



TPAES

System Guide

# TRANSITIONS CHOICES

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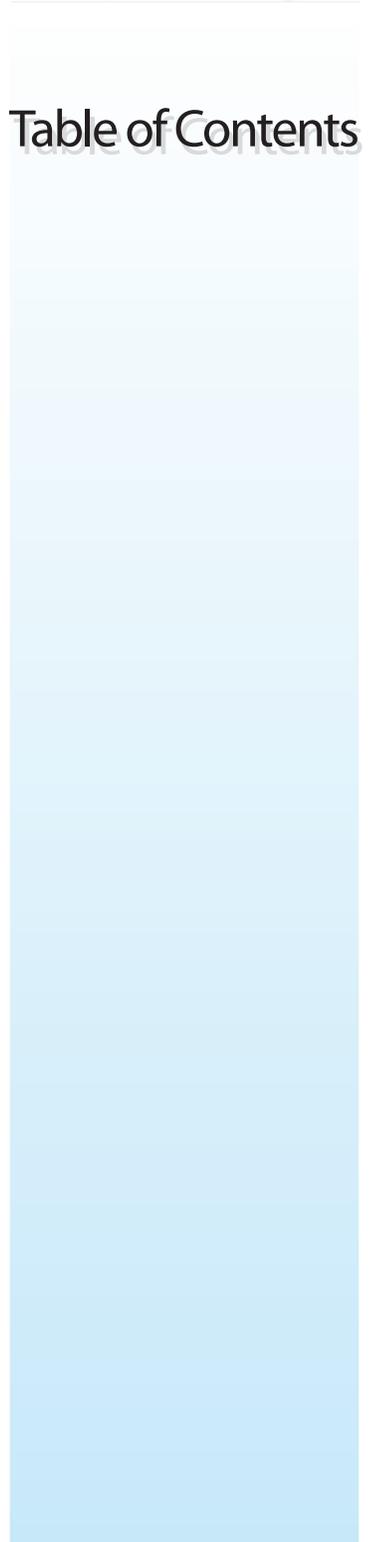
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# CHOICES TRANSITIONS



**W**elcome to the TPAES Training Guide targeting use of the TPAES system for Transition requests. The following guide will assist you in the system requirements for requesting and facilitating all Transition requests within TPAES. You will only utilize this chapter when you have a transition request for Group 1 (NF/SNF) to Group 2 (HCBS) or Group 2 to Group 1. This chapter does not address Group 1 to Group 2 transitions with a possible MFP participant. If the member transitioning to the home setting is a MFP candidate, please refer to the chapter titled "CHOICES Transitions with MFP Participation" found on page 12.

## TRANSITION

Definitions

Searching

Create Request

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## TRANSITION

### Definitions

You will find it easier to use this guide once you have reviewed some terms that are used throughout the system process for Transition requests.

- Transition: Process of moving enrollment from the Level 1 nursing facility services to receiving the home and community based services OR from a home and community based setting to Level 1 nursing facility services.
- PAE: Pre-Admission Evaluation: A process of assessment by the Bureau used to determine an individual's medical (or LOC) eligibility for Medicaid-reimbursed care in a NF or ICF/MR, and in the case of NF services, the appropriate level of reimbursement for such care. For purposes of CHOICES, the PAE application shall be used for the purposes of determining LOC and for calculating the Individual Cost Neutrality Cap.
- Target Population: Either 65 and older, or 21 and older with a physical disability.

Definitions



## TRANSITION

### Searching

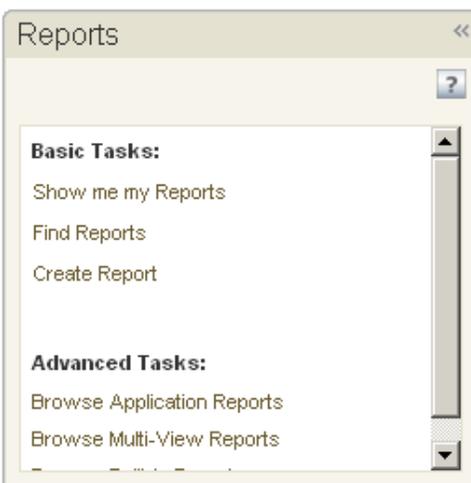
When creating a transition request it is preferred that you begin with the original PAE for that member's eligibility. You will have the capability to create the transition when you open the original PAE and this will link the transition to the PAE within TPAES. Or throughout the transition processes it may become necessary to leave a new request and then return to that request at a later date. Therefore the following steps may be followed to search for members or records within the system:

1. The **1st** first option you may use requires that you already have the known Control Number (or Item ID).
2. You may enter the Control Number into the Search field on the Submitter Home Page and click the "Execute ID Search" button. **A**
3. TPAES will then show the record within the Search Results Screen. You may click on the Control Number to open the record.
4. The **2nd** second option you may use may be when you do not have the Control Number. Click on the Reports button to the left side of the Submitter Home Page. **B**
5. Click on the words "Find Report" within the Reports bar. **C**
6. On the Find a Report Screen that appears go to the first field named "Search by Title" and enter "Patient". **D**
7. On the Search Results screen click on the report "Submitter-Patient Lookup".
8. At this time you will have the option to type in the Applicant's (1) Social Security Number (2) Last Name (3) Medicaid Number.
9. The search results will allow you to find all records for the applicant and choose the appropriate one.

- A** Search for PAEs with Search field on Submitter Home Page



- B** Reports button on left side of screen when in the Submitter Home Page



- C** Find Reports option to search for Patient Lookup

- D** Search by Title field within the Find a Report Screen to search for Patient Lookup

Searching



# TRANSITION

Create Request

## Create Transition Request

The following steps will detail the process for creating a new transition request within the system. There are two options for beginning this process:

### PREFERRED Begin with PAE:



#### WHY PREFERRED???

It is preferred to begin with the original PAE to create the Transition Request because, if this is done, TPAES will automatically link the PAE and Transition records for that member. This will also enable some of the member's information to autopopulate from the PAE to the Transition so you will not need to document this information more than once.

