

HCBS CHOICES Qualified Assessor Refresher Training



Division of
TennCare

LTSS

Rules for the Training

- Review each slide in its entirety
- Read and acknowledge the attestation on the Attestation page



Qualified Assessor

What is a Qualified Assessor?

- TennCare LTSS will only accept HCBS PAEs assessed by individuals who have been deemed a HCBS Qualified Assessor (regardless of PERLSS submitter).
- This qualification will be assigned by LTSS for each individual that meets the LTSS HCBS Qualified Assessor requirements and will be given a unique assessor code. This code must be documented on the PAE with the Assessor Certification signature.
- **HCBS PAEs must include:**
 - HCBS PAEs must include a recent medical history and physical and/or other medical records supporting the functional deficits indicated on the PAE application.
 - The Applicant and Collateral Interview Tools are optional documents that can be completed to provide additional support for indicated functional deficits.
- The Rules of Tennessee, Department of Finance and Administration, Division of TennCare can be found on the TennCare and Secretary of State websites. The rules serve as the “source of truth” for TennCare programs.

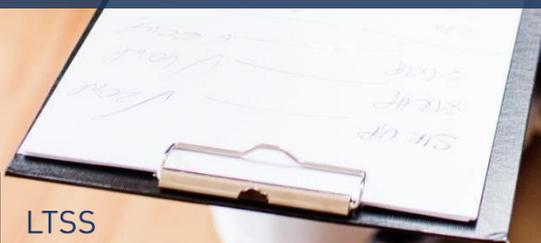
Qualified Assessor Requirements

LTSS requirements for HCBS Qualified Assessors are as follows:

- Must complete an online HCBS Qualified Assessor Training and pass the test given after the training. Online trainings will be offered every month by TennCare.
- An annual online refresher training to renew HCBS Qualified Assessor status and code.
- Codes will be tracked at TennCare, per assessor, and will be reviewed to ensure correct usage.



CHOICES Enrollment Criteria



CHOICES

CHOICES is made up of three (3) groups, each with distinct eligibility/enrollment requirements and benefits.



Group 1

Consists of persons who are receiving Medicaid reimbursed long term services and supports in a nursing facility. This includes persons who are eligible for Medicaid in any eligibility category regardless of age or condition, and who meet NF LOC.

Group 2

Consists only of persons age 65 and older and adults age 21 and older with physical disabilities who meet NF LOC, qualify as either SSI recipients or in an Institutional category, and who need and are receiving HCBS as an alternative to NF care.

Group 3

Consists only of persons age 65 and older and adults age 21 and older with physical disabilities who do NOT meet NF LOC, but who, in the absence of HCBS, are "at risk" for NF care.

Benefits limited via cost neutrality cap

Benefits limited via expenditure cap

Group 1: Requirements

- Either a negative PASRR or a positive PASRR that is determined by DIDD/DMH to be appropriate for NF placement.
- Meet Nursing Facility Level of Care (LOC)
- Medicaid Eligibility (Determined by TennCare's Member Services)
- Medicaid Only Payer Date
- Freedom of Choice Form

Pre-Admission Screening and Resident Review (PASRR)

Purpose: to ensure that nursing facility applicants and residents with serious mental illness (SMI) and/or intellectual and developmental disability (ID and DD) are identified, placed appropriately, admitted or allowed to remain in a particular NF only if they can be appropriately served there. They must also be provided with the disability services they need, including rehabilitative and specialized services.

Must be complete prior to a PAE submission

- **Level I**

- The PASRR screen for severe mental illness, intellectual disability, developmental delay or related condition. Completed for anyone admitted to a Medicaid certified nursing facility.

- **Level II**

- The Comprehensive Evaluation for person with severe mental illness, intellectual disability, developmental delay or related condition

Level 1: Screening

When the Level 1 PASRR identifies the presence or suspicion of serious mental illness, ID or DD, a full Level II evaluation is not necessary for NF admission if an exemption or categorical reason exists. If the Level I indicates a suspicion of a PASRR condition, and no exemption or categorical applies, then a full PASRR (level II) evaluation must occur prior to NF admission....

A Level II is not necessary when any of the following are applicable:

- **Exempted Hospital Discharge (EHD)**— a person is currently admitted to the hospital and is going to the NF for treatment of the condition for which s/he received hospital care, and whose physician certifies will likely require 30 days or fewer of NF services.
- **Convalescent Care**— a person is currently admitted to the hospital and is going to the NF for treatment of the condition for which s/he received hospital care, and whose physician certifies will likely require 60 days or fewer of NF services.
- **Respite**— a person who resides in a community setting and requires a brief NF admission to provide respite to in-home caregivers. This outcome provides 9 days for CHOICES members.
- **Terminal Illness**— a person has a terminal illness, and whose physician certifies s/he has a life expectancy of 6 months or less. This outcome provides 180 calendar days in the NF.
- **Severe Physical Illness**— a person who has a coma, ventilator dependence, functioning at brain stem level, or diagnoses, such as, Parkinson's disease, Huntington's disease, or ALS, which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services. This is not a time limited stay, although the person's physician must certify the individual's condition. A new level 1 screen should be submitted should there be any improvement in the person's physical condition.
- **Dementia and ID**— a person has an intellectual disability and dementia and whose physician certifies the condition.

