



**CardinalCare**  
Virginia's Medicaid Program

# SCREENING CONNECTIONS

**Hospital Screening Team**

*May 9, 2023*

**Office of Community Living  
(OCL)**



VIRGINIA'S MEDICAID PROGRAM

**DMAS**



**WELCOME!**

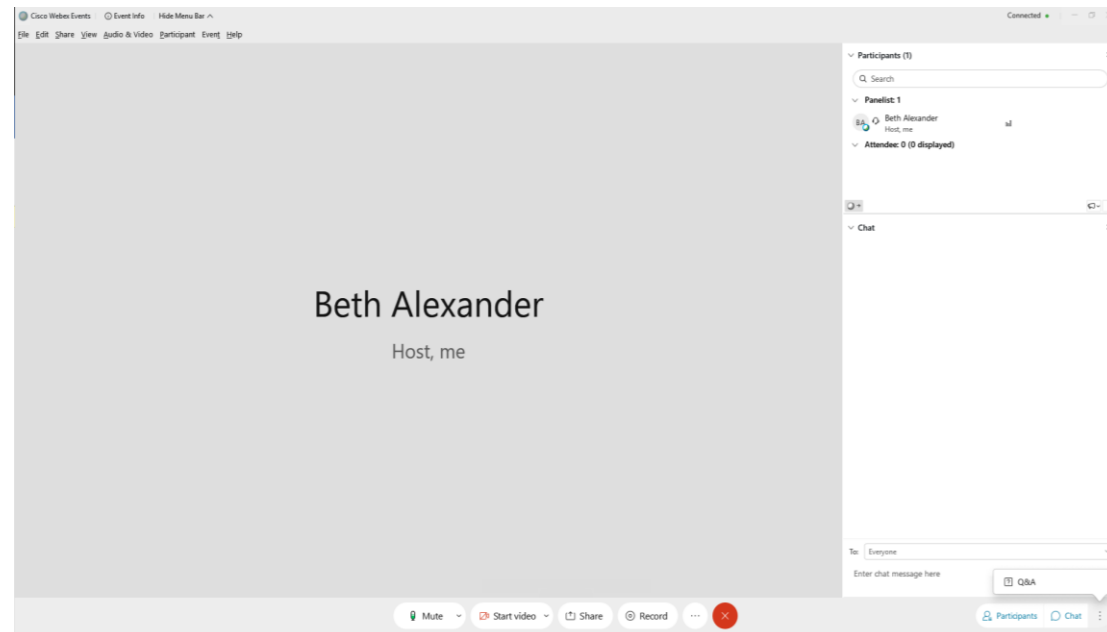
**WE APPRECIATE  
YOU!!**

# 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!





**CardinalCare**  
Virginia's Medicaid Program



VIRGINIA'S MEDICAID PROGRAM



# TODAYS AGENDA:



**Important Updates  
and Reminders**



**Frequent Questions from  
Screening Assistance**



**Question and Answer  
Period**



# 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 [ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov) and not to individual staff members.**



**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**

# 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 UPDATE:



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

**Q: Why does this matter to Hospitals?**

**A: If the Hospital does not follow the law it has a negative affect for Nursing Facility Payments and ultimately for the individual.**