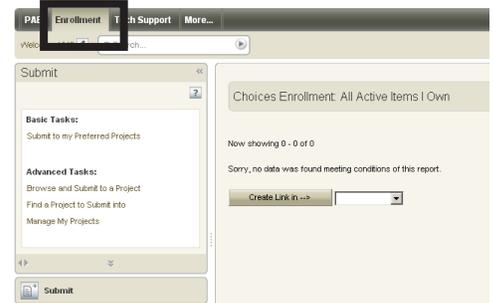
1. Search for the member's PAE relating to the current eligibility and open the record:
  - **Transitions (All without MFP):** Click on the button at the top of the screen titled "Request Transition".



### In the case that there is no electronic PAE within TPAES:

2. Click on the "Enrollment" Master Tab at the top of the screen. **A**
3. From the home page click on the words to the left reading "Submit to my Preferred Projects". **B**
4. When the new submit project window appears you may collapse the submit bar to allow more view of the Transition window. Just click on the collapse arrows **C** to do so.

Depending on the PAE Type (CHOICES or ICF/MR) that initiates the Transition request; the system will automatically apply the same type to that Transition Request and the options for documenting the request.



**A** Enrollment Master Tab



**B** Submit a new transition

## Submit Transition Request

The following steps will detail the process for documenting a new transition request within the system for submissions.



### Applicant Section:

**Applicant**

**\* First Name:**  ABC ✓

**Middle Name:**  ABC ✓

**\* Last Name:**  ABC ✓

**\* Soc. Sec. Number:**  ABC ✓

**Primary Language:** English ▾

**Medicaid Number:**  ABC ✓

**\* Applicant Date of Birth:**    
mm/dd/yyyy

**Requested Transition Type:** (None) ▾

*Please enter information in a business letter format with first letter capital and following letters lower-case. The manner in which you document these fields will appear on any notices/envelopes that the system may produce for this applicant from now on. (i.e. George Jones)*



1. The system will autopopulate this section with any of the applicant information that is found within the original PAE. Ensure all the fields found under the Applicant Section are complete and accurate up to date. *Please note the required fields are marked with an asterick.*

### Applicant Current Address Section

**Applicant Current Address**

**From Street Address:**  ABC ✓

**From CITY:** (None) ▾

**From State Name:** (None) ▾

**From Zip Code:**  ABC ✓

**From Phone Number:**  ABC ✓

2. The system will autopopulate this section with any of the applicant information that is found within the original PAE. Ensure all the fields found under the Applicant Section are complete and accurate up to date.



The "From CITY" field is listed in alphabetical order; if you type the first letter of the intended city it will go straight to the cities listed with that same beginning letter. You may then push the down arrow on your keyboard to scroll through those cities.

# TRANSITION

Submit Request



# TRANSITION

## Requested Transition Type Field:

Requested Transition Type: (None)

- Group 1 (NF) to Group 2 (HCBS):  
*choose for members transitioning only from Group 1 to Group 2 without MFP*
- Group 2 (HCBS) to Group 1 (NF):  
*choose for members transitioning only from Group 2 to Group 1 (NF) without MFP*
- Group 2 (HCBS) to Group 1 (SNF):  
*choose for members transitioning only from Group 2 to Group 1 (SNF) without MFP*

## Group 1 to Group 2:

### Applicant Anticipated Future Address Section

1. Document all the fields found under the section.

<b>* Street Address:</b>	<input type="text"/>	ABC ✓
<b>* CITY:</b>	(None) <input type="button" value="v"/>	
<b>State Name:</b>	(None) <input type="button" value="v"/>	
<b>* Zip Code:</b>	<input type="text"/>	ABC ✓
<b>* Phone Number:</b>	<input type="text"/>	ABC ✓

## Group 2 to Group 1:

### Nursing Facility Address Section

2. Document all the fields found under the section.

<b>Nursing Facility Name:</b>	Demo LTC Provider
<b>Nursing Facility Phone:</b>	(615) 507-6000
<b>Nursing Facility Street Address:</b>	310 Great Circle Rd
<b>Nursing Facility City:</b>	Nashville - Davidson (Middle) <input type="button" value="v"/>
<b>Nursing Facility State:</b>	TENNESSEE (TN) <input type="button" value="v"/>
<b>Nursing Facility Zip Code:</b>	37243
<b>Nursing Facility Provider #:</b>	<input type="text"/>

**i** Please enter address information in a business letter format with first letter capital and following letters lowercase. The manner in which you document these fields will appear on any notices/envelopes that the system may produce for this applicant from now on. (i.e. 101 Jones Street)

Submit Request

**i** The "From CITY" field is listed in alphabetical order; if you type the first letter of the intended city it will go straight to the cities listed with that same beginning letter. You may then push the down arrow on your keyboard to scroll through those cities.

## Representative/Designee Section



If there is **no** designee for the applicant do NOT check this box and move onto the next section.

1. The first field you will see after completing the applicant's address information is the "Applicant Has Designated Contact" field. **G**
2. If there is a designee for the applicant, check the box and complete the designee informational fields that appear.



Applicant Has Designated Contact:

### Representative/Designee

Designee First Name:  ABC ✓

Designee Last Name:  ABC ✓

Designee Street Address:  ABC ✓

Designee City: (None) ▼

Designee State Name: (None) ▼

Designee Zip Code:  ABC ✓

Designee Phone Number:  ABC ✓



# TRANSITION

Submit Request



# TRANSITION

## Transition Details Section

You may notice that the date fields in this section will autopopulate to today's date for easy user access. However if these dates require changing please do so:

### Group 1 to Group 2:

<b>Transition Details</b>	
Transition Request Submission Date:	08/15/2011
Requested/Anticipated Transition Date:	<input type="text" value="08/15/2011"/> <input type="button" value="Calendar"/> <small>mm/dd/yyyy</small>
* Target Group:	<input type="text" value="(None)"/> <input type="button" value="v"/>

1. Requested/Anticipated Transition Date: this field is the date that reflects the initial anticipated date of transition. This date will begin the transition process and be the date TennCare works towards unless changed. You will have to opportunity to update this date at a later time if necessary.
2. Target Group: Please note that the answer to the target group should coincide with the date of birth of the member and the age of that member as of today.

When documenting the Target Group field, please notice if you answer "Physically Disabled (21 or older)"; that there is a new field that appears that is required for you to document the "Transition Specific Condition or Diagnosis". As labeled please only identify the condition or diagnosis that applies to the level of care transition requested.