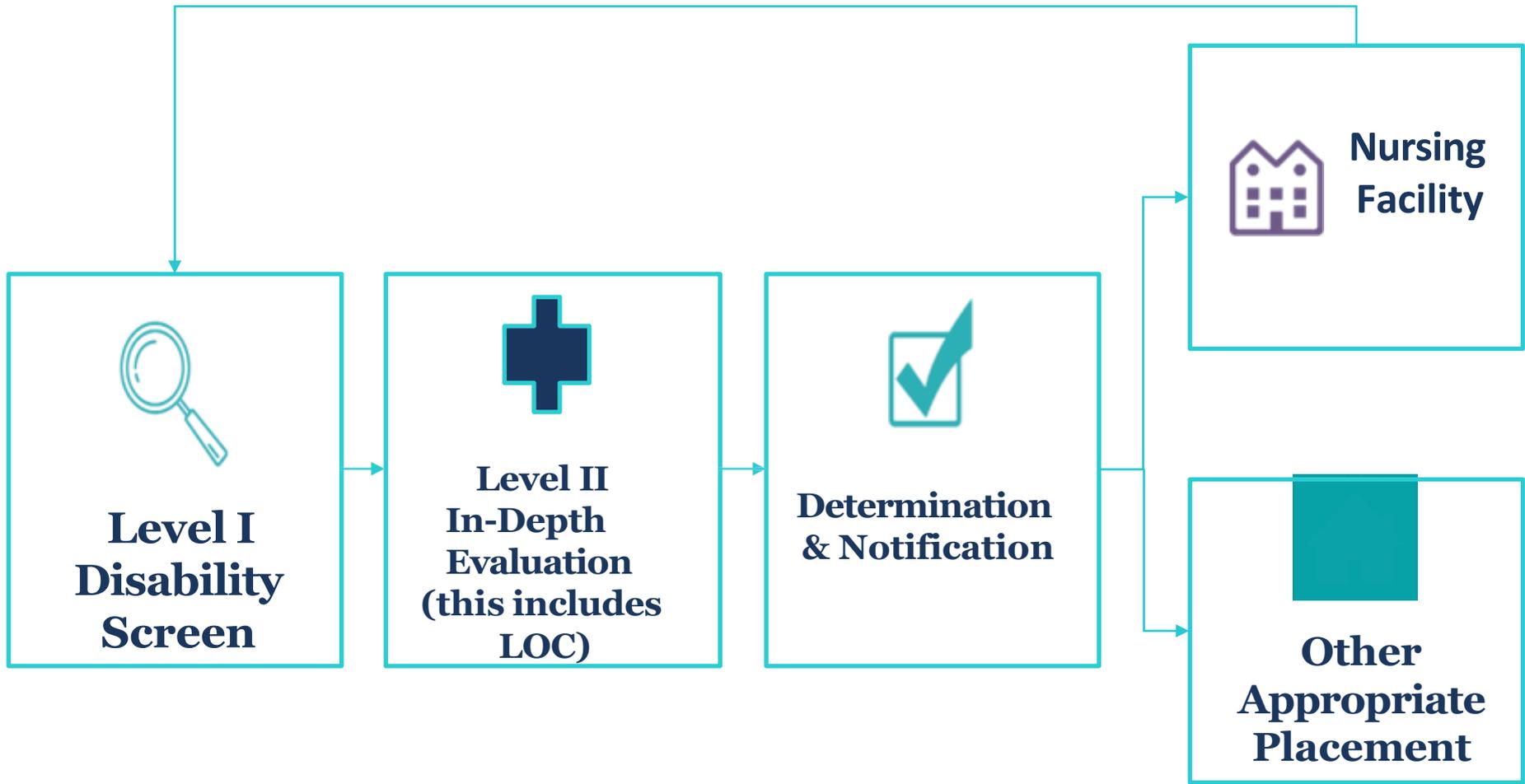
Level II: Comprehensive Evaluation

- This is a federal requirement. NFs may not be paid for admission prior to completion of all PASRR activity including complete and appropriate categorization of the person's condition.
- Onsite assessment of MI, ID, or DD status and needs are conducted by an assessor and reviewed by a quality team (Maximus). The team makes written recommendations about placement and treatment or service needs.
- This evaluation is required at admission and whenever a resident experiences a significant change in status.

PASRR: Significant Change in Status Indicators

- All residents whether previously identified through PASRR or not, who are demonstrating emergence of new symptoms or significantly increased behavioral, mood or psychiatric symptoms.
- Any resident with known/ suspected MI, ID or DD who's behavioral, mood, or psychiatric related symptoms have not responded to treatment.
- Any resident with known/ suspected MI, ID or DD who experiences an improved medical condition, such that the plan of care or placement recommendations may require modifications.
- A resident whose condition or treatment is significantly different than described in the resident's PASRR Level II determination.
- A resident with MI, ID or DD who was approved short-term and is expected to stay longer.
- Following inpatient psychiatric stay to confirm appropriateness of NF, for a person whose Level II evaluation resulted in a decision requiring inpatient psychiatric treatment.

PASRR Process Overview



Meet Nursing Facility Level of Care

Pre-Admission Evaluation (PAE)

Purpose: to determine an individual's medical (or LOC) eligibility for TennCare-reimbursed care in a NF or ICF/IID, and in the case of NF services, the appropriate level of reimbursement for such care, as well as eligibility for HCBS as an alternative to institutional care, or in the case of persons At Risk for Institutionalization, in order to delay or prevent NF placement. For purposes of CHOICES, the PAE application shall be used to determine LOC and for persons enrolled in CHOICES Group 2, determining the Member's Individual Cost Neutrality Cap.

Medicaid Eligibility

- Medicaid = TennCare
- May be initiated and processed at the same time that the PASRR/PAE review is conducted. Reimbursement of LTC services require an approved PAE, therefore Medicaid eligibility can't occur until the PAE is approved and other enrollment criteria are satisfied.
- Member Services, housed within TennCare, must determine if the person is financially eligible to receive TennCare Medicaid; it is the responsibility of the applicant and/or representative to cooperate with the TennCare Member Services to provide information for review if requested.
- Medicaid eligibility may be seen by TennCare providers at TNAnytime.
- LTSS cannot begin CHOICES enrollment until Medicaid has been approved and Medicaid eligibility begins.
- If there are questions regarding financial eligibility, please contact TennCare Connect at 1-855-259-0701.

Medicaid Only Payer Date (MOPD)

- Persons admitted to a nursing facility may or may not have other payer sources.
- The nursing facility must notify TennCare when they intend to bill TennCare CHOICES (or Medicaid) for the NF services because all other payer sources are non-existent or have already been used, this is done by entering the MOPD.
- Other payer sources include third party liability such as private insurance or Medicare. It also means that the patient is not privately paying.
- MOPD is the effective date of Medicaid enrollment **and** the date in which the NF uses to indicate the first night a member is in the facility

Medicaid Only Payer Date (MOPD)

- The MOPD must be a known date, not a guess or estimate.
- The MOPD may be entered(into PERLSS) at the time of the PAE submission *only if known*. If the MOPD is not known at the time of the PAE submission and more information needs to be gathered about other payer sources, the NF can enter the MOPD at any time.
- If a MOPD has been entered, CHOICES enrollment process has begun. If for some reason the MOPD needs to be updated, please contact the LTSS helpdesk. NF reimbursement may have already occurred and if the MOPD changes the CHOICES effective date will change.

Freedom of Choice Form

 **TennCare**

FREEDOM OF CHOICE FORM

When getting long term care services, if you qualify for nursing home (or institutional) care, you have the right to choose to get care:

- In your home,
- OR in another place in your community (like an assisted living or critical adult care home),
- OR in a nursing home or Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID).

To get care in your home or community, we must be able to safely meet your needs in that setting. AND, the cost of your care can't be more than the cost of your care in a nursing home or ICF/IID. That includes the cost of your home care (Home and Community Based Services or HCBS) PLUS any home health or nursing care you may need. The actual kind and amount of care you will receive depends on your needs.

If you DO NOT qualify for nursing home or ICF/ IID care, you may still be able to get services in your home. The actual kind and amount of care you will receive depends on your needs.

The person helping you apply for services will help you and answer any questions you have. If you are applying for TennCare and CHOICES, that help will come from your Area Agency on Aging and Disability (AAAD). If you are applying for one of the programs that serves individuals with Intellectual and/ or developmental disabilities, that will be the Department of Intellectual and Developmental Disabilities (DIDD). If you already have TennCare, a Care or Support Coordinator with your health plan (or MCO) will help you. You may also want to talk with your family, friends, doctor, or others before you decide.

After you decide, you can change your choice at any time as long as you qualify to get care in the setting you pick.

Please check one of the boxes below to show your choice:

I want to receive care in a nursing home.
I want to receive care in an ICF/ IID.

I want to receive care in my home or community. What if the program that offers home care is full and you can't enroll right away? If you qualify for nursing home or ICF/ IID care, do you want to get care in a nursing home or ICF/ IID until home care is available?
OR, do you want to be on a waiting list for home care?

I want to receive care in a nursing home or ICF/IID while I wait for home care.

I want to be on a waiting list for home care.

LTSX -SPOFFOC-Form-010101

 **TennCare**

You can also help choose the providers who will give your care. This could be an assisted living or nursing home, or the agency who will give your care at home. You may also be able to hire your own workers for some kinds of care (called Consumer Direction).

The provider you choose must be willing and able to give your care. Your Care or Support Coordinator will try to help you get the provider you pick.

BUT, if you don't get the provider you want, you can't appeal and get a fair hearing. If you don't get the services you think you need, then you can file an appeal.