**Hospital Screening Teams Screen individuals who are inpatient and are:**

**Medicaid Members (Any kind of Medicaid)**

**Medicaid Pending**

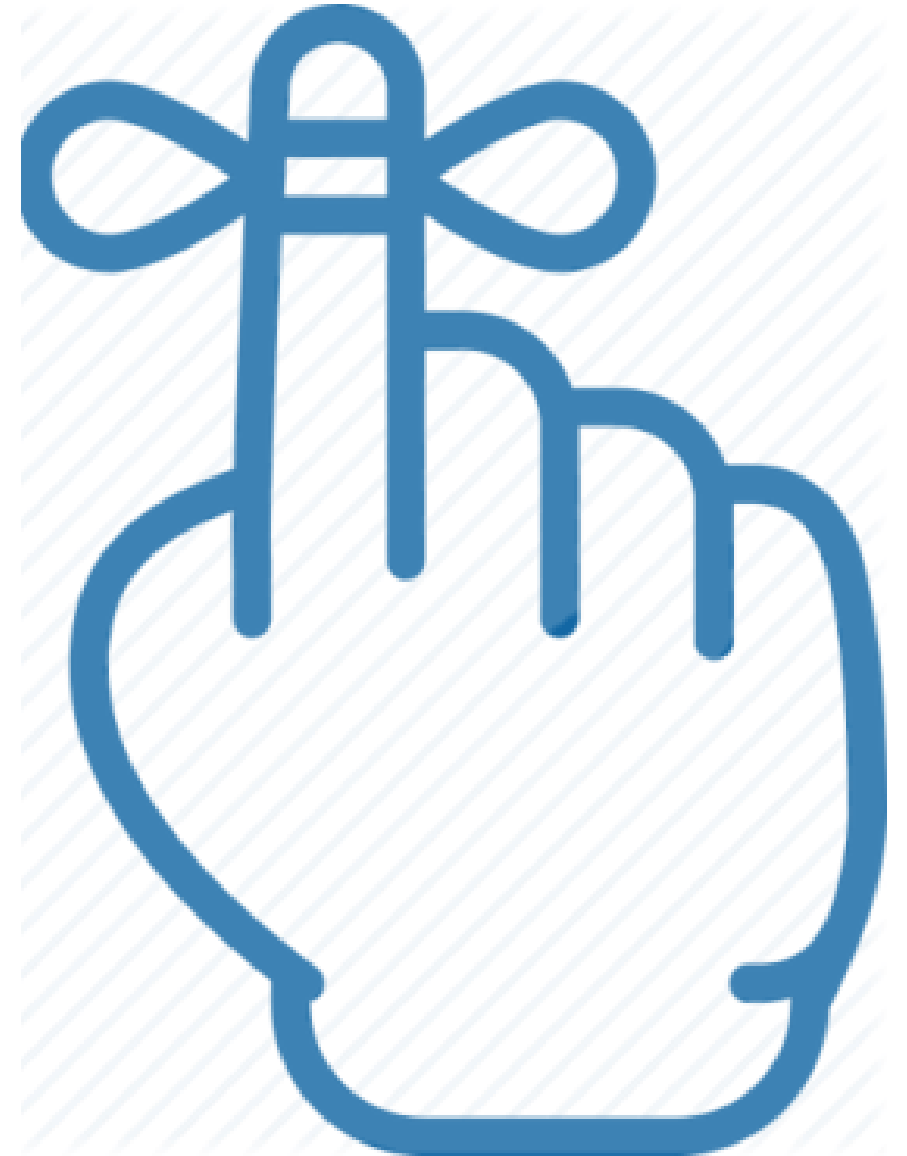
**Applying for financial Medicaid or wants to apply for financial Medicaid**