* Target Group:	<input type="text" value="Physically Disabled (21 and older)"/> <input type="button" value="v"/>
* Transition Specific Condition or Diagnosis:	<input type="text"/> <input type="button" value="ASC"/>

### Group 2 to Group 1 (NF):

<b>Transition Details</b>	
Transition Request Submission Date:	08/15/2011
Requested/Anticipated Transition Date:	<input type="text" value="08/15/2011"/> <input type="button" value="Calendar"/> <small>mm/dd/yyyy</small>
NF Admission Date:	<input type="text"/> <input type="button" value="Calendar"/> <small>mm/dd/yyyy</small>

1. Requested/Anticipated Transition Date: this field is the date that reflects the initial anticipated date of transition. This date will begin the transition process and be the date TennCare works towards unless changed. You will have to opportunity to update this date at a later time if necessary.
2. NF Admission Date: is the date that the applicant was admitted to the nursing facility

Submit Request

## Transition Details Section *Continued*

### Group 2 to Group 1 (SNF):

Transition Details

Transition Request Submission Date: 10/03/2011

\* Requested/Anticipated Transition Date:    
mm/dd/yyyy

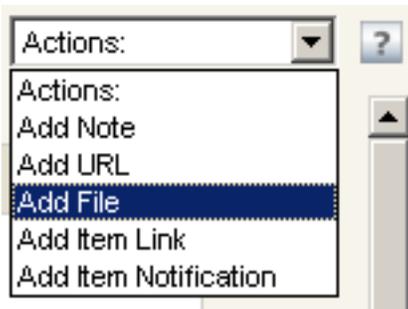
\*PAE Control # for Level 2 PAE:

NF Admission Date:    
mm/dd/yyyy



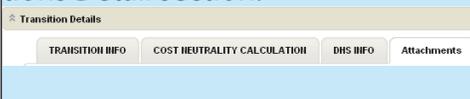
# TRANSITION

1. Requested/Anticipated Transition Date: this field is the date that reflects the initial anticipated date of transition. This date will begin the transition process and be the date TennCare works towards unless changed. You will have to opportunity to update this date at a later time if necessary.
2. PAE Control # for Level 2 PAE: Please note that you should NOT put the Group 2 (level one) PAE Control # within this field; which is the PAE that you may have used to begin this transition request. The purpose of this field to report to TennCare the Control # of the Level 2 (SNF) PAE for this member to be admitted into skilled nursing facility services.
3. NF Admission Date: is the date that the applicant was admitted to the nursing facility



### Attaching Records:

Prior to clicking the "OK" button you may go to the Actions button at the top right of the screen and click on "Add File" to attach any needed records (ie., medical records for physical disability). You will be given a window to choose the record(s) from your desktop and then may click "OK" to attach them to the record. They may then be found under the "Attachments" Tab within the request record Transitions Detail section:



### Final Submission of Request:

1. You may now click the "OK" button to submit the Transition request to TennCare.
2. You will now see an Item Number generated for the transition request.
3. **FOR Transitions to Group 2:** At this time you may also scroll down and find the "Cost Neutrality Calculation" tab to document the member's service costs. *Refer to Chapter for Cost Neutrality.*

Submit Request



You have now submitted your transition request. You can verify this by viewing the Transition Info Tab and the “State” of the request:

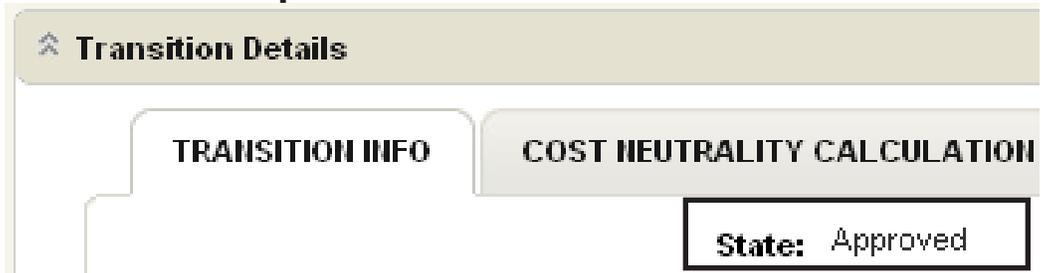


## TRANSITION

You are not required to do any more documentation until you have received a decision from TennCare for an approved transition or a denied transition.



To view/verify TennCare’s decision, you may open the Transition Request from the TPAES Enrollment Tab and view the Transition Info Tab and the “State” of the request:



For “Approved” transition requests there is one more step to complete the transition process...*please see next page...*

Submit Request



# TRANSITION

**Why is this important?**  
The Transition Date starts the clock for counting 365 days of MFP participation. Tennessee's enhanced federal match and the completion of the Quality of Life Surveys both hinge on this date being accurate.

Back to Results  
Choices Enrollment -  
Register Actual Transition Date  
Transition Details  
TRANSITION INFO COST NEUTRALITY CALCULATION  
State: Approved

**A** Register Actual Transition Date

Transition Dates  
Requested/Anticipated Transition Date: 10/01/2011  
Actual Transition Start Date: mm/dd/yyyy

**B** Transition Dates Section

Patient Residence Info  
Street Address: REC  
City: REC  
US State: REC  
Zip Code: REC  
Phone Number: REC

**C** Patient Residence Info Section

## Register Actual Transition Date

The Actual Transition Date may not be the same as the Anticipated Transition Date. The Actual Transition Date must equal the date that the individual actually moved into the community, and it may be entered in TPAES on the day of actual transition or up to two days after actual transition. At the time that the transition is "Approved", and the actual date is known, you may enter this date to the original transition request. If the date is the same as the MFP Anticipated Transition Start Date you will still be responsible for documenting the Actual Transition Start Date field.

1. Open the Transition Request from the TPAES Enrollment Tab.
2. Click on the Register Actual Transition Date button at the top of the screen. **A**

*NOTE:* The "State" of the request should be "Approved".

### Transition Dates Section: **B**

3. Document the actual date that the member is moving into the qualifying residence.

### Patient Residence Info Section: **C**

4. At the time that the actual transition date is entered you may document the address of the qualifying residence that the member is moving into. At this time the date and the address should be known and actual.

