



LTSS Screening Connections

Skilled Nursing Facility Screening Team Focus

April 11, 2023

Division for Aging and Disability Services



Welcome!



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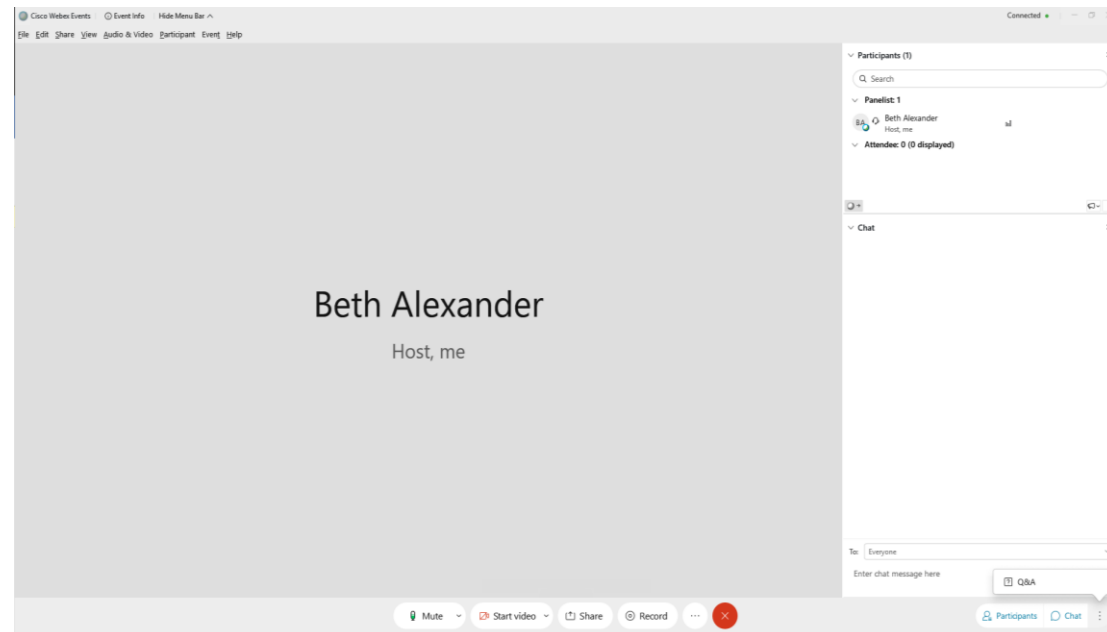
DMAS DADS LTSS Screening Program and AE&D Staff

Logistics



Post your questions for today's session in the **Q&A box, NOT the Chat box**

Go to the bottom of the screen and look for the vertical 3 dots beside the word "Chat". Click on the 3 dots and you should have the Q and A area pop up!



Today's focus:
Skilled Nursing Facility
Screening Team
Frequent Questions

*Presented by Dena Schall,
LTSS Screening Specialist*



Today's Agenda:



IMPORTANT UPDATES
AND REMINDERS



FREQUENT QUESTIONS FROM
SCREENING ASSISTANCE



QUESTION AND ANSWER
PERIOD

Important Update:



2023 General Assembly updated the Code of Virginia, § 32.1-330. Long-term services and supports screening required.

- **The new section will be entered into the law July 1, 2023 but DMAS must write regulations to guide the process. DMAS has 280 days to accomplish this task. NFs must wait until regulations are published before they can expect guidance on this issue.**

This is what is being added:

G. If an individual is admitted to a skilled nursing facility for skilled nursing services and such individual was not screened but is subsequently determined to have been required to be screened prior to admission to the skilled nursing facility, then the qualified staff designated in subsection F may conduct a screening after admission. Coverage of institutional long-term services and supports under this subsection by the Commonwealth's program of medical assistance services indicated by the screening shall not begin until six months after the initial admission to the skilled nursing facility. During this six-month period, the nursing home in which the individual resides shall be responsible for all costs indicated for institutional long-term services and supports that would otherwise have been covered by the Commonwealth's program of medical assistance services, without accessing patient funds. Six months after the date of admission to the skilled nursing facility, and as indicated through the eligibility determination, the Commonwealth's program of medical assistance services shall assume coverage of such services. To the extent that sufficient evidence is provided to indicate that the admission without screening was of no fault of the skilled nursing facility, the Department shall begin coverage of institutional long-term services and supports under this subsection by the Commonwealth's program of medical assistance services immediately upon the completion of the functional screening indicating nursing facility level of care pending the financial eligibility determination.

