

Screening Connections

Community Based Team Focus June 13, 2023 Office of Community Living (OCL)

IRGINIA'S MEDICAID PROGRAM



Welcome!

We appreciate all of your hard work!

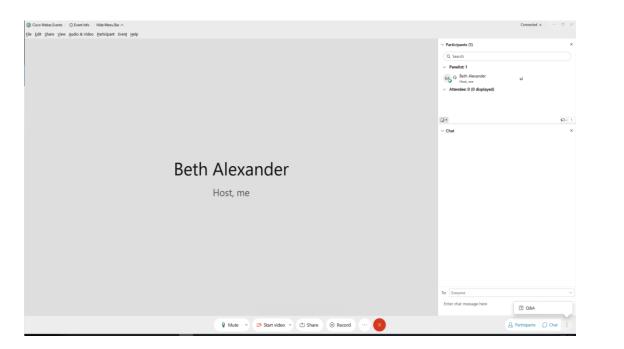


Logistics



Post your questions for today's session in the Q&A box, <u>NOT</u> 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!





Todays Agenda:

Important Updates and Reminders



Frequent Questions from Screening Assistance



Question and Answer Period



Todays focus: Community Based Screening Team Frequent Questions

> Presented by Dena Schall



Division and Staff Update:



The LTSS Screening Program has been moved to the Office of Community Living (OCL).

LTSS Screening Program former staff members:

- Roberta Matthews who provided LTSS Screening technical assistance to Hospitals, CBTs, PDN, and Children has moved to another Division doing a different role.
- Deloris Hodges who works with Automated Enrollment and Disenrollment-A, E,& D has also moved to another Division.

Make sure to send all LTSS Screening Questions to <u>ScreeningAssistance@dmas.virginia.gov</u> and <u>not to individual staff members</u>.





Ramona Schaeffer Supervisor



Myra Isaacs Technical Assistance for Screening Assistance Mailbox and PASRR for MI/ID/ RC



Ivy Young Technical Assistance for Screening Assistance Mailbox, Screening Connections Webex, & Communications



Dena Schall

Technical Assistance for Screening Assistance Mailbox and eMLS

Update DMAS Office of Community Living (OCL) LTSS Screening Program Staff



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:

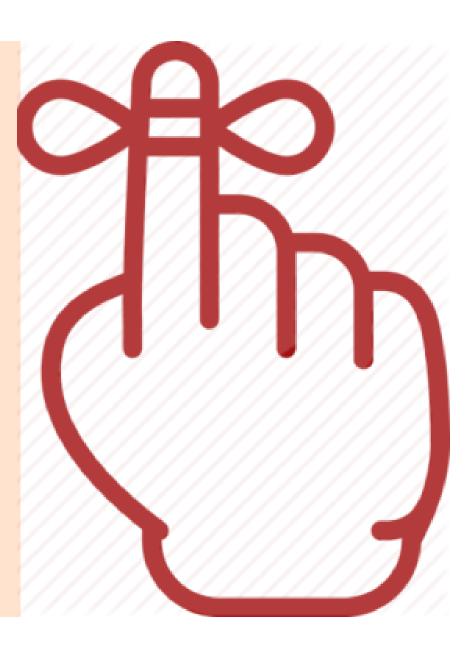
G. If an individual is admitted to a skilled nursing facility for skilled nursing services and such individual was not screened but is subsequently determined to have been required to be screened prior to admission to the skilled nursing facility, then the qualified staff designated in subsection F may 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, without accessing patient funds. Six months after the date of admission to the skilled nursing facility, the date of admission to the skilled nursing facility, the date of admission to the skilled nursing facility. The date of admission to the skilled nursing facility, 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.



Reminders for CBT LTSS Screeners:

- Do not force Pseudo Socials or select "Do not know" for the Social Security Number if the individual actually has a Social Security Number. This will cause big problems with the LTSS Screening and payment for the provider. You must obtain and use the existing SSN.
- For any Voids and Corrections/Clones that occur, please make sure to use original signature date in the corrected Screening. It is most important that the **Physician** uses the original date so that it doesn't create payment issues.
- As a Screening Team, if you conducted the Screening then you have to retrieve it from your archives (prior to 2016) or pull from eMLS (2016 to-date). You must retain or be willing to pull the screening information for 10 years for adults or age 28 for a child. (newly updated record and retention law).