1. You may now click the "OK" button at the top of the screen. This will prompt TennCare to now update the member's eligibility segment to match the actual transition date.



**You have now completed the Transition Process.**

Register Actual Date



# CHOICES TRANSITIONS with MFP Participation

## TRANSITION

Definitions

Searching

Create Request

Submit Request

Register Actual Date

Short Term Stays:

Start

End

Reinstitutionalized

Update Housing

Dis-Enroll from MFP

**W**elcome to the TPAES Training Guide targeting use of the TPAES system for Transitions with MFP Participation. MFP Participation may occur with CHOICES Group 2 transitions. As defined within the Definitions section of this Chapter, when someone has been identified as a potential MFP participant, the request will be sent to TennCare with the transition request. The transition will be from the active eligibility of nursing facility level of care (Group 1) to the home and community based level of care (Group 2) with MFP participation. Requests will be facilitated through the member's transition request into both CHOICES Group 2 and MFP. This Chapter will explain how to submit an MFP request while submitting a transition request for Group 2.

## Definitions

You will find it easier to use this guide once you have reviewed some terms that are used throughout the system process for MFP requests.

- Transition: Process of moving enrollment from the Level 1 nursing facility services to receiving the MFP home and community based services
- PAE: Pre-Admission Evaluation: A process of assessment by the Bureau used to determine an individual's medical (or LOC) eligibility for Medicaid-reimbursed care in a NF or ICF/MR, and in the case of NF services, the appropriate level of reimbursement for such care. For purposes of CHOICES, the PAE application shall be used for the purposes of determining LOC and for calculating the Individual Cost Neutrality Cap.
- Target Population: Either 65 and older, or 21 and older with a physical disability.
- MFP Request: refers to a request for an eligible MFP participant which is:  
(1) CHOICES: individual who resides (or has resided) for a minimum of 90 consecutive days in an inpatient facility and is enrolled in CHOICES Group 1A (intermediate nursing facility care) for at least 1 (one) day  
*\*Days reimbursed by Medicare for skilled rehabilitation services do not count towards 90 day criteria.*
- Qualified Institution (QI): (1) Certified and licensed Nursing Facility or (2) Certified and licensed ICF/MR
- Qualified Residence (QR): (1) Home owned or leased by member of family member (2) Apartment (not part of Assisted Living facility or unit is a part of Assisted Living facility) (3) Community based residence with no more than 4 unrelated residents
- Short Term Stay: refers to the time that a MFP participant may need to temporarily stay within a facility while planning on returning into the home based setting
- Reinstitutionalized: refers to when a member is in the home and community based setting and then enters, or returns, into an institution (or facility) that seems to be for a long term timeframe.



## TRANSITION

### Definitions



# TRANSITION

## Searching

### Searching

When creating a transition request it is preferred that you begin with the original PAE for that member's eligibility. You will have the capability to create the transition when you open the original PAE and this will link the transition to the PAE within TPAES. Or throughout the transition processes it may become necessary to leave a new request and then return to that request at a later date. Therefore the following steps may be followed to search for members or records within the system:

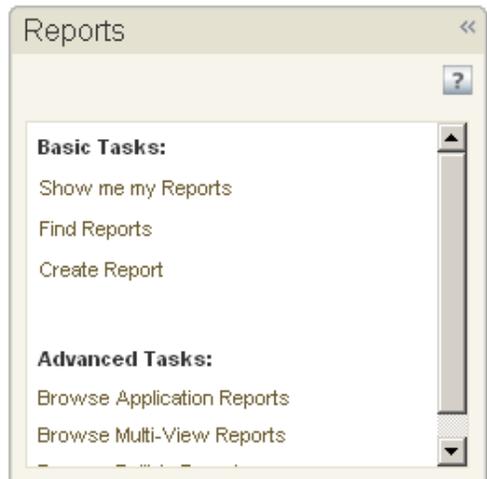
1. The **1st** first option you may use requires that you already have the known Control Number (or Item ID).
2. You may enter the Control Number into the Search field on the Submitter Home Page and click the "Execute ID Search" button. **A**
3. TPAES will then show the record within the Search Results Screen. You may click on the Control Number to open the record.
4. The **2nd** second option you may use may be when you do not have the Control Number. Click on the Reports button to the left side of the Submitter Home Page. **B**
5. Click on the words "Find Report" within the Reports bar. **C**
6. On the Find a Report Screen that appears go to the first field named "Search by Title" and enter "Patient". **D**
7. On the Search Results screen click on the report "Submitter-Patient Lookup".
8. At this time you will have the option to type in the Applicant's (1) Social Security Number (2) Last Name (3) Medicaid Number.
9. The search results will allow you to find all records for the applicant and choose the appropriate one.



**A** Search for PAEs with Search field on Submitter Home Page



**B** Reports button on left side of screen when in the Submitter Home Page



**C** Find Reports option to search for Patient Lookup



**D** Search by Title field within the Find a Report Screen to search for Patient Lookup

## Create Transition Request

The following steps will detail the process for creating a new transition request within the system. There are two options for beginning this process:

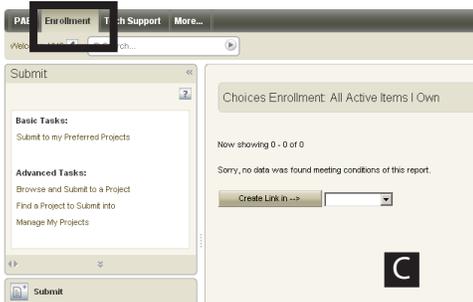
### PREFERRED Begin with PAE:



#### WHY PREFERRED???

It is preferred to begin with the original PAE to create the Transition Request because, if this is done, TPAES will automatically link the PAE and Transition records for that member. This will also enable some of the member's information to autopopulate from the PAE to the Transition so you will not need to document this information more than once.

1. Search for the member's PAE relating to the current eligibility and open the record:
  - **Transitions with MFP (Any including MFP):** Click on the button at the top of the screen titled "Initiate MFP Request".



#### A Enrollment Master Tab



#### B Submit a new transition

#### In the case that there is no electronic PAE within TPAES:

2. Click on the "Enrollment" Master Tab at the top of the screen. **A**
3. From the home page click on the words to the left reading "Submit to my Preferred Projects". **B**
4. When the new submit project window appears you may collapse the submit bar to allow more view of the Transition window. Just click on the collapse arrows **C** to do so.