Name of Applicant/Member: _____

Medicaid or Social Security Number: _____

Signature of person who wants long-term care (or their authorized representative): _____

Date: _____

LTSX -SPOFFOC-Form-010101

Group 2: Requirements

- An approved PAE for Nursing Facility Level of Care (LOC)
- Medicaid eligibility (See slide 17)
- Group 2 must have capacity within the enrollment target
- Persons needs must be safely met in the community and within cost neutrality

Approved PAE for Nursing Facility LOC

- **Pre-Admission Evaluation**
- **Purpose:** to determine an individual's medical (or LOC) eligibility for TennCare-reimbursed care in a NF or ICF/IID, and in the case of NF services, the appropriate level of reimbursement for such care, as well as **eligibility for HCBS as an alternative to institutional care**, or in the case of persons At Risk for Institutionalization, in order to delay or prevent NF placement. For purposes of CHOICES, the PAE application shall be used to determine LOC **and for persons enrolled in CHOICES Group 2, determining the Member's Individual Cost Neutrality Cap.**

Group 2: Cost Neutrality

- TennCare must determine that ongoing services are needed and can be safely and appropriately provided within that individual's cost neutrality cap.
- Individual's cost neutrality cap may change with a new PAE approval.
- AAAD will not make cost neutrality determinations; the MCO will need to verify cost neutrality criteria is met upon CHOICES HCBS enrollment.

Group 3: Requirements

- An approved PAE for At Risk Level of Care (LOC)
- Person's needs must be safely met in the community with the array of services and supports (paid and unpaid) that would be available within the \$18,000 cost cap for Group 3
- Must meet Target population requirements for Group 3

Target Population

- The target population for Group 3 includes persons age 65 and older or persons 21 years of age and older who have one or more PHYSICAL disabilities, defined in TennCarerule.
- This means that the individual who meets "at risk" LOC on the PAE functional assessment must have one or more medically diagnosed, chronic, physical impairments, either congenital or acquired, that limit purposeful physical movement of the body or one or more extremities.
- In practical terms this means that the individual has a substantial functional limitation in at least one of the ADLs that require such movement (example is mobility or transfer) and that limitation is attributed to the physical impairment and not to a cognitive impairment or mental health condition.
- The TennCare nurse reviews a PAE for CHOICES approved "at risk" LOC for this requirement.



CHOICES

Pre-Admission Evaluation

Handwritten notes on a clipboard, including the phrase "SIT UP" and other illegible text.



Division of
TennCare

LTSS

Level of Care Determinations

- Level of Care (LOC) determinations are made by the Division of TennCare.
- LOC determinations include an assessment of certain functional needs-the need for assistance with Activities of Daily Living (ADLs) and an assessment of certain clinical needs.
- The PAE is processed on an 8-business day turnaround time

Activities of Daily Living (ADLs)

- Activities of daily living (ADLs) is a term used to collectively describe fundamental skills required to independently care for oneself, such as:
 - Transferring from the bed to a chair
 - Walking or using a wheelchair
 - Eating
 - Toileting
- LOC determinations also include considerations of other factors that impact a person's ability to live safely and independently in the community
 - Communication
 - Cognitive Status
 - Behavior
 - Taking medicine

Documentation Requirements

- **Nursing Facility (Group 1)**

- A medically documented diagnosis
- A recent medical history and physical, and/or other medical records supporting the functional deficits as indicated on the PAE application
- Medical documentation supporting skilled nursing and/or rehabilitative services, including enhanced respiratory care, as applicable
- PAE Certification Form

- **HCBS (Group 2 or 3)**

- A medically documented diagnosis
- A recent medical history and physical, and/or other medical records supporting the functional deficits as indicated on the PAE application
- Applicant and Collateral interview tools are optional documentation to support the functional deficits indicated on the CHOICES HCBS PAE.
- Medical documentation supporting skilled nursing and/or rehabilitative services, including enhanced respiratory care, as applicable
- Certification of Assessment by Qualified Assessor

Meeting Level of Care (Groups 1, 2 and 3)

- **NF LOC (Group 1 and 2)**

- Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale; or
- Meet "at risk" LOC on the PAE acuity and have an approved safety request indicating that the applicant's needs cannot be safely met in CHOICESGroup 3.

- **At Risk LOC (Group 3)**

- Have at least one significant functional deficit on the PAE acuity scale and a determination by TennCare that the applicant's needs can be safely met in community within the Group 3 cost cap.

Determining Level of Care

- Skilled and/or rehabilitative services are also captured as part of the total acuity score such as:
 - tube feeding
 - wound care
 - occupational therapy
 - physical therapy
 - non chronic ventilator

Determining Level of Care

- **NF LOC Acuity Scale**

- TennCare reviews each functional and clinical need and assigns a weighted value of each component on a scale of 0 to a maximum of 5, depending on the amount of assistance needed.
- Medical eligibility is based on each applicant's cumulative score, which reflects the acuity of that person's needs.
- This approach:
 - Recognizes that not all functional and clinical needs are alike;
 - Takes into consideration those types of needs that may require more assistance; and
 - Provides some consideration for lesser levels of need for assistance (for a person who needs help only *some* of the time)

Level of Care: Acuity Scale

The acuity scale applies weighted values to the answer that you provide to each question on the functional assessment:

ADL (or related) Deficiencies		Weights						
Functional Measure	Condition	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

Points to Remember:

- LTSS nurses may partially approve answers based on the medical documentation submitted. For example, the documentation submitted may not support a weighted value score of “Never” but does support a weighted value score of “Usually”.
- The nurse cannot add points to a submitted acuity score ie she cannot change a submitted "usually" to "usually not". This means that the acuity score approved may be less than what was submitted but will never be higher than the submitted score.

Level of Care

Skilled Services/Enhanced Respiratory Care

Utilizing the answers that are provided on the PAE submission:

SKILLED SERVICES	ASSOCIATED POINTS
Ventilator (does not include vent weaning services)	5
Infrequent Tracheal Suctioning (Previously named: 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 (e.g., infected wounds, dehisced wounds, 3 or more stages and/or stage 4 wounds, unstageable wounds and deep tissue injury (as defined by NPUAP-National Pressure Ulcer Advisory Panel)	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
ENHANCE RESPIRATORY CARE SERVICE	ASSOCIATED POINTS
Chronic Ventilator	5
Secretion Management Tracheal Suctioning	4
Maximum Possible Skilled Services/Enhance Respiratory Care Acuity Score	5

- The maximum score for Skilled Services/ERC is 5 points.
- The submitter can ask for more than one skilled service, but the points counted in the acuity score for the PAE are only based on approved skilled service with the highest point value. Example: both TPN (3 points) and wound care (2 points) are submitted and approved so the maximum point value from skilled services will be "3".

Level of Care: Acuity Scale

Maximum Possible ADL (or related) Acuity Score	Actual Score
Maximum Possible Skilled Services Acuity Score	Actual Score
	+
	Actual Score
	=
Maximum Total NF LOC Acuity Score	26

- All answers may be approved or denied by TennCare based on supporting documentation.
- LTSS nurses may partially approve answers based on the medical documentation submitted. The approved acuity score can never be higher than what was submitted.
- If an answer is denied, the assigned value would not apply to the “actual score”. Only those approved will apply to the “actual score”.
- This means the total acuity score may change once a PAE is reviewed by TennCare.



Safety Determination Request

Safety Determination Request

What is a safety determination request according to rule?

- A decision made by the Bureau in accordance with the process and requirements described in Rule 1200-13-01-.05(6) regarding whether an Applicant would qualify to enroll in CHOICES Group 3 (including Interim 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 \$18,000 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 or other caregivers who are willing and able to provide such care, and which may impact the Applicant's NF LOC eligibility (see Rule 1200-13-01-.1-(4)(b)2.(i)(II) and 1200-13-01-.10(4)(b)2.(ii)(II)).

