.

## Skilled Services

### **If Skilled Services are not required:**

- Click “Skilled Services Not Required” button at top of page.

### **You should be directed to the Fraud Acknowledgment screen:**

- Check the box and select “Acknowledge and Hide Warning” button if you fully understand the implications of TennCare fraud when processing PAEs.
- Then click “**OK**” at the top of the page.

### **If Skilled Service/s needs to be entered:**

- Click the “Add Skilled Services” button at top of page
- Skilled Services to Add: Choose the specific skilled services needed
- Once skilled service(s) is (are) chosen, all instructions, document requirements, and approval time period will auto generate.
- Enter “Skilled Service Requested Start Date.”
- Enter “Skilled Service Requested End Date.”
- Click “OK” at the top of the page.
- Repeat steps above for additional skilled services needing to be added.

- If only one skilled service is entered-click “Skilled Services Not Required” button at top of the page. *Note: the one skilled service entered will not be deleted when you click this button.*

## Extend Skilled Services

- Enter Control Number in top left hand search bar.
- Click “Extend Skilled Service” Button.
- Enter “Skilled Service Extension Requested Start Date.”
- Enter “Skilled Service Extension Requested End Date”
- Click “OK” at the top of the page.

## Prepare to Submit PAE/Attaching Documents

\*\*\***Note:** this is when you must link your attachments.

- Click the “**Submit PAE**” button in the top ribbon.
- Look to the right of the **Actions** box and locate the word “**File**” in red.
  - (The red lettering is the notification that you need to attach your documents)
- Go to the **Actions** box and left click the drop down arrow.
- Left click on “**Add File**” item.
  - (This will generate an “Add File Attachment” window)
- Type patient’s last name in **Name** field.
- Left click the “**Browse**” button (this will take you to your saved files on your computer.)
- Locate the medical documents file attachment that was scanned and saved.
- Left click to only **highlight** the attachment (do not open attachment/s).
- Click the “**Open**” button on bottom right side of page (this will return the attachment to the **Path** field on the **Add File Attachment** window).
- \*Make sure box is checked “**On Success, Automatically Close This Window**”
- Click “**Upload and Attach File**” button.
- Once all attachments are made, click “**OK**” at the top of the screen.

**Remember: PAES have not been submitted via TPAES until you have attached your documents and clicked the “OK” button.**

*Your PAE has successfully been submitted. You can verify the submission of PAEs by returning to the Submitter Home Page and view the “Submitter-Items Awaiting Determination” section. The current status of the PAE will be “In Process”.*