**Depending on the PAE Type (CHOICES or ICF/MR) that initiates the Transition request; the system will automatically apply the same type to that Transition Request and the options for documenting the request.**



## TRANSITION

### Create Request



# TRANSITION

## Submit Request

### Submit Transition Request

The following steps will detail the process for documenting a new MFP transition request within the system for submission.

#### Applicant Section:

**Applicant**

\* **First Name:**  ABC

**Middle Name:**  ABC

\* **Last Name:**  ABC

\* **Soc. Sec. Number:**  ABC

**Primary Language:**  ABC

**Medicaid Number:**  ABC

\* **Applicant Date of Birth:**  mm/dd/yyyy

**A** **Requested Transition Type:**  ABC

1. The system will autopopulate this section with any of the applicant information that is found within the original PAE. Ensure all the fields found under the Applicant Section are complete and accurate up to date. *Please note the required fields are marked with an asterick.*

**i** *Please enter information in a business letter format with first letter capital and following letters lowercase. The manner in which you document these fields will appear on any notices/envelopes that the system may produce for this applicant from now on. (i.e. George Jones)*

#### Requested Transition Type Field: **A**

- Group 1 (NF) to MFP: choose for members transitioning from Group 1 (NF) to Group 2 for CHOICES and also MFP participant; the CHOICES portion will be understood unstated as the member must be in CHOICES for atleast 1 day to participate in MFP
- Group 1 (SNF) to MFP: choose for members transitioning from Group 1 (SNF) to Group 2 for CHOICES and also MFP participant; the CHOICES portion will be understood unstated as the member must be in CHOICES for atleast 1 day to participate in MFP



## Applicant Current Address Section

Applicant Current Address

From Street Address:  RBC ✓

From CITY: (None)  RBC ✓

From State Name: (None)  RBC ✓

From Zip Code:  RBC ✓

From Phone Number:  RBC ✓

Please enter address information in a business letter format with first letter capital and following letters lowercase. The manner in which you document these fields will appear on any notices/envelopes that the system may produce for this applicant from now on. (i.e. 101 Jones Street)



1. The system will autopopulate this section with any of the applicant information that is found within the original PAE. Ensure all the fields found under the Address Section are complete and accurate up to date. *Please note the required fields are marked with an asterick.*

## TRANSITION

## Applicant Anticipated Future Address Section

Applicant Anticipated Future Address

Future Address Same as Current:

**\* Street Address:**  RBC ✓

**\* CITY:** (None)  RBC ✓

**State Name:** (None)  RBC ✓

**\* Zip Code:**  RBC ✓

**\* Phone Number:**  RBC ✓

2. Document all the fields found under the section.



The "From CITY" field is listed in alphabetical order; if you type the first letter of the intended city it will go straight to the cities listed with that same beginning letter. You may then push the down arrow on your keyboard to scroll through those cities.

Submit Request



# TRANSITION

Submit Request

## Transition Details Section

You may notice that the date fields in this section will autopopulate to today's date for easy user access. However if these dates require changing please do so:

**Transition Details**

**Transition Request Submission Date:** 08/15/2011

---

**Requested/Anticipated Transition Date:**

mm/dd/yyyy

---

**MFP Eligibility Identified:**

mm/dd/yyyy

---

**\* Target Group:**

1. Requested/Anticipated Transition Date: this field is the date that reflects the initial anticipated date of transition. This date will begin the transition process and be the date TennCare works towards unless changed. You will have to opportunity to update this date at a later time if necessary.
2. MFP Eligibility Identified: this field is the date that the member was identified as a possible MFP candidate. This date will most likely occur before the "Transition Request Submission Date).
3. Target Group: Please note that the answer to the target group should coincide with the date of birth of the member and the age of that member as of today.

When documenting the Target Group field, please notice if you answer "Physically Disabled (21 or older)"; that there is a new field that appears that is required for you to document the "Transition Specific Condition or Diagnosis". As labeled please only identify the condition or diagnosis that applies to the level of care transition requested.

**\*Target Group:**

**\*Transition Specific Condition or Diagnosis:**

## Member Moving From Section:

After documenting the Transitions Detail section, the **Member Moving From** section appears. Please read the paragraph carefully that appears within this section and:

1. Answer the "Site Member Moving From" field that appears under the paragraph with "Nursing Facility".

**Site Member Moving From:**



1. The **Qualified Institution and Qualified Individual Attestation** section will appear. Please read the paragraph carefully that appears within this section and the agreement paragraph:

Do you attest that the information contained in this form is accurate, institution identified above meets the criteria for "Qualified Institution" and that the individual identified for participation in the MFP demonstration meets the requirements set forth by CMS in the state of Tennessee as an Eligible Individual?

(Please Select Value) ▾

2. You may at this time document "Yes" to complete the attestation.

### Member Moving To Section:

After documenting the **Member Moving From** section, the **Member Moving To** section appears. Please read the paragraph carefully that appears within this section and:

1. Document the two questions below the attestation paragraph. **H**

Dependent on the answer that you provide for the field "Site Member Moving To", you will then be given a specific attestation paragraph to read and agree to based on the site.

1. Answer "Yes" within the field under the paragraph to attest to the Qualified Residence that is designated in the "Site Member Moving To" field
2. You may now complete the electronic signature of attestation:

Site Member Moving To: (None) ▾

Patient Living With Family: (Please Select Value) ▾

### **H** Member Moving To Section

Please type the name of the care coordinator below as an electronic signature attesting to the above statements.

\* Care Coordinator Name:  REC

Are you the person that signed the attestation?  ▾

Signature of person completing attestation:  REC

Please type the name of the care coordinator below as an electronic signature attesting to the above statements.

\* Care Coordinator Name:  REC

Are you the person that signed the attestation?  ▾

MCO designated staff person:  REC

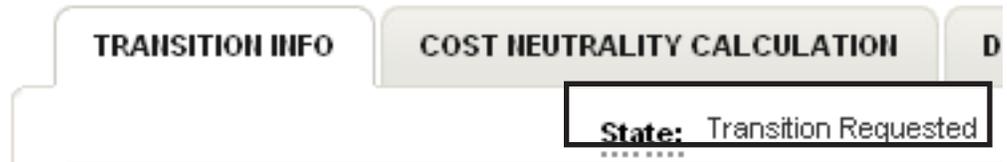
3. You may now click the "OK" button at the top of the screen. You will see an Item Number generated for the transition request.
4. At this time you must scroll down and find the "Cost Neutrality Calculation" tab to document the member's service costs. Refer to Chapter for Cost Neutrality.