Safety Determination Request

- If the applicant cannot be safely served in CHOICES Group 3 within the expenditure cap, using natural supports and all other services available, a safety determination review may be submitted to TennCare with the PAE application.
- The submitter must *show* TennCare why the person would be unsafe if enrolled in CHOICES Group 3.
- The Safety Determination Request should be completed at the time of initial PAE completion and submission by the submitting entity (when the above criteria is met).
- Any submitting entity of the PAE can submit the safety determination request with the PAE.

Safety Determination Request at the Applicant's Request

- If the applicant requests a Safety Determination Review but the PAE assessor does not agree, the assessor must still complete the Safety Determination Request Form and request the safety determination in PERLSS.
- The safety request is built into the safety accordion in PERLSS and the Safety Determination Request Form is no longer required to be uploaded within PERLSS.
- This should be indicated on the form by selecting *“This safety determination form was completed at the request of the applicant/representative.”*

Keep in mind....

- To meet NF LOC the applicant must score a 9 or above on the acuity scale or the person's needs cannot be safely met in the community with the array of services and supports that would be available within the expenditure cap if the applicant was enrolled in CHOICES Group 3.

When to Request a Safety Determination

- When the applicant's acuity score is below a 9 but meets At-Risk LOC (one significant deficit) on the functional assessment and it appears their needs can't be safely met within the array of services and supports if enrolled in Group 3.
- What if the applicant scores a 9 or above?
 - The PAE assessor must ensure that all documentation to approve that score of 9 or above is included with the PAE.
 - We would not expect to see a safety determination for this applicant.

It is Important to Understand all Benefits

- In addition to all required documentation, the PAE assessor must know and understand all of the Group 3 and TennCare benefits to determine whether the applicant can be safely served in Group 3.
- Members enrolled in Group 3 not only receive Group 3 benefits, but they are also eligible to receive TennCare benefits (non-CHOICES HCBS), including home health services. TennCare benefits, and CHOICES minor home modifications do not count against the expenditure cap.
- Cost-Effective alternatives (CEA) may also be utilized to safely serve a member in the community. CEAs are approved at the MCO's discretion.

Group 3 Benefits

The total cost of these kinds of care can't be more than \$18,000 per calendar year, not counting homemodifications.

- Adult Day Care: Up to 2,080 hours per calendar year, a place that provides supervised care and activities during the day
- Assisted Care Living Facility: 1 Unit per Day/12 months per year
- Assistive Technology: Up to \$900 per calendar year, certain low-cost items or devices that help the member do things easier or safer in their home like grabbers to reach things
- Attendant Care: Up to 1,080 hours per calendar year
- 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
- Home-Delivered Meals: Up to 1 meal per day
- In-Home Respite Care: Up to 216 hours per calendar year, someone to come and stay with the member in their home for a short time so their caregiver can get some rest
- Inpatient Respite Care: Up to 9 days per calendar year, a short stay in a nursing home or assisted care living facility so the member's caregiver can get some rest
- Personal Emergency Response System: A call button so the member can get help in an emergency when their caregiver is not around
- Pest Control: Up to 9 units per calendar year, spraying the member's home for bugs or mice
- Minor Home Modifications: Up to \$6,000 per project; \$10,000 per calendar year; and \$20,000 per lifetime, certain changes to the member's home that will help them get around easier and safer in their home like grab bars or a wheelchair ramp

TennCare Benefits

- The applicant or member requesting or receiving HCBS CHOICES care must have a need for ongoing assistance through the HCBS services listed on the previous slide and not just a "one-time" service or assistance they receive through family members or other caregivers, other community resources such as Meals on Wheels or other payer sources such as Medicare. AAAAD submitter will indicate the need for ongoing HCBS services on the PAE when submitted. A MCO submitter will also indicate this need and have to enter the actual required ongoing HCBS services that will be included in the plan of care for that individual.
- For example, if the person needs only the current support of family members and a personal emergency response system (PERS) then that individual does not have need for ongoing HCBS services and would not meet the medical necessity requirement for CHOICES Group 2 or 3.

TennCare Benefits

Some of the TennCare benefits include:

- Home Health Services: For adults who qualify for skilled nursing facility care, there is a limit of 30 hours/week of nursing care or a limit of 40 hours per week of combined home health aide and home health nursing
- Occupational Therapy
- Physical Therapy Services
- Pharmacy Services
- Non-Emergency Transportation

Safety Transition for Current CHOICES Members

For members who are currently enrolled in CHOICES Group 2 or Group 3:

- The MCO must determine based on a comprehensive face to face assessment that the member's needs cannot be safely and appropriately met in the current enrollment group.
- This determination must be made considering all covered services and supports available within the individual's cost neutrality cap.
- The MCO must submit a Safety Transition request, with supporting documentation for LTSS review (via the electronic PAE tracking system).
- If the transition requested is for CHOICES Group 1, then the member must also agree to transition in order to remain enrolled in CHOICES.



Safety Determination Request: Documentation Requirements

LTSS Review of Information

Each safety determination shall include review of information submitted to TennCare as part of the Safety Determination request, including, but not limited to:

1. Diagnosed complex acute or chronic medical conditions which require frequent, ongoing skilled and/or rehabilitative interventions and treatment by licensed professional staff;
2. A pattern of recent falls resulting in injury or with significant potential for injury;
3. An established pattern of recent emergent hospital admissions or emergency department utilization for emergent conditions;
4. Recent nursing facility admissions, including precipitating factors and length of stay;
5. An established pattern of self-neglect that increases risk to personal health, safety and/or welfare requiring involvement by law enforcement or Adult Protective Services;
6. A determination by a community-based residential alternative provider that the Applicant's needs can no longer be safely met in a community setting; and
7. The need for and availability of regular, reliable natural supports, including changes in the physical or behavioral health or functional status of family or unpaid caregivers.

Documentation Requirements

- **Completed Safety Determination Form**
 - At a minimum one justification must be selected for review
 - Supporting documentation 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.
 - The safety request is built into the safety accordion in PERLSS and the Safety Determination Request Form is no longer required to be uploaded within PERLSS.
- **Comprehensive Needs Assessment**
 - Assessment of the applicants physical, behavioral and psychosocial needs
 - 6-month history of care, services and living arrangements
 - Explanation of recent events which may have triggered a safety concern
- **Plan of Care**
- **Safety Explanation**
- **Any other documentation that may show why the person's needs can't be met if enrolled in Group 3 even with the array of Group 3 services, TennCare benefits, and other paid and unpaid supports currently available to that individual.**

Safety Determination Request Form

- When compiling the supporting documentation for a Safety Determination request, the assessor must utilize the Safety Determination Request e-Form

Safety Determination REVIEW DETAILS  

Current Living Arrangements

Person's residence (if applicant currently resides in a NF, housing status prior to admission)

Other

Assisted living facility

Lives in other's home - Specify relationship - Son and Daughter

Lives in own home/apt (alone)

Lives in own home/apt (with others)

Lives in own home/apt (with spouse/partner)