**Directly Requesting a LTSS Screening or LTSS Services**

## REMINDERS FOR HOSPITAL LTSS SCREENERS:

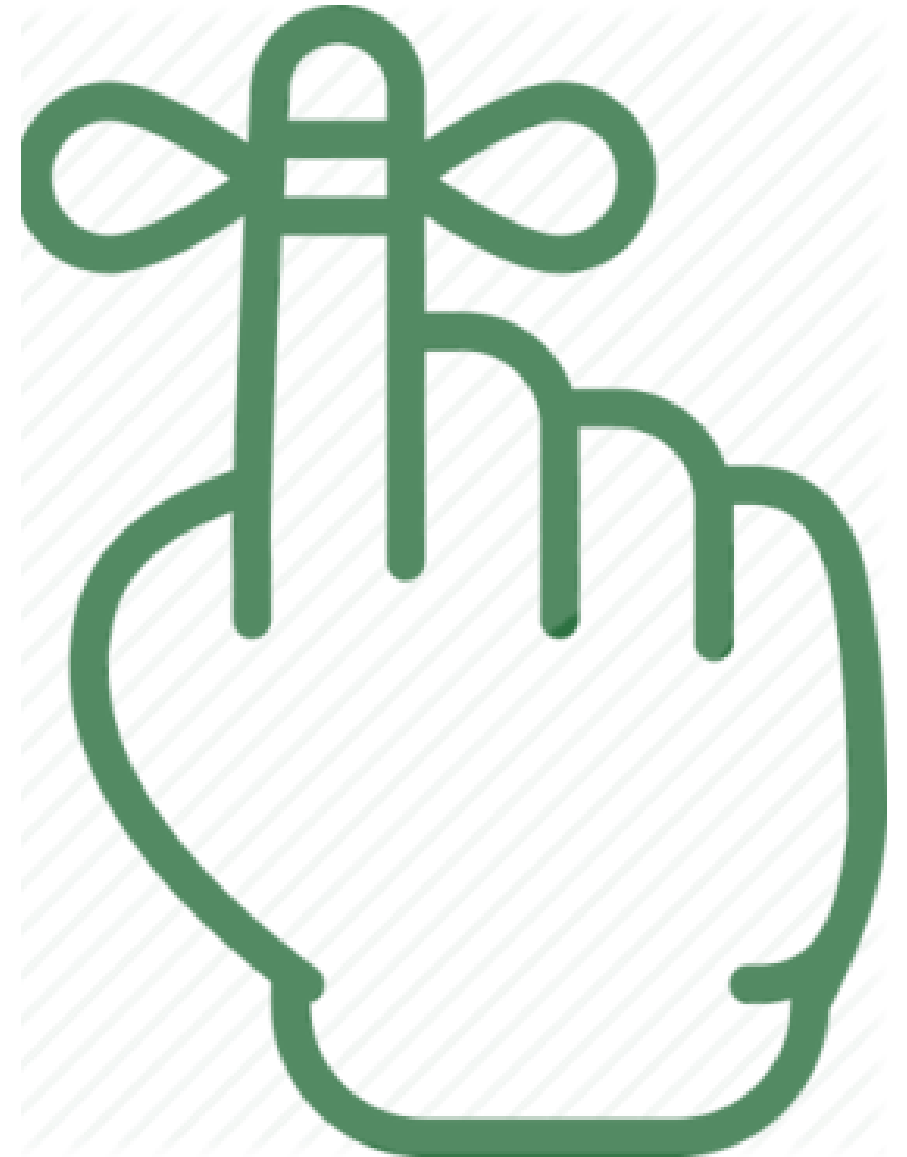
**While interviewing and assessing the individual in the institutional setting (Hospital):**

- Must explain what Medicaid LTSS is and its three options (CCC Plus Waiver, PACE, or Custodial Long-Term NF) and that the LTSS Screening is an application for Medicaid Long Term Services and Supports.
- Remind individuals that if they refuse to apply through the Medicaid LTSS Screening then they will not obtain certain services through Medicaid if it is needed. **If someone refuses a screening they MUST be notified that Medicaid will not pay for LTSS. The refusal should be documented in the individual's records.**
- Must obtain permission from the individual and/or the individual's legal representative to conduct the Screening. People close to the individual should be included in these conversations if the individual gives permission.
- Screeners **MUST observe, assess, and interview** the individual. **Screening information is not obtained by chart review alone.**



