



TPAES PAE CHECKSHEET: HCBS PAE

- Hospice Question**
- Applicant Section:** Accurate name, SSN, address, DOB, phone number
- Applicant's Admission Information Section:** Service requested, request type, reimbursement level, Target Group
- Request Info Tab**
 - General Information Section
 - Designee Section
- Certification Tab**
 - Certification of Assessment
 - Diagnosis
 - Certification of Level of Care
- Click OK**
- Edit/Complete Functional Assessment**
 - Transfer
 - Mobility
 - Eating
 - Toileting
 - Orientation
 - Communication
 - Medications
 - Behavior
- Click OK**
- Skilled Services Not Required OR Add Skilled Services**
- Acknowledge and Hide Warning**
- Click OK**
- Cost Neutrality Line Items/Attestation**
- Produce Printable Copy**
- Submit PAE**
- Attach Files** (supporting documentation)
- Click OK**