## TRANSITION

Submit Request



You have now submitted your transition request. You can verify this by viewing the Transition Info Tab and the "State" of the request:



## TRANSITION

You are not required to do any more documentation until you have received a decision from TennCare for an approved transition or a denied transition.



To view/verify TennCare's decision, you may open the Transition Request from the TPAES Enrollment Tab and view the Transition Info Tab and the "State" of the request:



For "Approved" transition requests there is one more step to complete the transition process...*please see next page...*

Submit Request



# TRANSITION

## Register Actual Date



### Why is this important?

The Transition Date starts the clock for counting 365 days of MFP participation. Tennessee's enhanced federal match and the completion of the Quality of Life Surveys both hinge on this date being accurate.

## Register Actual Transition Date

The Actual Transition Date may not be the same as the Anticipated Transition Date. The Actual Transition Date must equal the date that the individual actually moved into the community, and it may be entered in TPAES on the day of actual transition or up to two days after actual transition. At the time that the transition is "Approved", and the actual date is known, you may enter this date to the original transition request. If the date is the same as the MFP Anticipated Transition Start Date you will still be responsible for documenting the Actual Transition Start Date field.

**A** Register Actual Transition Date

1. Open the Transition Request from the TPAES Enrollment Tab.
2. Click on the Register Actual Transition Date button at the top of the screen. **A**

*NOTE:* The "State" of the request should be "Approved".

**B** Transition Dates Section

### Transition Dates Section: **B**

3. Document the actual date that the member is moving into the qualifying residence.

**C** Patient Residence Info Section

### Patient Residence Info Section: **C**

4. At the time that the actual transition date is entered you must document the address of the qualifying residence that the member is moving into. At this time the date and the address should be known and actual.

1. You may now click the "OK" button at the top of the screen. This will prompt TennCare to now update the member's eligibility segment to match the actual transition date.
2. When you do so the screen will regenerate and the following buttons will now appear for use at any point in the future:



## TRANSITION

### Short Term Stay Starts

Short Term Stay notifications within TPAES relate only to transitions that were approved into Group 2 with MFP participation. A MFP participant may enter a facility for an anticipated short term period such as hospital stay or physical therapy, etc. When entering a short term stay the MFP participation count of days is suspended until returning into the home setting. It must be tracked also so that if that member does have a short term stay that results in a stay in the facility, that member may be disenrolled from MFP participation until such time that they transition back into the home setting. This section will explain how you will notify TennCare of a short term stay and all further steps involved with the enrollment and tracking of that short term stay.

1. Open the transition request from the TPAES Enrollment Tab.
2. Once you have clicked the "Short Term Stay Start" button within the TPAES Transition record, the following screen will appear for documenting: **A**
  - Short Term Stay Start: enter the date that the short term stay began or the admission date into the short term stay facility. This will notify TennCare of the member's involvement into a short term stay.

A screenshot of a web-based form titled "Short Term Stay Start Choices Enrollment". The form has a light beige background and a white border. At the top left, there are "OK" and "Cancel" buttons. Below the title, there is a section labeled "Transition Dates" with a small upward-pointing arrow icon. Underneath, there are two rows of text: "Actual Transition Start Date: 08/31/2011" and "Short Term Stay Start: 08/24/2011". The date "08/24/2011" is entered in a text box, and below it, the format "mm/dd/yyyy" is shown. At the bottom right, there is a "Comments:" label followed by a large empty text area.

**A** Short Term Stay Starts

Short Term Stays:

Start

**You are not required to do anymore documentation until you are aware of the short term stay ending or the member is reinstitutionalized.**



### Short Term Stays Continued...

You may then open the record from the TPAES Enrollment Tab to document three options that may occur then:

Short Term Stay End

Short Term Stay End And Dis-Enroll



- Short Term Stay End: click on this button when the member moves back into home based setting from the short term stay facility AND the member returns to a qualifying residence OR the member is Reinstitutionalized: the member remains in the short term stay facility longer than 90 days with the intent to return to the home based setting, therefore the member is not disenrolled from MFP.
- Short Term Stay End and Dis-Enroll: click on this button when the member moves back into home based setting from the short term stay facility AND the member does NOT return to a qualifying residence OR This will notify TennCare to dis-enroll the 2A member from MFP participation.

*The following sections will further explain the steps involved with the three above options...*



## TRANSITION

Short Term Stays:

Start



# TRANSITION

Short Term Stays:

End

## Short Term Stay Ends

Upon the time that the member returns to the home based setting, you may return to TPAES and document that the Short Term Stay has “ended”. You will then be asked to attest again that the member has either entered the same qualified residence as before, or that they have entered another qualified residence.

1. Document the date the short term stay ended which should be the same date that the member moved back into the home based setting. **A**
2. The next section will allow you to document whether there were any changes in the member’s housing when he/she moved back into the home based setting. **B**

*Is the member returning to the previous qualified residence?*

3. If Yes, click the “OK” button at the top of the screen. This will notify TennCare that the short term stay has ended.
4. If No, you will then be prompted to begin documenting the aspects of the new housing information that relate to qualifying residence. The

**Member Moving To** section appears. Please read the paragraph carefully that appears within this section and:

1. Document the two questions below the attestation paragraph. **C**
2. You will also document the new qualifying residence address within the Patient Residence Info section.

**^ Patient Residence Info**

**Street Address:**  ABC ✓

**City Name:**  ABC ✓

**US State:**  ABC ✓

**Zip Code:**  ABC ✓

**Phone Number:**  ABC ✓

Short Term Stay End Choices Enrollment -

**^ Transition Dates**

Short Term Stay Start: 08/24/2011

\* Short Term Stay End:

**A** Short Term Stay End Date

**^ Housing Changes**

Returning to Previous Qualified Residence:

Comments:

**B** Housing Changes Section

Site Member Moving To:

Patient Living With Family:

**C** Member Moving To Section

**Short Term Stay Ends Continued...**

Dependent on the answer that you provide for the field "Site Member Moving To", you will then be given a specific attestation paragraph to read and agree to based on the site.

