

The logo features the letters 'TPAES' in a blue, 3D-style font. Below the 'P' and 'A' is a blue circle containing three white stars. The entire logo is set against a white square background with a reflection effect below it.

TPAES

System Guide

TRANSITIONS
ICF/MR

ICF/MR TRANSITIONS with MFP Participation



Welcome to the TPAES Training Guide targeting use of the TPAES system for MFP Transitions. MFP Participation may occur with MR HCBS Waiver transitions. As defined within the Definitions section of this Chapter, when someone has been identified as a potential MFP participant, the request will be sent to TennCare with the transition request. The transition will be from ICF to the HCBS Waiver with MFP participation. Requests will be facilitated through the member's transition request into both HCBS Waiver program and MFP. This Chapter will explain how to submit an MFP request while submitting a transition request for MR HCBS Waiver.

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TRANSITION

Definitions

Definitions

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

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



TRANSITION

Searching

Searching

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



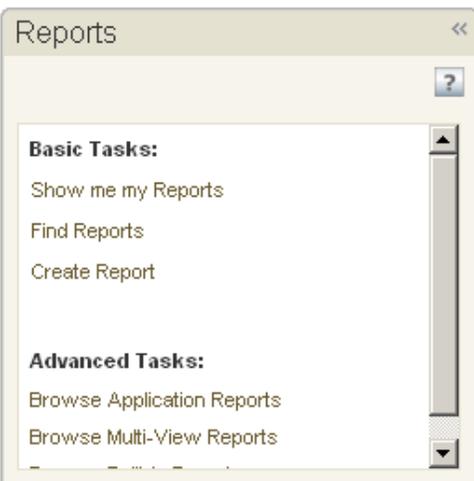
A Search for PAEs with Search field on Submitter Home Page



B Search for Transition records with Search field on Enrollment Home Page



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



D Find Reports option to search for Patient Lookup



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

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



TRANSITION

Create Request

Create Transition Request

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

PREFERRED Begin with PAE:



WHY PREFERRED???

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

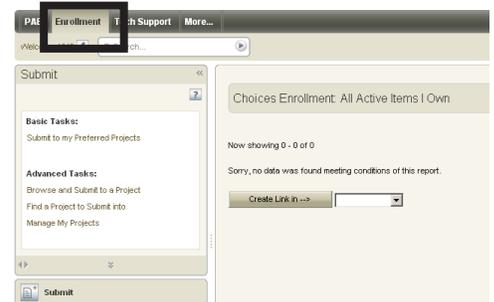
1. Search for the member's PAE relating to the current eligibility and open the record:
 - **Transitions with MFP (Any including MFP):** Click on the button at the top of the screen titled "Initiate MFP Request".



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

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

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



A Enrollment Master Tab



B Submit a new transition



TRANSITION

Submit Request

Applicant Current Address Section

Applicant Current Address

From Street Address: ABC ✓

From CITY: (None) ▼

From State Name: (None) ▼

From Zip Code: ABC ✓

From Phone Number: ABC ✓

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

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

Applicant Anticipated Future Address Section

Applicant Anticipated Future Address

Future Address Same as Current:

^ Street Address: ABC ✓

^ CITY: (None) ▼

State Name: (None) ▼

^ Zip Code: ABC ✓

^ Phone Number: ABC ✓

2. Document all the fields found under the section.

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

Transition Details Section

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

Transition Details

Transition Request Submission Date: 08/15/2011

Requested/Anticipated Transition Date: 
mm/dd/yyyy

MFP Eligibility Identified: 
mm/dd/yyyy

1. Requested/Anticipated Transition Date: this field is the date that reflects the initial anticipated date of transition. This date will begin the transition process and be the date TennCare works towards unless changed. You will have to opportunity to update this date at a later time if necessary.
2. MFP Eligibility Identified: this field is the date that the member was identified as a possible MFP candidate. This date will most likely occur before the "Transition Request Submission Date".