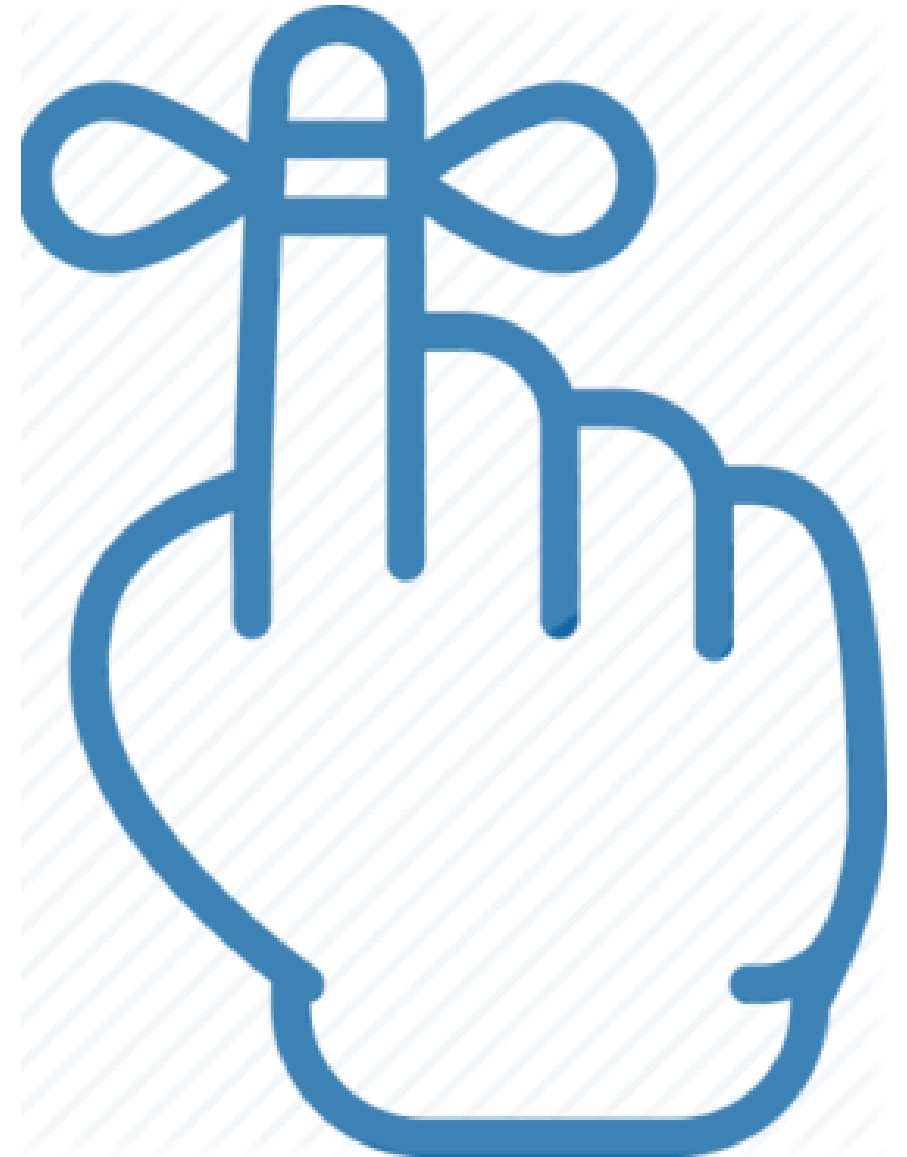
## REMINDERS FOR HOSPITAL LTSS SCREENER:

- **Must use the LTSS Screening Manual for rating and scoring individuals**, it is not necessarily the same as how you conduct other assessments in the Hospital. DMAS definitions may be slightly different and DMAS has certain provisions for each task or category- i.e.. If an individual can eat/feed appropriately but can not open the cap to a drink, they are scored Dependent; bowel regimens; etc..
- Be careful using PT/OT notes or FIMS Scores if the staff conducting those assessments are not using the DMAS Screening manual definitions for each task or including information from the family.
- Keep in mind the perspective and purpose for the Hospital and Medicaid LTSS assessments might be different. One may be trying to justify that the individual is able to do certain tasks in order to be discharged and the LTSS Screening is documenting that the individual may need supervision or physical assistance or could benefit from Medicaid Long Term Services and Supports to be safe and remain in their home. The Screener may sometimes have to put on a different hat to accurately assess.



## REMINDERS FOR HOSPITAL LTSS SCREENERS:

- 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 Hospital where help is available (call bell, physical assistance, verbal prompting), environmental modifications for safety are already present (grab bars, walk in shower in their room, safety pull strings) or where the Hospital must provide a service (institutional dependency), i.e. medication administration. **Screeners can not rate based on institutional dependencies.**
- Can the individual perform the task safely, completely, and solely by themselves in their home or do they truly need some supervision, prompting, and/or cuing to be safe. This is where the family or people close to the individual can help provide accurate information. The individual who is afraid of losing their independence may say that they are completely safe performing the task (i.e. holding on to unsteady doors in their home shower/bathtub but they say they can do it independently).
- Individuals must meet the requirements as defined in our LTSS Screening Manual for Functional, Medical Nursing Need, and At-Risk Categories in order to meet NF level of Care and to be Accepted-Authorized in eMLS for CCC Plus Waiver, PACE, or Custodial Long-Term NF.



