

**Division of Medicaid & Medical Assistance  
Provider Instructions  
Completing A Pre Admission Evaluation Tool**

**See Also:**  
PAE Tool

**Approved by:**  
DMMA

**COMPLETING A PRE ADMISSION EVALUATION TOOL**

Once it has been determined there is a need for a referral to the Division of Medicaid and Medical Assistance (DMMA) for Long Term Care Services, all applicants/members must have a completed Pre Admission Evaluation (PAE) Tool and supporting data submitted to the DMMA Central Intake Unit (CIU). Refer to Contact Information and Disclaimer on Page 5. **The referring agency:**

1. **Completes** PAE Tool pages 1-2: Service Request and applicant/member information.
  - Is Service Requested checked?
  - Is Applicant's name, address, date of birth, and SSN completed?
  - Is Applicant's address information completed?
  - Is Current location information complete?
  - Is Referral Source name, phone and fax completed?
    - ✓ *Must have at least one contact phone number.*
  - Is there a Power of Attorney or Guardian?
    - If yes, list name and contact information.
  - Is applicant aware of this referral?
    - If not, why not.
    - ✓ *DMMA staff will be contacting applicant/member and/or their representative, and will need to inform them of the reason for the referral.*
  - Is Diagnosis, reason for referral complete?
  - Is Primary Physician information complete?
  - Is All Financial information completed?

2. **Completes** PAE Tool, pages 3-6: FUNCTIONAL AND SOCIAL ASSESSMENTS

- Is a response provided for all areas even if applicant/member has no deficits in a particular area?

- ✓ *Check no more than one answer for each area.*
- ✓ *If it does not pertain to applicant/member, check '0'.*

- If Medication is marked 1-3, please send explanation of specific medications and why applicant is unable to self-administer medications and how much help from others provided. Key provided below:

PO – by mouth	<u>SQ</u> or <u>SC</u> – subcutaneous	Topicals–lotions, creams, ointments for the body/head
Enteral – by means of tube	IV – intravenous	Optics – for the eye
Inhalers – breathing treatments	IM – intramuscular	Otics – for the ear

- If Insulin is marked 1-3, please send explanation regarding why applicant is unable to inject insulin with a pre-filled syringe or draw up and inject sliding scale insulin provided, and how much help from others is provided.
- If Behavior is marked 1-3, please send explanation or documentation of the specific behavioral problems requiring continual staff or caregiver intervention. Examples provided below, including but not limited to:
  - Public disrobing, wandering inside and/or outside
  - Easily agitated, yelling, using foul language, uncooperative with care
  - Aggressive, threatening to hit, throw objects, spit or bite
  - Homicidal or suicidal
- If Transportation, Housing, Mental Health or Substance Abuse, Oral or Vision Care, Legal Issues, Risk Reduction, and or Social Support is marked a 2-3, please document if applicant/member is accepting of supports.

3. **Completes** PAE Tool, page 6: SKILLED NURSING SERVICES, if appropriate for applicant/member:

- Is each applicable skilled service checked and the frequency of each service specified?
- Is required supporting documentation (as listed on page 6) for *each* skilled service requested attached?
  - Pressure Ulcer Care
  - IV or Hyperal Therapy
  - Daily Intermittent Catheterization
  - Complex Dressing Changes
  - Suctioning
  - 24 Hour Skilled Nursing
- Checks 'Yes' or 'No' whether applicant adheres to medical care.
  - If 'No', give brief description.
  - Also, in that box, include any other comments in regards to applicant's assessment.

4. **Completes** PAE Tool, page 7: CERTIFICATIONS

- Is the *Certification of Assessment* signed with Assessor's Signature, Credentials and Date?
- Skip Section for LOC determination, to be completed by DMMA PAS RN.
- Are diagnoses relevant to the applicant/member's functional and/or skilled nursing needs specified (as reflected on the PAE Tool)?
- Are Required Attachments ready for submission with the PAE Tool?
  - Completed and signed, combination, Release of Information and Awareness Statement Form.
  - History and Physical OR Medical Comprehensive Report (MAP 25) signed and completed within the past 365 days  
**Information must be appropriate for applicant's current medical condition.**

- Completed DMMA Medication record (Page 8 of PAE) **IF** current medications are not listed on one of the following:
  - MAP 25
  - Physicians signed Monthly order sheets (POS) for Nursing Facility applicants.
  - Facility medication records
  - Discharge summary with current medications listed
  - H&P if current medications are listed
- Is the *Certification of Level of Care* signed and dated by the Physician, Physician's Assistant or Nurse Practitioner?
  - ✓ *Note: A fully completed MAP 25 will be accepted in lieu of the Certification of Level of Care. A fully completed MAP 25 must contain listing of meds, "meets LOC" checked at bottom, date and signature.*
  - ✓ *If applicant is in Nursing Facility: A completed MAP 25 or Signed Monthly Order Sheets and signed H&P may also be accepted in lieu of Certification of Level of Care.*

**PLEASE CONTACT PAS (REFER TO PAGE 5) WITH ANY QUESTIONS REGARDING WHAT QUALIFIES AS THE CERTIFICATION OF NEED.**

**5. Completes: AUTHORIZATION TO DISCLOSE INFORMATION WITH AWARENESS STATEMENT**

- Is applicant/member's name, date of birth and SSN completed?
- Are the appropriate boxes checked for Medical and Financial records?
  - Referrals require both financial and medical determinations **EXCEPT** for Private Pay PASRR.
- Has only one service been chosen in the Awareness Statement?
  - PACE is not available at this time.
- Is Authorization to Disclose Information tool signed by the applicant/member or their designee?

- If signed by anyone other than the applicant/member's name, has the appropriate box been checked?
  - Is the date, address, and telephone number sections completed?
6. **Sends a secure email attachment** containing the completed PAE with supporting data to the DMMA Central Intake Unit (CIU) dedicated mailbox: [Dhss\\_dmma\\_ciu@state.de.us](mailto:Dhss_dmma_ciu@state.de.us) **OR** via fax to CIU @302-368-6585.

**PLEASE CONTACT:  
NEW CASTLE COUNTY PAS (302) 368-6610  
KENT/SUSSEX PAS (302) 424-7190**

**DISCLAIMER**

**SUBMISSION OF AN INCOMPLETE PAE MAY RESULT IN PROCESSING DELAYS OR DENIAL OF THE PAE.**

**EFFECTIVE APRIL 1, 2012, ANY DEFICIENCIES IN A SUBMITTED PAE APPLICATION, SUCH AS: MISSING INFORMATION, INCLUDING SIGNATURES AND REQUIRED DOCUMENTATION, MUST BE CORRECTED PRIOR TO COMPLETION OF THE MEDICAL ELIBILITY BY PAS.**

**COMPLETION OF ALL SECTIONS IN THE PAE DOES NOT GUARANTEE LONG TERM CARE APPROVAL; THE APPLICANT/MEMBER MUST SATISFY MEDICAL AND FINANCIAL ELIGIBILITY REQUIREMENTS FOR LONG TERM CARE SERVICES.**