1. Answer "Yes" within the field under the paragraph to attest to the Qualified Residence that is designated in the "Site Member Moving To" field.
2. You may now complete the electronic signature of attestation:

Please type the name of the care coordinator below as an electronic signature attesting to the above statements.

**Care Coordinator Name:**  ASC

Are you the person that signed the attestation?  ASC

Signature of person completing attestation:  ASC

---

Please type the name of the care coordinator below as an electronic signature attesting to the above statements.

**Care Coordinator Name:**  ASC

Are you the person that signed the attestation?  ASC

MCO designated staff person:  ASC

3. You may now click the "OK" button at the top of the screen.



# TRANSITION

Short Term Stays:

End



## Short Term Stay Ends and Dis-Enroll from MFP

Upon the time that it is determined that the member will not be able to return to a qualifying residence, you may return to TPAES and document that the member is "ending short term stay but needs dis-enrolled from MFP". This will initiate a request to TennCare to dis-enroll the member from the MFP participation.

## TRANSITION

1. Document the Reason participation ended.
2. Document the date that the short term stay ended.
3. Click the "OK" button at the top of the screen. This will notify TennCare that the member has been reinstationalized.
4. Upon the submission, you may be able to verify, within the record, the Transition "State" changes to "Dis-enrolled From MFP". **A**

### **A** Dis-Enroll Verification

Short Term Stays:

End

Dis-Enroll from MFP

*You will also need to submit a new CHOICES transition request for the member to be transitioned from Group 2 to Group 1. Refer to the section "CHOICES Transitions" for further instruction.*



# TRANSITION

## Update Housing Info

At the time that the transition is “Approved”, and there may be in the future a change to the member’s housing; you will need to document this within TPAES to determine what may happen with the member’s MFP participation:

1. The **Member Moving To** section appears. Please read the paragraph carefully that appears within this section and:

**A** Member Moving To Section

1. Document the two questions below the attestation paragraph. **A**
2. You will also document the new qualifying residence address within the Patient Residence Info section. **B**

**B** Member Moving To Section

Dependent on the answer that you provide for the field “Site Member Moving To”, you will then be given a specific attestation paragraph to read and agree to based on the site.

1. Answer “Yes” within the field under the paragraph to attest to the Qualified Residence that is designated in the “Site Member Moving To” field.
2. You may now complete the electronic signature of attestation:

3. You may now click the “OK” button at the top of the screen.



# TRANSITION

## Dis-Enroll from MFP

At the time that the transition is “Approved”, and there may be in the future a change that requires the member be disenrolled from MFP participation; you will need to document this within TPAES:

1. Document the “Reason participation ended” field with the appropriate option.
2. Document Disenrollment Date with the date the the MFP disenrollment would be appropriate to be effective. *For instance the date of nursing facility admission, etc.*
3. Click the “OK” button at the top of the screen. This will notify TennCare to disenroll the member from MFP.
4. Upon the submission, you may be able to verify, within the record, the Transition “State” changes to “Disenrolled From MFP”. **A**

### **A** Dis-Enroll Verification



## TRANSITION

*Congratulations you have  
completed the Transitions training!*



# COST NEUTRALITY

## TRANSITION

**W**elcome to the cost neutrality calculation portion of the TPAES Training Guide. There are more than one points within various processes involving home and community based services (HCBS), in which you will need to enter the cost of services into the system. This may occur so that TennCare may review that the cost of a person's care does not calculate to be more than that of the nursing facility costs. However when entering the cost neutrality calculation within TPAES, the same tab and functions apply to all scenarios. Therefore, this chapter will explain how to document the cost neutrality into TPAES for any situation. You will see, in other Chapters of the Guide, a reference to the Cost Neutrality Calculation Tab Chapter when applicable.

Cost Neutrality Tab

Create New Cost

Remove Cost Item

Summary

## Cost Neutrality Tab

You will NOT see the Cost Neutrality Tab when creating a new request. Most times you will create the request that is required and document all the applicant and request type information first.

1. Most times you will begin by clicking "OK" at the top of the screen once you have created a new request and finished documenting the first fields that appear.
2. When the system has regenerated the next screen you should now be able to locate a tab titled Cost Neutrality Calculation. **A**
3. Click on the tab and the system will generate a screen that appears as follows:

### COST NEUTRALITY CALCULATION

#### **A** Cost Neutrality Calculation Tab

	Total Weekly Cost	Total Monthly Cost	Total Annual Cost
Ongoing HCBS Total Cost	\$ 0.00	\$ 0.00	\$ 0.00

One-time Total HCBS: \$ 0.00



## TRANSITION

### Cost Neutrality Tab



# TRANSITION

Create New Cost

## Creating New Cost

You will find separate sections to the Cost Neutrality Calculation Tab:

- Ongoing HCBS
- One Time HCBS
- Short Term HCBS
- Ongoing Home Health or PDN
- Short Term HH/PDN or Short Term Increase in HH/PDN

1. Click on "Create New \_\_\_ Line Item" for the appropriate section.
2. The system will generate a screen of fields to enter for each line item.

### Ongoing HCBS **C**

1. First document the Ongoing Service Type.
2. Then you will document the number of units for the service within the Frequency field.
3. Choose the Unit Rate for the service type that are provided (ie. 1 hour = 4 units).
4. You will document the Amount with the times per week that the member will receive the service (Monday, Wednesday, Friday = 3)

### One Time HCBS **D**

1. First document the One Time Service Type.
2. Then you will document the number of units to apply to the one time service.
3. You may also document if there are any limits (maximum use) to apply to the service for one time use.
4. Then you will document the number of units for the service within the Frequency field.
5. Choose the Unit Rate for the service type that are provided (ie. 1 hour = 4 units).
6. You will document the Amount with the times per week that the member will receive the service (Monday, Wednesday, Friday = 3)

**i** ALL SECTIONS:  
Hit the Tab key on your keyboard and the fields under the "Cost" section will autocalculate according to what you've entered above.