You are also required to provide copies to Health Plans and Medicaid Providers who request a copy.



Reminders for CBT LTSS Screeners:

Private Duty Nursing

- "In Correction" is the status a screening converts to when a DMAS RN PDN Reviewer returns a CCC Plus Waiver w/PDN screening to the screener.
- In Correction allows the screener to make changes to the screening based on information discussed with the DMAS PDN Reviewer or entered as a Comment by the DMAS PDN Reviewer. Examples: adding additional details to the screening regarding the individual's medical needs, changing the DMAS 96 to reflect CCC Plus Waiver without PDN if appropriate, etc.
- CCC Plus Waiver w/PDN screenings must give the DMAS PDN Reviewer a complete picture of the individual's medical complexities and needs. Please make sure all sections of the screening that address an individual's complex medical condition are completed and provide additional details in the Members Summary that are not previously documented in the screening. Examples: Document all scheduled Medications, tube feeding schedules, ventilator orders, tracheostomy suctioning frequency, etc.
- Individual's who are **already enrolled in CCC Plus Waiver w/PDN do not need a new LTSS Screening when they turn 21 years old**. There are separate processes In place for the completion of the DMAS 108 form to determine if CCC Plus Waiver Adult Private Duty Nursing criteria is met



Reminders for CBT LTSS Screeners:

CBT may come into the NF for the following:

- Individual is in the Custodial NF without a LTSS Screening and wants to discharge home with the CCC Plus Waiver or PACE (this is located in the current manual)
- If Someone is screened in the Hospital/prior to SNF/Rehab admission but did NOT meet NF level of care criteria (Denied Screening). That person can still be admitted to the SNF/Rehab for care, but Medicaid will NOT pay for care if the person moves to ICF nor is the person eligible to discharge home with CCC Plus Waiver or PACE. Should the person's condition deteriorate while in the SNF/Rehab ... this would be a change in health status and in these situations, we'd ask the CBT to come in and screen the person.
- Other Rare Circumstances that DMAS gives a provision for CBTs to do a screening (located in the current manual): Example- Non-Medicaid-certified SNFs who don't have access to MES as a non-Medicaid provider. If your sites get these requests, your staff should refer them to ScreeningAssistance@dmas.virginia.gov



Frequently Asked Questions from SA

Q: What if the CBT receives a request for a new LTSS Screening from a NF/SNF for a scenario or situation that you have not been given approval to conduct?

A: Refer the SNF or NF to ScreeningAssistance@dmas.virginia.gov

The CBT should focus on the scenarios where they know they are allowed to conduct a LTSS Screening.

Unique situations should be discussed with DMAS by the SNF/NF and the CBT so a resolution can be expedited.



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 from the Hospital AND NOW the NF is asking the CBT to come in and do a LTSS Screening for the person to stay in the Custodial NF?

A: Currently, 12VAC30-60-308 states NFs are to review the LTSS Screening PRIOR to SNF/NF admission.

LTSS Screening laws and guidance do not provide a mechanism for the NF to obtain a LTSS Screening for Medicaid members after admission. The LTSS Screening is an application for Medicaid LTSS and the screening is a pre-requisite unless there is special circumstance as described in the LTSS Screening Manual. This is not an approved scenario for the CBT to go into the NF.



Frequently Asked Questions from SA :

Q: If an individual is in the Hospital Emergency Department (ED) and needs to go straight to the NF, who does the 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. The LTSS Screening is to be scheduled with the CBT for completion after discharge.

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





Frequently Asked Questions from SA

Q: Does the day of "request" for a community-based LTSS Screening count as day "1" or day "0" in relation to the requirement to finalize a LTSS screening within 30 days of request?

A: The day of request is day "0". The next day is day "1".

Example: Screening requested June 12 – day "0" June 13 is day 1 July 12 is day 30





Resources



Validity Check for LTSS Screening



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.



If the individual is Fee For Service or is not in a Medicaid Health Plan, then contact the DMAS LTSS Screening Unit

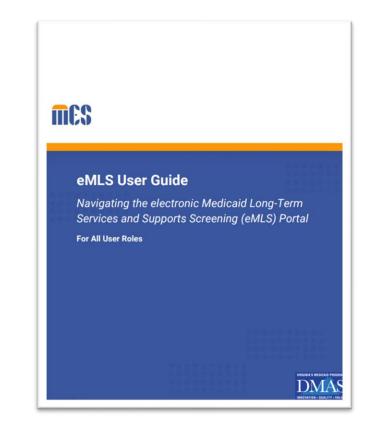
via email at: <u>ScreeningAssistance@dmas.virginia.gov</u> We will try to assist.