Other community-based residential (i.e., group home) setting

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

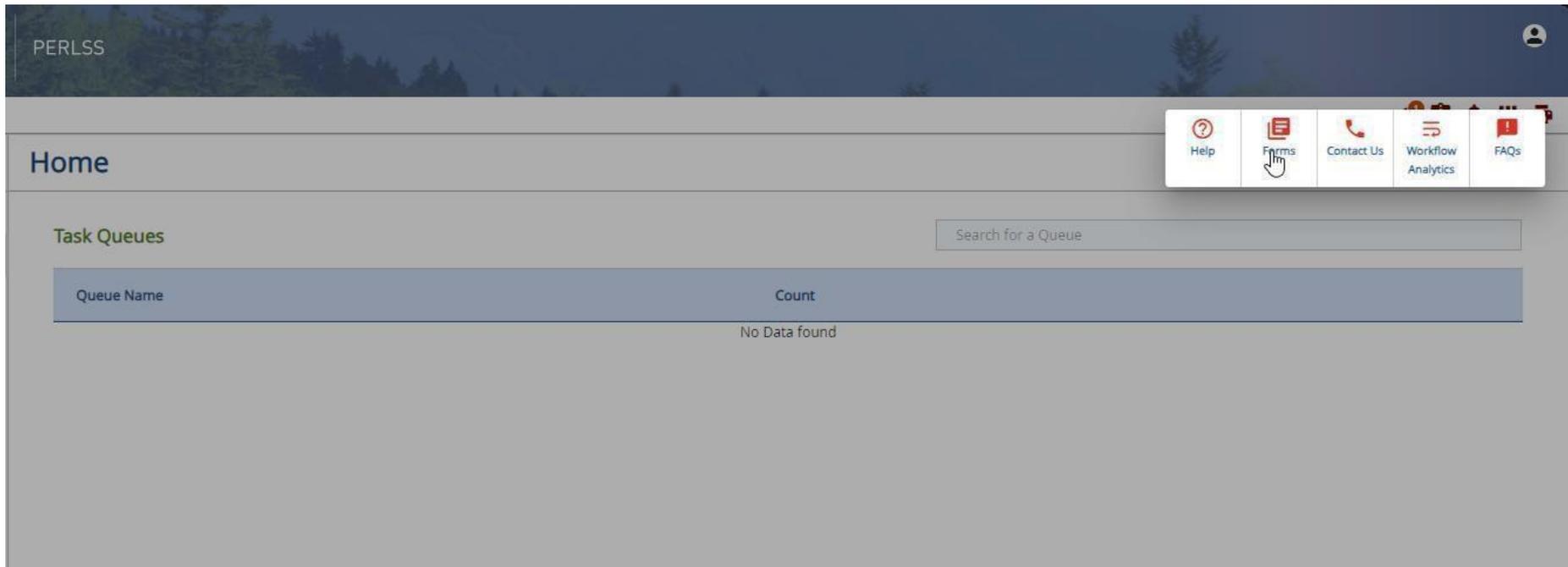
3 Months ago resident was living in her own apartment but the son and daughter felt she could no longer safely stay there alone, so she has been living with them. They alternate a week at a time but both of them work and are unable to care for her as she is right now.

267/2000



Forms

- PERLSS houses forms many forms, see the Forms icon for reference.



The screenshot shows the PERLSS Home page. At the top left, the text 'PERLSS' is visible. Below it, the word 'Home' is displayed. On the right side, there is a navigation menu with five icons: 'Help', 'Forms', 'Contact Us', 'Workflow Analytics', and 'FAQs'. The 'Forms' icon is highlighted with a mouse cursor. Below the navigation menu, there is a section titled 'Task Queues' with a search bar labeled 'Search for a Queue'. Below the search bar, there is a table with two columns: 'Queue Name' and 'Count'. The table currently displays 'No Data found'.

Queue Name	Count
No Data found	

Safety Determination Request Form

- The qualified assessor will be able to select justifications for the safety request and provide descriptions of why that justification was selected.
- The assessor does not have to complete the sections that were not checked.
- This form must be uploaded on the PAE when a safety determination is requested. It should be labeled as 'Safety Determination Request Form'.
- When requesting a Safety Determination, at least ONE justification must be selected on the Safety Determination form and the supporting documentation for this justification has to be submitted. There may be more than one option chosen, but at least one is required. The following slides list the justification options.

Safety Determination Justifications

- The applicant has an approved total 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.
- 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.*

Safety Determination Justifications

- 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.*
- 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.
 - 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.
 - **Example:** An individual who can no longer ambulate independently attempts to get up out of bed every morning without assistance, this individual is not oriented to event/situation and this disorientation could result in serious risk or harm.

Safety Determination Justifications

- 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).
 - **Example:** If a person whose behaviors have led him or her to go outside with minimal clothing in the wintertime or to walk into the middle of a busy street, this could result in serious risk or harm.
- The applicant has experienced a significant change in physical or behavioral health or functional needs.

Safety Determination Justifications

- 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.
- 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.
- 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).

Safety Determination Justifications

- 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.
- 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.
- 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.

Safety Determination Justifications

- 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.
- 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.

Safety Determination Justifications

- 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.
- 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.

Comprehensive Needs Assessment

- 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;
- 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 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
- 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

Plan of Care

A plan of care is a document that details the services and supports required to safely and appropriately meet the person-centered needs for an individual. Sometimes referred to as a PCSP (person-centered support plan) or ISP (Individual Support Plan), these plans of care are submitted by a care coordinator from the MCO, a NF, or the PACE organization.

A plan of care is not required for a Safety Determination submitted by the AAAD.

Safety Explanation

- A Safety Explanation is a detailed explanation regarding why the array of covered services and supports, including CHOICES HCBS up to the Expenditure Cap of \$18,000 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
- **You must answer the question:** Why can't the applicant's needs be met within Group 3?



Assessments

TN

Division of
TennCare

LTSS

Functional Assessment

Let's review each Functional Requirement:

- TennCare Rule 1200-13-01-.10.4(b)(2)(iii) definitions
- Assessment Answer Options
- Assessment Tool Questions/Answers

Key Factors:

- The PAE assessor needs to consider with each question/answer: Does the applicant require assistance?
- The PAE assessor should consider a person's functionality in a 24 hour/7 days a week window of need.
- Some patients may be able to function well in an area at different times/days. At other times/days, they may not be able to function at all in that area.

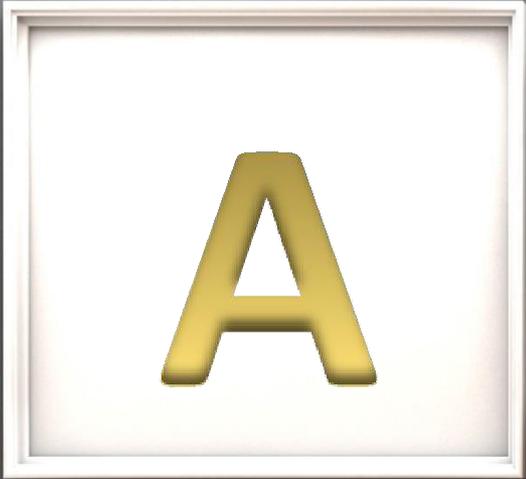
Functional Assessment

- **TennCare definition and interpretation of response options from the functional assessment on the PAE application are as follows:**
 - **Always:** Always performs function independently
 - **Usually:** Requires assistance only 1-3 days per week
 - **Usually Not:** Requires assistance 4 or more days per week
 - **Never:** Never performs function independently
- **Note:** For the area of Behavior, the definitions listed above are reversed
- **Most Important Advice:**
 - Know the definitions for each category and apply answers as they relate to that definition. This becomes important when conducting collateral interviews and the person may not understand the question as it would relate to our definition and may therefore provide more unnecessary information than should be applied.