Important Reminder:



Unwinding: Return to Normal Financial Enrollment and Review

- Medicaid financial annual renewals were “paused” during the COVID-19 Public Health Emergency
 - March 2023, reviews of member’s health coverage started again
 - Reviews will be phased in over the next 12 months
 - Closure of a Member’s Eligibility will not occur before April 30, 2023
 - **Members’ addresses and phone numbers must be up to date to receive important paperwork.**
- Members can update their information:**

- Online at [commonhelp.virginia.gov](https://www.commonhelp.virginia.gov)
- By calling Cover Virginia at 1-855-242-8282
- By calling their local [Department of Social Services](#)

**Information can be found on the DMAS website under Member tab:
<https://www.dmas.virginia.gov> and on the Cover Virginia website:
<https://coverva.dmas.virginia.gov/covid-19>.

The NFs should have submitted DMAS-225s to LDSS for their admissions.

Reminders for SNF LTSS Screeners:

While interviewing and assessing the individual:

- Must use the LTSS Screening Manual for rating and scoring individuals, it is not the same as the MDS.
- Gather information based on how the person would conduct the activities/tasks in a home setting/on their own in their current physical condition. Not necessarily how things are done in a NF where help is available or the NF must provide a service (institutional dependency), i.e. medication administration.
- Cannot rate based on institutional dependencies.
- Be careful using PT and OT notes/scoring if they are not using the DMAS Screening manual definitions for each task
- Screeners **MUST** observe the individual. Screening information is not conducted by chart review alone.
- An RN must be one of the screeners conducting the LTSS Screening and signing off.

Reminders for Admissions/Business Staff:

Before Admitting:

- Know the Medicaid status of the individual: Do they have financial Medicaid or receive any kind of Medicaid Benefits?
- Does the individual already have Medicaid Long Term Services and Supports either through the CCC Plus Waiver or PACE? Is this a level of care change with continuity where the individual is going from one Medicaid LTSS choice to another?
- If the individual is a Health Plan member, ask the MCO staff/care coordinator to find out needed information about the individual's Medicaid status.
- If the individual has Medicaid, is Medicaid Pending, or is in the process of applying for Medicaid then NFs MUST obtain a LTSS Screening from the Hospital before a Medicaid member is transferred from hospital to SNF or NF.
- If the individual is coming from a Community setting or their Home, including an ALF to the SNF, and the individual will not have enough private pay funds for Long Term Services and Supports, then the family/individual must request and obtain a LTSS Screening before admission.
- Does any of the Special Circumstances apply to your potential admission?

Frequently Asked Questions from SA

Q: What if the Hospital and NF made a mistake for a Medicaid Member or individual who was Medicaid Pending or Applying for Medicaid and the NF did not obtain a Screening as required before admission?

A: Currently, LTSS Screening laws and guidance does not provide a mechanism for you to obtain a LTSS Screening if you did not follow the law. The LTSS Screening is an application for Medicaid LTSS and is a pre-requisite unless there is special circumstance as described in our manual.



Frequently Asked Questions from SA

Q: What if the SNF did not conduct a LTSS Screening as required for individuals who came from the Hospital to the SNF as Non Medicaid, and due to a mistake, the NF moved the individual into the Long-Term Custodial NF?

What can we do now? How do we get a LTSS Screening? How do we get paid?

A: DMAS has previously sent out messaging that stated "No Screening, No Pay" to the NFs. Unless it is a special circumstance as listed in law LTSS Screening laws (12VAC30-60-302) there is not a mechanism for you to obtain a LTSS Screening. NFs are required to apply due diligence in obtaining a screening package and following LTSS admission requirements, (12VAC30-60-308).

The Community Based Team (CBT) cannot come into your facility and conduct a LTSS Screening because you forgot to do one. This is not one of the approved scenarios for the CBT to come into the NF.



