

To: All Group 1 PAE submitters
From: Kristeena Wilson, RN, Assistant Deputy Chief of LTSS Clinical Operations
Date: May 30, 2017
CC: Patti Killingsworth, Assistant Commissioner and Chief of Long-Term Services and Supports

Subject: PAE Certification Form

The purpose of this memo is to reiterate longstanding certification requirements for submission of CHOICES Group 1 (NF) PAEs. These requirements **must** be followed in order for any applicant to be eligible for Medicaid reimbursement of NF services.

All Group 1 PAEs submitted **must** be accompanied by a PAE Certification form. This is clearly described in **TennCare Long Term Services and Supports: A Guide to Pre Admission Evaluation Applications**.¹

9.2 MD CERTIFICATION FOR NF REQUESTS

For NF applicants, the medical necessity provision of NF LOC is satisfied through Physician (or PA, NP as applicable) signature and printed name on the PAE certification form (attached) which can also be printed from the homepage of the TPAES online portal. Physician certification is required for PACE applicants as well. It is important that the most recently updated form is used and attached to the PAE. An original physician's signature is required when submitting a PAE and any revisions or recertifications (detailed in Chapters 12 and 13). PAEs will not be approved for NF LOC unless the certification form is filled out in its entirety and the physician (or PA, NP as applicable) has signed the statement on the PAE Certification page certifying the applicant requires the level of care provided in a nursing facility and that the requested long term care services are medically necessary for the applicant. The information on the certification page must match that provided in the certification tab in TPAES. Anytime, it appears that a Certification Signature is duplicated or not an original signature, a referral to TennCare's Program Integrity Unit must be made.

The Physician Certification must be contemporaneous with the review of the patient's PAE by the licensed professional completing the Certification, as it means explicitly that the licensed professional who signs is attesting to the fact that the patient requires the level of care provided in a nursing facility, as described in the PAE, and that the requested long-term care services are medically necessary. This is defined in TennCare Rule 1200-13-01-.02(21):

- (a) A process by which a Physician who is licensed as a doctor of medicine or doctor of osteopathy signs and dates a PAE signifying the following:*
- 1. The person requires the requested level of institutional care or reimbursement (Level 1 NF, Level 2 NF, Enhanced Respiratory Care, or ICF/IID) or, in the case of a Section 1915(c) HCBS Waiver program or PACE, requires HCBS as an alternative to the*

¹ Available at: <https://www.tn.gov/content/dam/tn/tenncare/documents/PAEManual.pdf>.

- applicable level of institutional care for which the individual would qualify; and*
2. *The requested LTSS are medically necessary for the individual.*

This PAE Certification Form provides TennCare the necessary information needed to begin the process of determining eligibility for and subsequent potential enrollment into CHOICES Group 1. Without this form being completed accurately and in its entirety, this process cannot occur.

In October 2015, TennCare released a revised PAE Certification Form. Although none of the longstanding requirements changed, the form omitted information that helps TennCare to confirm the legitimacy of the Certification by the attesting professional (e.g., the NPI and Medicaid ID). In an attempt to ensure that TennCare is best positioned to confirm the legitimacy of PAE Certifications, we are retiring the current form and reissuing the form used prior to October 2015. I have attached the form to this memo for your convenience and a copy can also be found on our website at <http://tn.gov/assets/entities/tenncare/attachments/PAECertificationForm.pdf>

As always, should you have questions, feel free to contact me via email at Kirsteena.1.ashby@tn.gov or by phone at (615)507-6679. Thank you for your continued collaboration.

PAE CERTIFICATION FORM

APPLICANT'S NAME _____

SSN: _____ PAE REQUEST DATE: _____

REQUIRED ATTACHMENTS (When a PAE is required, the following attachments **must** be included)

- ✓ A recent History and Physical (completed within 365 days of the PAE Request Date or date of Physician Certification below, whichever is earlier) OR other recent medical records supporting the applicant's functional and/or skilled nursing or rehabilitative needs;
- ✓ Current Physician's Orders for NF service and/or level of NF reimbursement requested (as applicable); and
- ✓ Supporting documentation for reimbursement of skilled nursing and/or rehabilitative services or for a higher Cost Neutrality Cap (as applicable) based on the need for such services.

CERTIFICATION OF ASSESSMENT *May be completed by a Physician, Nurse Practitioner, Physician Assistant, Registered or Licensed Nurse, or Licensed Social Worker.*

I certify that the level of care information provided in this PAE is accurate. I understand that this information will be used to determine the applicant's eligibility and/or reimbursement for long-term care services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties.

Assessor Name: _____ Credentials: _____ Date: _____

PHYSICIAN CERTIFICATION of LEVEL OF CARE (NF Services Only)

Must be completed by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.

I certify that the applicant requires the level of care provided in a nursing facility and that the requested long-term care services are medically necessary for this applicant. Medically necessary care in a nursing facility must be expected to improve or ameliorate the individual's physical or mental condition, to prevent a deterioration in health status, or to delay progression of a disease or disability, and such care must be ordered and supervised by a physician on an ongoing basis. I understand that this information will be used to determine the applicant's eligibility for long-term care services.

I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties. **Original signature, NPI, Medicaid ID, and date must be completed by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist with the date the level of care is certified.**

DIAGNOSES relevant to applicant's functional and/or skilled nursing needs:

Printed Name of LOC Certifier: _____ NPI: _____ Medicaid ID: _____

Signature and Credentials: _____ Signature Date: _____

COMPLETE THE SECTION BELOW ONLY IF THE PAE MUST BE RECERTIFIED

CERTIFICATION UPDATE: I certify that the applicant's medical condition on the recertified PAE is consistent with that described in the initial certification and that Nursing Facility services (or an equivalent level of HCBS) are medically necessary for the applicant.

Recert PAE Request Date	Signature of Physician (for NF)	Date of Signature