PAE Overview

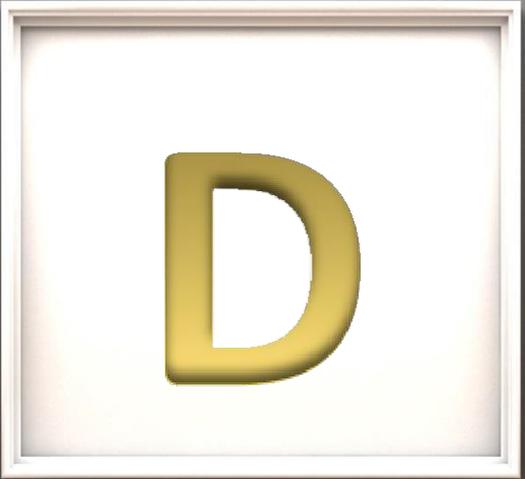
- Limit medical documentation to only what is pertinent to the submission. The TennCare Nurses will read every page of documentation.
- The signature of the *Certification of Assessment* indicates attestation of the applicant's level of care needs. There is strong wording in this section that must be **read carefully**.

Determining LOC



A

Activities of



D

Daily



L

Living

Activities of Daily Living consist of self-care tasks that enable a person to live independently in their home.

Transfer

TennCare Rule states...

- The Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others on an ongoing basis (daily or at least four days per week).
- 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 transfer assistance required.

Helpful Tip: Transfer

- 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 rule applies to bed, chair, or toilet only.
- For example, the applicant needs someone to hold on to him when he is getting up/down from the bed and on/off the toilet.
- **Recommended Documentation:**
 - H&P, Plan of Care
 - ADL flow sheets
 - PT notes
 - Nurse’s notes
 - Section “G” of MDS,
 - HCBS Tools (Applicant and Collateral Tools)

Transfer: Question on the PAE

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

Always: Applicant is always capable of transfer to and from bed, chair, or toilet without physical assistance.

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.

TennCare Rule states...

- The Applicant requires physical assistance from another person for mobility on an ongoing basis (daily or at least four days per week). 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.
- 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.

Helpful Tip: Mobility

- This is the act of moving from one place to another including the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair if walking is not feasible.
- 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”.
- For example, the applicant needs someone to hold on to him when he is ambulating with his cane.
- **Recommended Documentation:**
 - H&P, Plan of Care
 - ADL flow sheets
 - PT notes
 - Nurse’s notes
 - Section “G” of MDS
 - HCBS tools

Questions on the PAE

- **Can applicant walk without physical help from others?**
 - **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.

- **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?**
 - **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.

TennCare Rule states...

- The Applicant requires physical assistance with gastrostomy tube feedings or physical assistance or constant one-on-one observation and verbal assistance (reminding, encouraging) 4 or more days per week 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 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.

Helpful Tip: Eating

- An example may be the applicant needs someone to place food/drink in his/her mouth or the applicant requires constant one-on-one observation and verbal assistance to eat.
- **Recommended Documentation:**
 - H&P
 - Plan of Care
 - ADL flow sheets
 - OT/ST notes
 - Nurse's notes
 - Swallow study
 - Section "G" of MDS
 - HCBS tools

Question on the PAE

- **Can applicant eat prepared meals or administer tube feedings without assistance from others?**
 - **Always:** Applicant is always capable of eating prepared meals or administering tube feedings without assistance.
 - **Usually:** Applicant is incapable of eating prepared meals or administering tube feedings unless assistance is provided by others 1-3 days per week.
 - **Usually Not:** Applicant is incapable of eating prepared meals or administering tube feedings unless assistance is provided by others 4-6 days per week.
 - **Never:** Applicant is never capable of eating prepared meals or administering tube feedings without assistance 7 days per week.

Toileting

TennCare Rule states...

- 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 (daily or at least four days per week).
- Approval of this deficit shall require documentation of the specific type and frequency of toileting assistance required.

Helpful Tip: Toileting

- 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 toilet as this is accounted for in the Transfer question already.
- Incontinence is scored separately, for example someone may usually be able to toilet but is incontinent and can never clean themselves.
- Some people 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.
- **Recommended Documentation:**
 - H&P
 - Plan of Care
 - ADL flow sheets
 - Nurse's notes
 - Section "G" of MDS
 - HCBS tools

Questions on the PAE

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

Questions on the PAE

- **IF INCONTINENT: Does applicant require physical assistance from another person to perform incontinent care on an ongoing basis?** Check Type(s): Bowel Bladder
 - **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.

- **If catheter/ostomy present: Does applicant require physical assistance from another person to perform catheter/ostomy care 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.

Orientation

TennCare Rule states...

- 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) daily or at least four days per week.
- Approval of this deficit shall require 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.

Helpful Tip: Orientation

- Please note that the definition is for disorientation to person, place, or event/situation; this does NOT include such things as time, or people who are not immediate family.
- For example, the applicant does not know who he/she is and/or where he/she is, or they are unable to make decisions that prevent risk of harm.
- **Recommended Documentation:**
 - H&P
 - Plan of Care
 - Nurse's notes
 - Psych notes
 - Mini-mental status exam
 - SLUMS
 - HCBS tools

Question on the 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)?**
 - **Always:** Applicant is always oriented to person, place and event/situation.
 - **Usually:** Applicant is not oriented to person or place or event/situation 1-3 days per week.
 - **Usually Not:** Applicant is not oriented 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.

Communication

TennCare Rule states...

- 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 (daily or at least four days per week).
- 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.

Helpful Tip: Communication

- **Expressive:** An example may be the applicant needs help to let others know that he/she needs to use the toilet.
- **Receptive:** Does not include complex instructions. Can the applicant follow simple instruction within their functional ability?
- **Recommended Documentation:**
 - H&P
 - Plan of Care
 - ST notes
 - Nurse's notes
 - Psych notes
 - Mini-mental status exam
 - SLUMS
 - HCBS tools

Questions on the PAE

- **EXPRESSIVE: Can applicant reliably communicate basic wants and needs?**
 - **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.

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

Medication

TennCare Rule states...

- The Applicant is not cognitively or physically capable (daily or at least four days per week) 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 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.

Helpful Tip: Medication

- Applies to all medications the person receives that are to be received long term. If prepared, can the applicant place the medication(s) into his/her mouth or apply patch, inject, etc.?
- **Recommended Documentation:**
 - H&P
 - Plan of Care
 - Order/prescription for medications listed as unable to self-administer
 - MAR
 - Nurse's notes
 - ST notes
 - MDS
 - HCBS tools

Question on the PAE

- **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.**
 - **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.
- ***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***

Behavior

TennCare Rule states...

- The Applicant requires persistent staff or caregiver intervention and supervision (daily or at least four days per week) 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 shall require documentation of the specific behaviors and the frequency of such behaviors.

Helpful Tip: Behavior

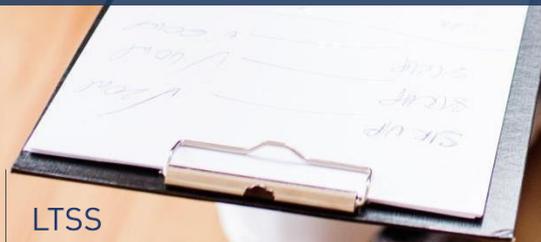
- Notice answers are in reverse from previous options: “Always” referring to the person requires intervention for behaviors.
- For example, the applicant needs someone to intervene daily when he/she attempts to strike their caregiver.
- **Recommended Documentation:**
 - H&P
 - Plan of Care
 - Documented diagnosis
 - Nurse’s notes
 - Psych notes
 - HCBS tools

Question on the 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?**
 - **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.
- **NOTE:** *If 'A' or 'U' is marked, please specify the behavioral problems requiring continual staff or caregiver intervention*



HCBS Applicant Tool



Applicant Tool

- You should not read each question directly to the applicant just as it reads on the tool. Paraphrase or use layman's terms, if needed, so that the applicant fully understands the question.