Frequently Asked Questions from SA



Q: When the Manual, Responsibilities Table, Training, and policy mentions “Direct Requests”, does that apply to the NF/SNF?

A: In Virginia, the LTSS Screening can influence Medicaid financial eligibility. Direct request refers to individuals who do not have Medicaid and request a screening. Even if the SNF LTSS Screening team thinks the individual may not be eligible for Medicaid, they should be screened.

The Manual, Responsibilities Table, and VCU Electronic LTSS Screening Training is currently in the process of being updated to clarify this point.

Frequently Asked Questions from SA :

Q: If an individual is in the Emergency Department (ED) and needs to come straight to the NF, how do we get a LTSS Screening?

A: The LTSS Screening Manual states that if the individual is being treated only in the emergency department, or is under outpatient or observational status and requests a LTSS Screening or is likely to need nursing facility or hospital care within the next 30 days, the individual should be referred to the CBT for a LTSS Screening that is scheduled for completion after discharge.

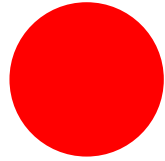
If the situation is an emergency or the individual's life is endangered upon return to a community home, or the case involves APS, LTSS teams (hospital and community) should confer as to which can most expediently conduct the LTSS Screening





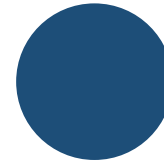
Resources

Validity Check for LTSS Screening



Health Plan

If the individual is in a **Cardinal Care Health Plan**, then contact the Health Plan Care Coordinator for assistance in checking for Validity of the LTSS Screening.



Fee For Service

If the individual is Fee For Service or is not in a Medicaid Health Plan, then contact the DMAS LTSS Screening Unit via email at: ScreeningAssistance@dmas.virginia.gov
We will try to assist.

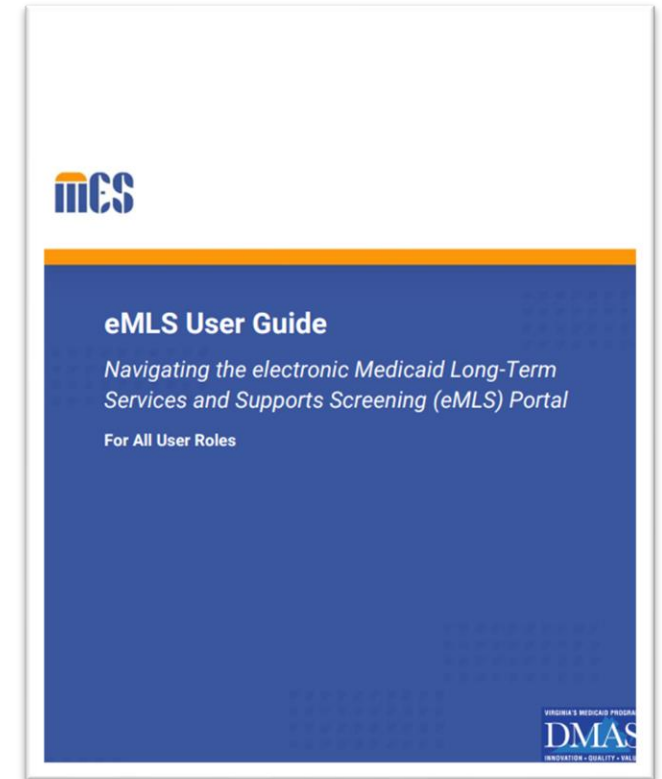
* Find out if the individual already has Medicaid LTSS and if the admission is a transition from one LTSS to another. This would mean that the original Screening used to enroll the individual into LTSS is used and passed onto the new provider.

eMLS User Guide and Training

- Access, System Requirements, User Access Roles, and Logging In
- Navigation and Functions of System
- Error Message Meaning
- Searching of an Existing Screening
- Data Entry and Submission of New Electronic LTSS Screenings
- Screening Status and Watermarks
- Voiding and Corrections of Existing Screenings
- Printing Screenings
- Uploading and Downloading the P-98 offline form
- And many more concepts