## REMINDERS FOR HOSPITAL LTSS SCREENERS:

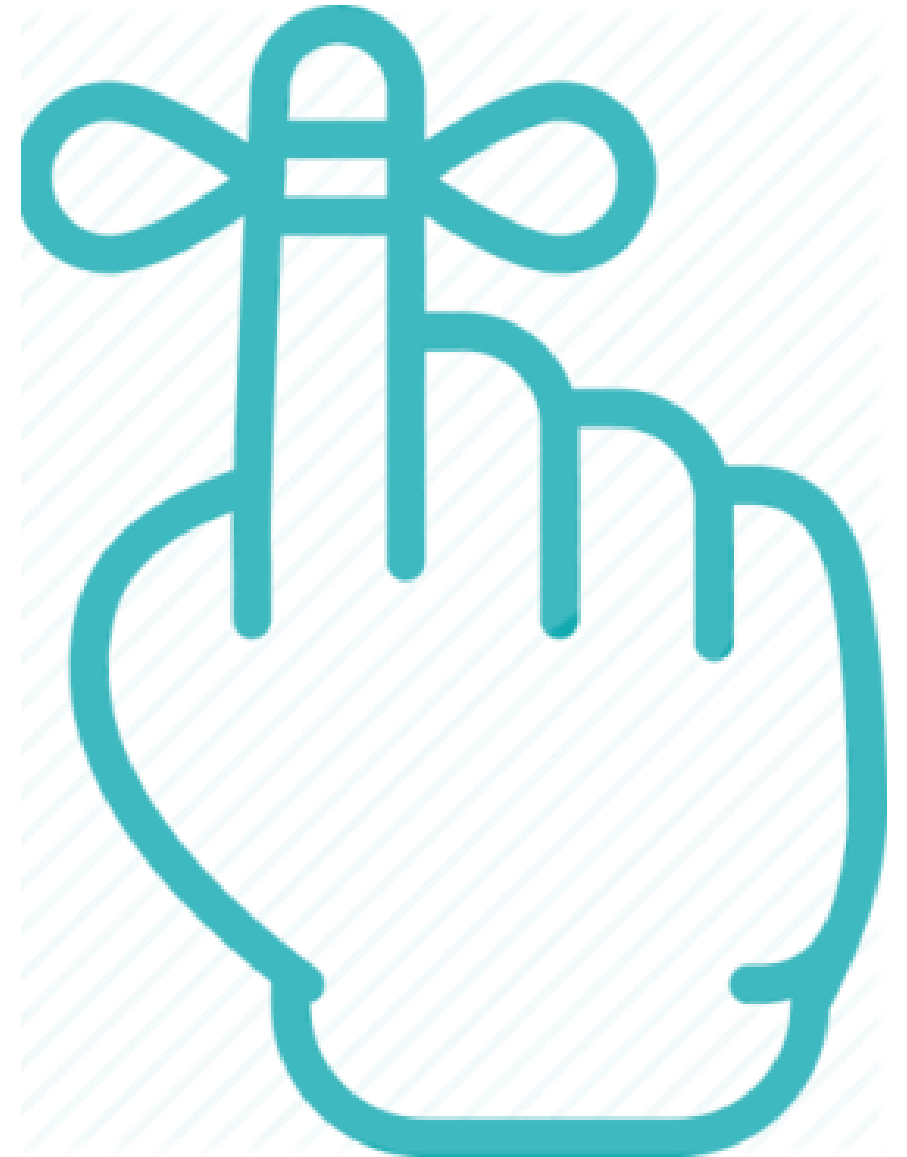
### Medical or Nursing Needs

The individual's medical condition requires observation and assessment to ensure evaluation of the individual's need for modification of treatment or additional medical procedures to prevent destabilization, **and** the individual has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals; or

Due to the complexity created by the individual's multiple, inter-related medical conditions, the **potential for the individual's medical instability is high** or medical instability exists; or

The individual requires **at least one ongoing medical or nursing service**. Ongoing means that the medical/nursing needs are continuing, not temporary, or where the individual is expected to undergo or develop changes with increasing severity in status.