Applicant Tool: Transfer

- **Interview Questions:**
 - *Are you able to:*
 - *Sit down and get up from a chair by yourself?*
 - *Get in and out of bed by yourself?*
 - *Get on/off the toilet by yourself?*
- **Comments:** *If the answer is not “Always” and the applicant lives alone – how do they manage when no one else is there?*
- **Do you require physical assistance to transfer?** Mark the response the applicant gives. **Who assists with transfers?**
- **Describe the assistance needed/ provided**
- **How many days per week do you require physical assistance with transfers?**
- **Supporting Medical Condition(s)?**
- **Transfer Observations:** Document what you see and hear in the observations section. For example, an applicant may report that they can get in and out of bed by themselves, but they are not able to sit up by themselves. An applicant may say they cannot get in and out of bed by themselves, but they met you at the door and walked to the living room with you.

Applicant Tool: Mobility

- **Interview Questions:**
 - Are you able to walk (with or without assistive devices)? Mark exactly what the applicant tells you.
 - Are you able to use a wheelchair independently (manual or electric)?
 - Do you require physical assistance from another person with mobility?
 - Who provides assistance?
 - Describe how the person assists you
 - If physical assistance from another person is indicated, how many days per week?
- **Gait Observation:** Document what you observe, if you observe the mobility of the applicant.
 - Have you fallen inside or outside your home? If yes, please provide responses to the next questions regarding when and injuries sustained.
- **Supporting Medical Condition(s)?**
- **Mobility Observations:** Provide your observations to clarify the functional abilities of the individual (e.g., the applicant may tell you they never leave home except on Saturday when they drive to the store to get groceries. This would be very important information to help clarify the individual's capabilities). Conversation with the applicant can yield important descriptions about the individual's capabilities and inabilities. Note assistive devices utilized or available and not utilized.

Applicant Tool: Eating

- **Interview Questions:**
 - Are you able to eat prepared meals by yourself? If no, do you require assistance?
 - Who provides assistance?
 - What kind of assistance does this person provide?
 - If assistance from another person is indicated, how many days per week?
 - Do you have a feeding tube? If yes, are you able to manage feedings independently? If no, how many days per week do you require physical assistance with your tube feedings? Please do not assume that just because someone has a feeding tube they are dependent upon someone else for tube management.
- **Supporting Medical Condition(s)?**
- **Eating Observations:** Document any additional information which you feel would be appropriate in describing the functional ability for this applicant to eat. Particularly identify any contradictions in reported information.

Applicant Tool: Toileting

- **Interview Questions:**

- Are you able to clean yourself, including adjusting clothing, after toileting?
- If No, describe physical assistance needed, who provides assistance, and number of days per week. This is a yes or no question. You will add additional information in the observations section.
- Do you have bowel incontinence?
- This is a yes or no question and should include frequency of incontinence.
- Do you have bladder incontinence?
 - This is a yes or no question and should include frequency of incontinence. If increased incontinence at a particular time you would add to this section (e.g., “I urinate when I cough”). This may be helpful documentation as this would be described as stress incontinence episodes.
- Are you able to clean yourself, including adjusting clothing, after an incontinence episode? If No, describe physical assistance needed, who provides assistance, and number of days per week. This is a yes and no question. You will add additional information in the comments section.
- Do you use a catheter? Do you have an ostomy? If yes to either catheter/ostomy, can you manage without physical assistance from another person? Who provides this assistance? Describe how the person assists you.

- **Supporting Medical Condition(s)?**

- **Toileting Observations:** Use this section to add any information you have observed that may help “paint the picture” by what the applicant has told you. Remember this interview is only for information given by the applicant. You should not be documenting anything other than what the applicant tells you and what you have observed.

Applicant Tool: Orientation

- Prior to starting the orientation portion of this interview, inform the applicant that some of the questions may seem unnecessary but are a required part of the interview. Keep in mind this is not a behavioral health interview, you are looking strictly at functional abilities.
- It is important to build rapport to help the individual remain comfortable and candid. Many times, someone with an orientation issue becomes skilled at covering up confusion.
- Ensure that anyone else present is informed that *these are questions just for the Applicant*.
- Always remember to be thoughtful and give the applicant time to respond to questions. If there are any questions which are not applicable, you should always write N/A. This will reflect that you have addressed all questions.

Applicant Tool: Orientation

Interview Questions:

- **Person**
 - **What is your full name?** Document exactly what the person tells you. Indicate if this is correct or incorrect.
 - **Can you name the other people in the room or can you name the people from photographs in the room?** Document exactly what the person tells you. Indicate if this is correct or incorrect
 - **Information confirmed with?** It is always important to confirm the information the applicant gives you with someone who knows whether or not the responses are correct.

Applicant Tool: Orientation

- **Place**

- ***Can you tell me where you are?*** Write exact what the individual reports. Do not prompt. Indicate if this is correct or incorrect.
- ***What is your street address/room number (if applicable)?*** Write exactly what is said. Do not prompt. If s/he does not know, document that. Indicate if this is correct or incorrect.
- ***What city/ town are you in?*** Write exactly what the applicant gives as a response. If s/he does not know, document that. Indicate if this is correct or incorrect.
- ***Information confirmed with?*** It is always important to confirm the information the applicant gives you with someone who knows whether or not the responses are correct.

Applicant Tool: Orientation

- **Event/Situation**
 - Describe what you would do in case of an emergency
 - Information confirmed with?
 - Is assistance required with orientation? If yes, number of days per week and who provides this assistance? Describe how this person assists you?
- ***Supporting Medical Condition(s) specific to orientation***
- ***Orientation Observations:*** Use this section to add any information you have observed that may help “paint the picture” by what the applicant has told you. Remember this interview is only for information given by the applicant. You should not be documenting anything other than what the applicant tells you and what you have observed.

Applicant Tool: Communication

- In this section your focus will be to interview and observe the applicant's communication abilities. You will be asking for a demonstration of these skills.
- **Interview Questions:**
 - ***Can you make people understand when you need something?*** Ask the applicant to respond yes or no. If the individual provides further information which you find useful in clarifying the individual's capabilities and/or limitations, add that information to the communication observations section at the end of Section 6.
 - ***Speech Impairment:*** This is strictly from your observation.
 - ***Hearing:*** Hearing is assessed from your observations. Consider your efforts to communicate with the individual when responding to this section (e.g., Have you had to make your voice louder throughout the interview to successfully communicate?).
 - ***Vision:*** Select the appropriate box.
 - Give applicant a simple command within their functional ability (raise right hand, touch nose, point to your pen) and document their ability to follow this simple command. This is assessing both the individual's receptive communication and his/her ability to respond to simple commands.
- ***Did there appear to be any communication deficits while completing this interview?***
- ***Did applicant use communication assistive device? If yes, list type***
- ***Supporting Medical Condition(s)?***
- ***Communication Observations:*** Use this area to document any observations which you feel would help provide an accurate picture of the individual's status and needs (e.g., Applicant was observed with slurred, slow speech which at times required that the assessor's understanding of responses to be confirmed with the individual).