Member Moving From Section:

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

1. Answer the "Site Member Moving From" field that appears under the paragraph with "ICF/MR".

Site Member Moving From: 



TRANSITION

Submit Request



TRANSITION

Submit Request

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

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

(Please Select Value) ▾

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

Member Moving To Section:

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

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

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

Site Member Moving To: (None) ▾

Patient Living With Family: (Please Select Value) ▾

H Member Moving To Section

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

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

* Care Coordinator Name: REC ✓

Are you the person that signed the attestation? Yes ▾

Signature of person completing attestation: REC ✓

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

* Care Coordinator Name: REC ✓

Are you the person that signed the attestation? No ▾

MCO designated staff person: REC ✓

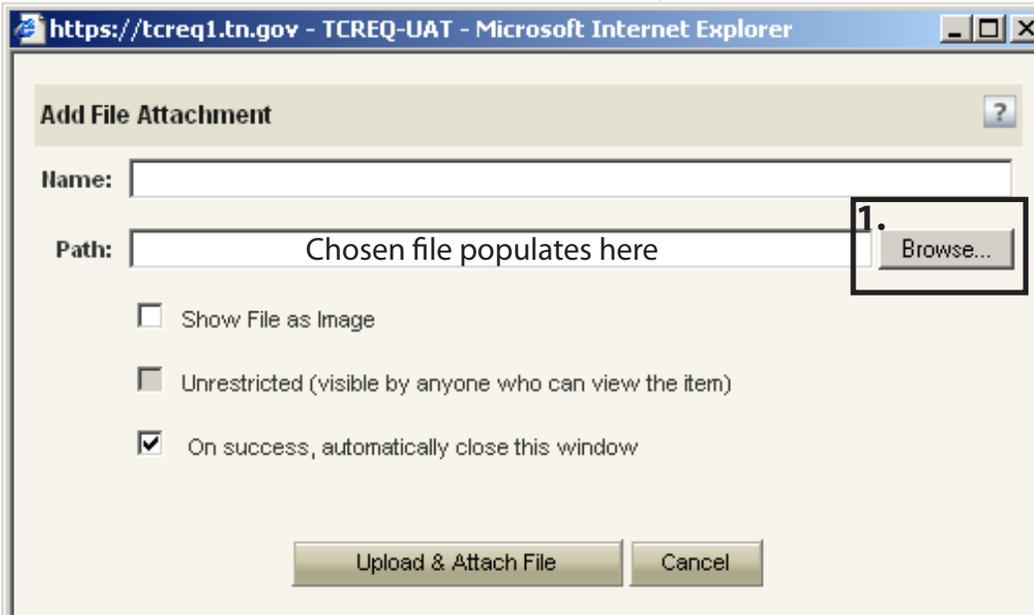
3. That last step to complete is attaching the plan of care to the record when applicable.
4. Click on the dropdown at the top right side of the screen named "Actions" and choose "Add File".

Actions: ▾

- Actions:
- Add URL
- Add File
- Add Item Link
- Add Item Notification



1. The following screen appears; click on Browse and locate the scanned document file on your computer. Highlight and click OK and it will populate into the Path field.
2. Click "Upload & Attach File".



TRANSITION

3. You may now click the "OK" button at the top of the screen. You will see an Item Number generated for the transition request.



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

Submit Request



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



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

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



TRANSITION

Register Actual Date

Register Actual Transition Date

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

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

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

Transition Dates Section: **B**

3. Document the actual date that the member is moving into the qualifying residence. If the date is the same as the MFP Anticipated Transition Start Date you will still be responsible for documenting the Actual Transition Start Date field.

Patient Residence Info Section: **C**

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

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

i Why is this important?