**C** Ongoing HCBS Section

**D** One Time HCBS Section



## TRANSITION

**E** Short Term HCBS or Short Term Increase in Ongoing HCBS Section

### Short Term HCBS or Short Term Increase in Ongoing HCBS **E**

1. First document the Short Term/Increase to Service Type.
2. Then you will document the number of units to apply to the service.
3. You may also document if there are any limits (maximum use) to apply to the service for one time use.
4. Then you will document the number of units for the service within the Total Weekly Units field.
5. You will also document the total number of weeks needing the short term service
6. Choose the Unit Rate for the service type that are provided (ie. 1 hour = 4 units).
7. Now you will document the Date (From) that the service should begin and the Date (To) that the service should end.
8. Lastly you will see the Cost for Duration of Increase in which you will document the total amount for the duration of the short term need of the service(s).

**F** Ongoing Home Health/PDN Section

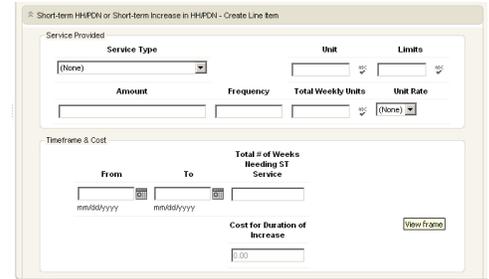
### Ongoing Home Health or PDN **F**

1. First document the Short Term/Increase to Service Type.
2. Then you will document the number of units to apply to the one time service.
3. You may also document if there are any limits (maximum use) to apply to the service for one time use.
4. Then you will document the number of units for the service within the Frequency field.
5. Choose the Unit Rate for the service type that are provided (ie. 1 hour = 4 units).
6. You will document the Amount with the times per week that the member will receive the service (Monday, Wednesday, Friday = 3)

Create New Cost

### Short Term HH/PDN or Short Term Increase in HH/PDN **G**

1. First document the Short Term/Increase to Service Type.
2. Then you will document the number of units to apply to the service.
3. You may also document if there are any limits (maximum use) to apply to the service for one time use.
4. You will document the Amount with the times per week that the member will receive the service (Monday, Wednesday, Friday = 3)
5. Then you will document the number of units for the service within the Frequency field.
6. Then you will document the number of units for the week for the service within the Total Weekly Units field.
7. Choose the Unit Rate for the service type that are provided (ie. 1 hour = 4 units).
8. Now you will document the Date (From) that the service should begin and the Date (To) that the service should end.
9. You will then document the total number of weeks to apply to the service within the Total # of Weeks Needing ST Services.
10. Lastly you will see the Cost for Duration of Increase in which you will document the total amount for the duration of the short term need of the service(s)



### **G** Short Term HH/PDN or Short Term Increase in HH/PDN

### Saving the Cost Neutrality Line Item

1. Once you have documented the required fields within the appropriate line item section, you will click the "OK" button at the top of the screen.
2. The system will save the line item. **H** *When the screen regenerates, you most likely will have to scroll down and click on the Cost Neutrality Calculation Tab again to view your entry.*
3. If you need to create another line item, you will click on the Create button to begin the process again with a new line item.



Service Type	Unit	Unit Rate	Limit	Amount	Frequency	Total Weekly Total Annual Rate	Weekly Cost	Monthly Cost	Annual Cost
Homemaker		5.11	3.00	4	12	N/A	61.32	265.72	3188.64
<b>Ongoing NCBS Total Cost</b>						\$ 61.32	\$ 265.72	\$ 3,188.64	
<b>One-Time NCBS</b>						\$ 0.00			

### **H** Line Item Display



## TRANSITION

### Removing Cost Line Items

You may run into a situation in which you have created a service line item in error and need to remove that line item from the cost neutrality calculation.



**A** Line Item; Remove button

1. Once the system has saved and generated the line item, as shown **A**, you may click on the Remove button found to the left of the line item.
2. If you find your error before completing the section and clicking on "OK"; just hit the "Cancel" button at the top of the screen to keep the system from saving the line item.
3. *When the screen regenerates, you most likely will have to scroll down and click on the Cost Neutrality Calculation Tab again to view your entry.*
4. When you view the line item again you will notice the "Total Costs" fields at the bottom of the section are open for editing.
5. You may either edit these fields and click "OK" or click on the Remove button once again to completely remove the line item from the cost neutrality calculation tab.
6. *When the screen regenerates, you most likely will have to scroll down and click on the Cost Neutrality Calculation Tab again to view your entry.*
7. You may now view that the line item no longer exists on the tab.

Remove Cost Item



# TRANSITION

## Summary

As you are adding your line items, one by one, you may view the summaries of all these costs for the applicant.

- Each separate section of service types will display a summary of that service type and all the line items you have entered. **A**

- Total Weekly Cost
- Total Monthly Cost
- Total Annual Cost

Service Type	Unit	Unit Rate	Limit	Amount	Frequency	Total Weekly Units	Total Annual Units	Weekly Cost	Monthly Cost	Annual Cost
Personal Care	Hour	\$ 12	0.00	0	12	0.00	0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Ongoing HCBS Total Cost</b>						<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

**A** Line Item; Total Cost

- Scroll down the screen to view the last three (3) sections of the tab for all encompassing totals for the applicant:

- Cost Summary

Category	Cost	Frequency	Annual Total
The cost of ongoing HCBS is:	0.00	per month	0.00 per year
The cost of ongoing HH/PDH is:	0.00	per month	0.00 per year
The total cost of ongoing in-home care is:	\$ 0.00	per month	\$ 0.00 per year
The cost of one-time HCBS is:		per month	0.00 per year
The cost of short-term HCBS is:			0.00 per year
The cost of short-term HH/PDH is:			0.00 per year
The cost of in-home care is:	\$ 0.00	per month	\$ 0.00 per year
The average cost for Level 1 nursing home care is:	\$ 4,583.33	per month	\$ 55,000.00 per year
The cost of ongoing HCBS is:			

- Plan of Care Review Addendum

<b>POC Previous Annual Cost:</b>	\$ 0.00
<b>POC Cost Percent Change:</b>	0.00 %
<b>POC Justification Of Need:</b>	

- Plan of Care Authorization Information

<b>Plan of Care Status:</b>	(None)
<b>POC Cost Neutrality:</b>	(None)



TRANSITION

*Property of Bureau of TennCare  
Division of Long Term Care*