<https://vamedicaid.dmas.virginia.gov/training/crms>

Complete courses, CRMS-101,103,104,106, & download the e-MLS User Guide



Connection Call PowerPoints

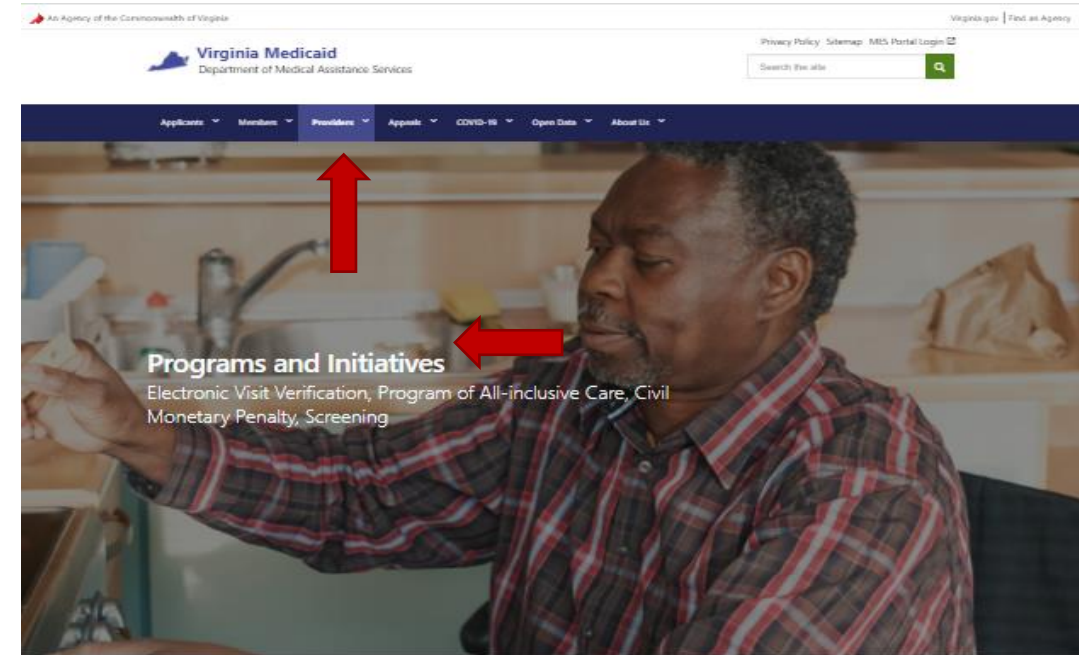
Posted on the DMAS Website Under the Provider Tab:

Long Term Care:

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/>


SCREENING FOR LTSS

Look down the page for Screening Connection call information



Resources - Programs and Initiatives

Electronic Visit Verification The federal 21st Century CURES Act of 2016 requires states to implement Electronic Visit Verification (EVV).	Program of All-Inclusive Care PACE helps adults ages 55+ who are living with chronic health care needs and/or disabilities to receive community-based services and support.	Civil Monetary Penalty Civil Monetary Penalty (CMP) funds help improve the quality of life for individuals residing in Nursing Facilities within the Commonwealth.
Screening Screening ensures Medicaid-eligible individuals, and those who will become eligible for Medicaid within six months, meet the required level of care criteria.		



Need Help?

- **Questions about the LTSS Screening process, policy or requests for copies of screenings go to: ScreeningAssistance@dmas.Virginia.gov**
- Questions about MES (computer system issues) , CRMS, eMLS go to: MES-Assist@dmas.Virginia.gov
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: ppdtechhelp@vcu.edu

Upcoming Connection Call Schedule and Team Focus

2023				
<u>SCREENING TEAM TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Nursing Facility			July 11	October 10
Hospitals		May 9	August 8	November 14
Community Based Teams (CBTs)		June 13	September 12	December 12

SHARE INFORMATION WITH YOUR TEAM

- Medical Screeners
- Admissions Staff
- Business Staff
- Supervisors, Managers, and Corporate





Next Call:

- **Hospital Screening Team Focus**
- **May 9, 2023**
- **Any team can join the call and listen, but the focus will be on Hospital Screening Issues**



Question and Answer Time