* 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

CRMS Training Resources | **MES (virginia.gov)**

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

 <u>eMLS: Resolving Screening Errors</u> **CRMS Training Module 106**

Added security | https://vamedicaid.dmas.virginia.gov/training/crms/c106/story.html

🜔 OKTA 🤹 DMAS - SharePoint... 🏚 Virginia Medicaid -... 😻 DMAS CRMS Medi... 👔 MES Home 🔥 Virginia Medicaid... 👿 CRMS TEST Site 💿 VITA Knowledge Se... 🌶 Cardinal Login Page



Menu Transcrip

Void - Appeal to a Screening

eMLS

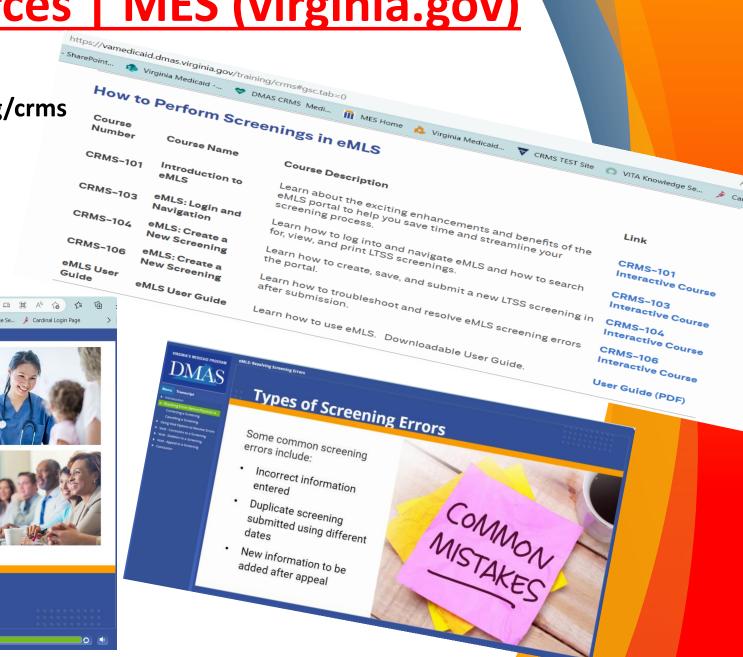
Resolving Screening Errors

Welcome! In this course, you will learn how to troubleshoot and resolve eMLS screening errors before and after physician approval.

START

() Note: This course contains audio. Please plug-in your preferred listening device now.

Note: This course includes fictitious scenarios with mock data, not real PII/PHI



Connection Call PowerPoints

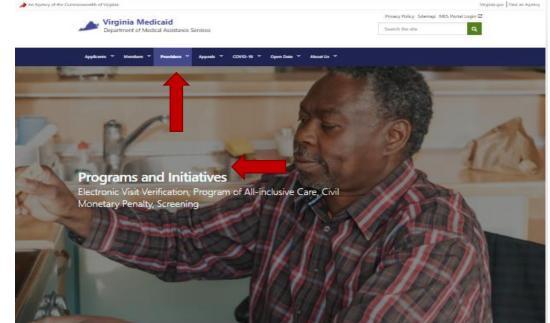
Posted on the DMAS Website Under the Provider Tab:

Long Term Care:

https://www.dmas.virginia.gov/for-providers/long-termcare/programs-and-initiatives/

SCREENING FOR LTSS

Look down the page for Screening Connection call information



Resources - Programs and Initiatives



The federal 21st Century CURES Act of 2016 requires states to implement Electronic Visit Verification (EVV). Program of All-Inclusive Care PVCE 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: <u>MES-Assist@dmas.Virginia.gov</u>
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: <u>ppdtechhelp@vcu.edu</u>

Upcoming Connection Call Schedule and Team Focus

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

SHARE INFORMATION WITH YOUR TEAM



- Other Screeners
- Supervisors
- Managers



Next Call:

- Skilled Nursing Facility Screening Team Focus
- July 11, 2023 at 3:30
- Any team can join the call and listen, but the focus will be on NF Issues



Question and Answer Time