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

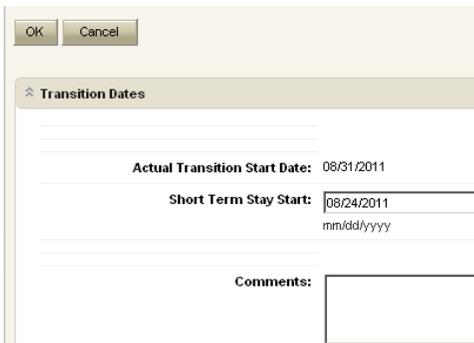
A Register Actual Transition Date

B Transition Dates Section

C Patient Residence Info Section

Short Term Stay Starts

A MFP participant may enter a facility for an anticipated short term period such as hospital stay or physical therapy, etc. When this occurs it must be tracked so that if that member does have a short term stay that results in a stay in the facility, that member may be disenrolled from MFP participation until such time that they transition back into the home setting. This section will explain how you will notify TennCare of a short term stay and all further steps involved with the enrollment and tracking of that short term stay.



The screenshot shows a software window titled "Transition Dates" with "OK" and "Cancel" buttons at the top. The form contains the following fields:

- Actual Transition Start Date:** 08/31/2011
- Short Term Stay Start:** 08/24/2011 (with a placeholder "mm/dd/yyyy" below it)
- Comments:** (An empty text box)

A Short Term Stay Starts

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



TRANSITION

Short Term Stays:
Start



TRANSITION

Short Term Stays:

Start

Short Term Stays Continued...

You may then open the record from the TPAES Enrollment Tab to document three options that may occur after a short term stay has been initiated:



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

***These buttons will not be available until TennCare has updated enrollment to reflect the short term stay has started.

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



Short Term Stay Ends

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

TRANSITION

A Short Term Stay End Date

B Housing Changes Section

C Member Moving To Section

1. Document the date the short term stay ended which should be the same date that the member moved back into the home based setting. **A**
2. The next section will allow you to document whether there were any changes in the member’s housing when he/she moved back into the home based setting. **B**
3. If Yes, click the “OK” button at the top of the screen. This will notify TennCare that the short term stay has ended.
4. If No, you will then be prompted to begin documenting the aspects of the new housing information that relate to qualifying residence. The **Member Moving To** section appears. Please read the paragraph carefully that appears within this section and:
 1. Document the two questions below the attestation paragraph. **C**
 2. You will also document the new qualifying residence address within the Patient Residence Info section.

Short Term Stays:

End



TRANSITION

Short Term Stay Ends Continued...

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

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

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

* Care Coordinator Name: ABC

Are you the person that signed the attestation? Yes

Signature of person completing attestation: ABC

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

* Care Coordinator Name: ABC

Are you the person that signed the attestation? No

MCO designated staff person: ABC

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

You will also need to submit a new transition request to transition the member from the HCBS Waiver to institution via current process.

Short Term Stays:

End

Short Term Stay Ends and Dis-Enroll from MFP

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



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

A Dis-Enroll Verification

TRANSITION

Short Term Stays:

End

Dis-Enroll from MFP



TRANSITION

Update Housing Info

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

1. The **Member Moving To** section appears. Please read the paragraph carefully that appears within this section and:
 1. Document the two questions below the attestation paragraph. **A**
 2. You will also document the new qualifying residence address within the Patient Residence Info section. **B**

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

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

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

* Care Coordinator Name: ABC

Are you the person that signed the attestation? ABC

Signature of person completing attestation: ABC

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

* Care Coordinator Name: ABC

Are you the person that signed the attestation? ABC

MCO designated staff person: ABC

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

Site Member Moving To: ABC

Patient Living With Family: ABC

A Member Moving To Section

^ Patient Residence Info

Street Address: ABC

City Name: ABC

US State: ABC

Zip Code: ABC

Phone Number: ABC

B Member Moving To Section



TRANSITION

Dis-Enroll from MFP

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

OK Cancel

Standard

Reason participation ended: (None)

Transition End Date: 08/24/2011
mm/dd/yyyy

Comments:

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

A Dis-Enroll Verification

Transition Details

TRANSITION INFO COST NEUTRALITY CALCULATION DH:

State: Dis-Enrolled From MFP

Dis-Enroll from MFP



TRANSITION



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