Applicant Tool: Medication

- **Medication Include:** PO, IV, IM, Enteral, optics, topicals, inhalers, continuous SQ pain pump). This section refers to chronic medications only and not short term or acute medications.
- **Note:** Refusal or medication noncompliance is not be interpreted as being mentally incapable. You are documenting only what you observe, you are not making a determination.
- **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. Document the exact response the applicant gives you. This is not the item in which to note your observations. If not applicable, mark NA to reflect that you addressed this area.
 - **Pills/Tablets** Yes, No or N/A, **Eye Drops** Yes, No or NA, **Inhaler/Nebulizer** Yes, No or NA, **Topicals/Patches** Yes, No or NA, **Injections** Yes, No or NA, **Meds via Tube** (G Tube, J tube, NG tube...) Yes, No or NA
 - If No to any of the above, the assistance required as well as the numbers of days per week should have been answered in the preceding questions.
- **Describe assistance required**
- **Supporting Medical Condition(s)?**

Applicant Tool: Medication

- **Medication Observations:**

- Document your observations. Be specific in reporting what you observed, while remembering that you are not writing your opinion.
- Example: While the applicant reported she was prescribed eye drops there were none in the house and when the daughter arrived to assist with medications, she did not administer any drops.

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

- Please respond yes or no and describe the services in the space provided.
- This would be any kind of service in the home that the applicant would like to have considered when looking at approval for Choices services (PT, OT, tracheal suctioning, ventilator services...)

- For services listed here, if you have attached the required documentation, a collateral interview with the persons providing the service(s) will not be required.

Applicant Tool: Behavior

- **Assessor Observed Behavior:** Briefly describe in the *behavioral observations* section why you marked the box(es). We ask that you document your objective observations versus your opinions. It is easy to document an opinion regarding what you see versus an observation. Be sure to be objective and specific regarding the behavior you observe and record. For example, if an applicant gives consistent short answers, one interpretation might be that the individual was “angry/irritable”, and another might be that the individual was very private and reluctant to answer questions. Ensure that the individual’s actions, verbal content, body language, cultural considerations and other factors are objectively reviewed when recording your observations of the individual’s behavior.
- **Level of consciousness:** Please be sure to accurately assess the level of consciousness as observed.
- **Is there a diagnosis which would lead to a cognitive impairment?** If yes is indicated here, please obtain additional documentation to support the reported diagnosis.
- Remember that this is not a mental health evaluation; it is strictly to document the functional abilities of the applicant. This is a medically focused interview questionnaire.
- **Behavioral Observations:** Comments about social situations should not be included.
 - Example: Prior living conditions, future living arrangements, financial issues, etc.
 - This is a physical assessment, not a social assessment.



HCBS Collateral Tool

Collateral Tool

- For any person providing assistance to the applicant in the HCBS setting, the type of assistance provided must be indicated on a collateral interview.
- While interviews with the applicant must be conducted in person, unless requirement is temporarily lifted due a public health emergency or other extenuating circumstances, collateral interviews may be conducted either in person or by phone.

Collateral Tool: Transfer/Mobility

- **Choose the response that matches what the collateral reports.**
 - You may repeat the description of the item and of all item responses, but you may not suggest one answer over another answer in any way. Answer all questions in this section using the check boxes provided.
- **Gait Description:** Ask the Caregiver to describe how the applicant walks (e.g., slow, steady or unsteady, holds to furniture for support, etc.).
- **Is this applicant able to manage mobility?**
 - If no, please specify # of days per week assistance is required and share additional information in the comments section.
- **Transfer/Mobility Comments:** Address any information the caregiver may share regarding the mobility and transfer abilities of the applicant that are not defined by the questions.
 - This should be written using comments of the respondent. You may also document any comments you assess to be helpful in “painting the picture” of the applicant.
 - Note assistive devices utilized or available and not utilized.

Collateral Tool: Eating/Toileting

- Document exactly what the caregiver answers. You may ask the caregiver to describe the individual's ability to perform a skill. However, do not guide or influence the caregiver's answer.
- **Place food/drink in their mouth (eat) without assistance from others?** Can the individual pick up food with a spoon or fork and raise to his/her mouth. Is s/he able to get the food in his/her mouth? Can s/he feed self via tube if applicable?
- **Toilet Independently?** Can they perform the function needed.
- **Maintain continence of bladder?** Yes or No question, ask frequency if no.
- **Maintain continence of bowel?** Yes or No question, ask frequency if no.
- **Clean self after incontinence episode?** Does the applicant change incontinence supplies his/herself or does s/he require some level of assistance.
- **Eating/Toileting Comments:** If partial assistance required or unable to perform, describe the required assistance and number of days per week. Write any comments which the caregiver had made to help in "painting the picture" of the applicant. Do not make judgments; rather, simply state facts of observations, caregiver's reports, etc.

Orientation/Communication/Behavior

- Describe any episodes of confusion or disorientation – are there specific times of day, if so, how many days per week?
- Describe specific behaviors.
- As with the Applicant Interview Tool, the comment sections are for you to provide objective or observational information gained from your collateral interview.
- These sections are strictly for recording comments and observations that arose from the collateral interview.
- Do not use the comment section of the Collateral Interview Tool to reiterate information already recorded on the Applicant Interview Tool.
- You are to document on the Collateral Interview Tool, information from collateral interview only.

Collateral Tool: Medication

- Interview collateral about the ability of the applicant to take his/her medications and assistance needed, if any.
- Do not lead or answer for the collateral.
- Please make sure to always obtain information regarding medications from the individual responsible for dispensing those medications as appropriate.
- Please provide their identifying information including credentials, if applicable, in the space provided.
- **Interview Questions:**
 - Is He/She able to take pills from a med cup/hand, get them to their mouth, and swallow them on the appropriate schedule?
 - Is He/She receiving any injections, topicals, eye drops, or inhalers? If yes, are they able to self-administer? If no, number of days per week assistance is required.
 - If no to any of the above describe intervention(s)
- **Medication Comments:** If unable to self-administer, describe physical limitations and number of days physical assistance is needed. Include any additional information the caregiver may give during this interview regarding medication administration



Denial & Appeal Process

PAE Denials

TennCare Rule states...

- Any deficiencies in a submitted PAE application 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 thirty (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 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.

PAE Denials

- Look at the nurses' comments in the PAE to determine why the PAE was denied.
- If a PAE is denied, you have 30 calendar days to revise the PAE.
- You must click “Revise” to make changes to the PAE for TennCare to be notified of a change.

PAE Appeals

- You may revise the PAE (within the first 30 days) or submit a new PAE (after 30 days) throughout this process.
- No resident may be involuntarily discharged because of a denied PAE application UNTIL a timely filed appeal is resolved or the time during which an appeal may be requested has passed without action.
- If the applicant disagrees with the denial, the applicant has the right to appeal.

PAE Appeal Process

1. Applicant files written appeal within 30 days of denial
2. Appeal received by TennCareLTSS
3. Internal technical and clinical review of original PAE and appeal information to ensure LOC decision is correct
4. Request for additional documentation from NF, as applicable
5. Send to independent contractor for in person assessment
6. TennCare reviews results of assessment and makes an appeal decision
 - If the review overturns LTSS denial, approve PAE
 - If the review upholds LTSS denial, forward to TennCare Office of General Counsel for fair hearing.
7. Applicant is notified of hearing in writing at least 30 days prior to hearing date

Attestation

- In order to receive credit for this training and to extend your Qualified Assessor Code you **must** sign the attestation here: https://stateoftennessee.formstack.com/forms/qualified_assessor_attestation
- After signing the attestation, your Qualified Assessor Code will be extended one year from the date of the month that your code was originally issued.



Thank you

for your participation today!



Division of
TennCare

LTSS