

# Submitting a PAE – ICF/IID\*\*

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

## Log-In

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

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

## Creating PAE:

- Locate **Browse and Submit to a Project** (in left-hand Navigation Pane column).
- Select “**Long Term Care plus box.**”
- Select “**PAE plus box**”
- Select “**MR plus box**”
- Select “**ICF/MR**” icon

## Patient/Provider Information Tab:

- Click on the Patient/Provider Information tab
- Enter “PAE Request Date”
- Select the *Check here if the service provider is the same as the submitting agency* box if applicable
- Enter in Provider information
- Enter in Applicant demographic information: name, date of birth, social security number, address, and phone number.
- Enter in the Applicant Medicaid number if available

- Select the *Check here if the applicant was receiving Medicaid-reimbursed care in an Intermediate Care Facility for the Mentally Retarded or in an HCBS waiver for the mentally retarded on or prior to September 5, 2000* if applicable.

**Note:** If designee is known enter in the Designee Information: name, address, and phone number.

- If the applicant does not have a designee, the box indicating Designee Not Provided must be checked before proceeding.
- Take note of the following language in TPAES designating that *“This PAE applicant has signified in writing that he/she wants notices to be sent only to him/her. The submitter of this PAE has a copy of this signed waiver on file.”*
- PSYCHOLOGICAL EVALUATION:
  - Enter “Level of Mental Retardation”: mild, moderate, profound, severe.
  - Enter “IQ Test Score”-must be below 70
  - Enter “IQ Test Date”- must be before 18 year of age
  - Enter “Type of IQ Test”

### **Assessment of Capabilities and Needs Tab:**

- Click on the Assessment of Capabilities and Needs tab
- Check at least one deficit
- All ADL (Activities of Daily Living) sections must be filled out
  - Bathing
  - Mobility By Ambulation or Wheelchair
  - Eating/Feeding
  - Communication/Expression
  - Orientation
  - Prescription Medication, Ability to Self-Administer
  - Toileting and Toileting Hygiene
  - Transfer
  - Vision
  - Behavior
- “Behavior” is a drop down box choice of yes or no
- Enter any Assessment comments

### **“Certification of Care” Tab:**

- Click on the Certification of Care tab
- Enter in the Certifier of Accuracy, Certification of Accuracy Date, and the Certifier of Accuracy Credentials.

\*Please note the following may complete the Certification of Assessment:

- Registered or Licensed Nurse, Licensed Social Worker, Physician, Nurse Practitioner, Physician's Assistant, Psychologist, Special Education Teacher/Instructor, or DMRS Intake Staff Person
- Complete the Diagnoses section- do not enter medical coding as Diagnosis, please enter the diagnosis in complete sentences.
- Complete the Plan of Care section-choose programs that the applicant will participate in.
- Enter in the Certifying Physician's name and the Physicians Certification's date.

\*Please note the following may complete the Physician Certification of Level of Care:

- Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.
- Click the “**OK** button,” located at the top of the page (this will generate a Control/Item ID Number and save all data entered).

## Review

- **Finalize PAE** button- This opens the boxes to allow corrections or additional information. Review all entered data. Make any necessary corrections.
- Then click “**OK**” at the top of the page.

## Prepare to Submit PAE/Attaching Documents

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

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

- Once all attachments are made, click “OK” at the top of the screen.

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

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

**\*\*In the current PAE Tracking System ICF/IID is still referred to as ICF/MR**