**Please specify the ongoing medical/nursing need in eMLS as well as complete the Members Summary with details about the case and why they do or don't meet criteria.**



# REMINDERS FOR HOSPITAL LTSS SCREENERS:

## Other Mandatory processes:

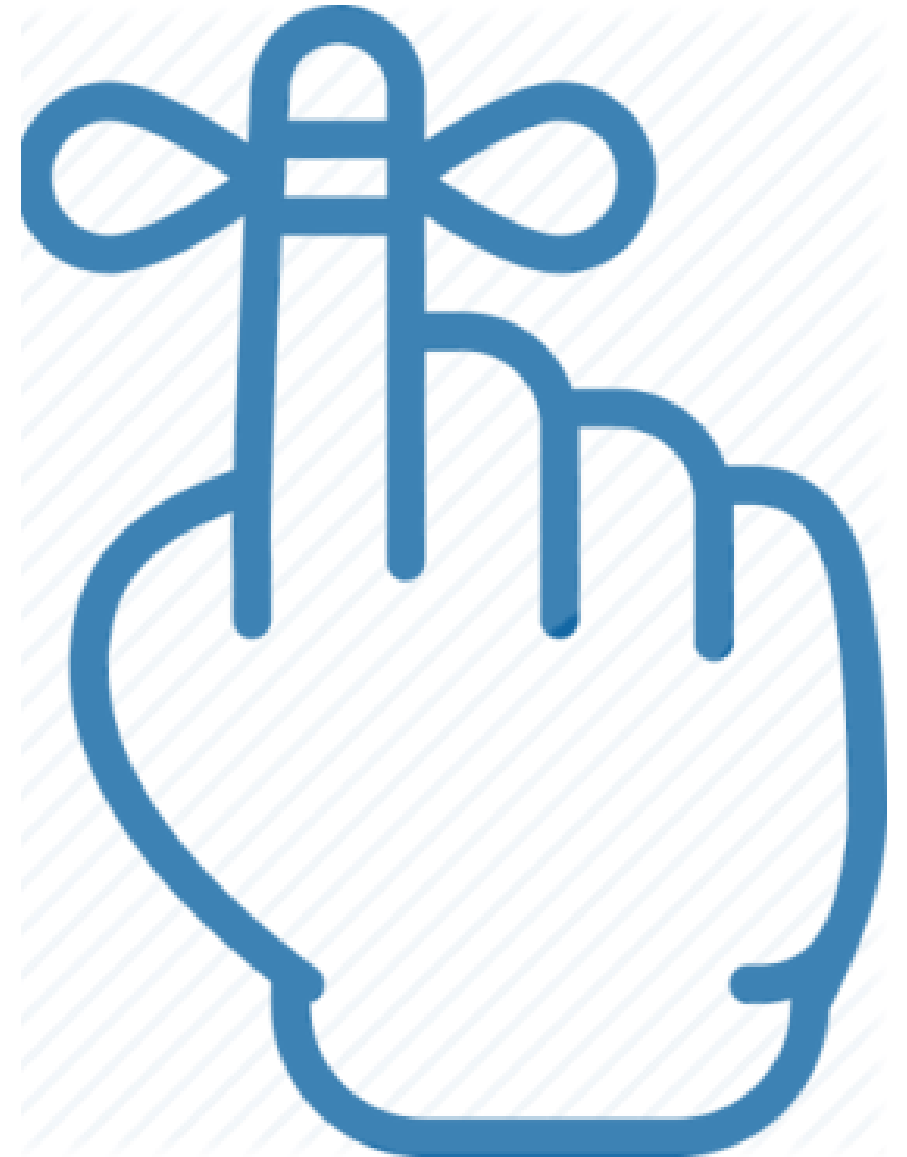
**Approval and Denial Letter with Appeal Rights:** MUST be provided for every LTSS Screening

**Hard Copy DMAS-97 Form:** Get the individual or their legal representative to physically-Pen/Ink sign this form in addition to putting the information into eMLS

IF the LTSS Screening meets criteria then there is a **Referral Process** that needs to occur: Send a copy of the DMAS-96 form only to the individuals local DSS; copy of the whole LTSS Screening goes to the Health Plan and Provider of Choice; and a copy is given to the individual.

Assist the individual in getting those services set up if possible before they discharge from the Hospital  
(Transfer to SNF/NF or CCC Plus Waiver Provider set up in the home if possible)

**We have been getting complaints from individuals that they don't know what to do once they are at home after discharge with an approved LTSS Screening for CCC Plus Waiver.**



# REMINDERS FOR HOSPITAL LTSS SCREENERS:

## Other Mandatory processes:

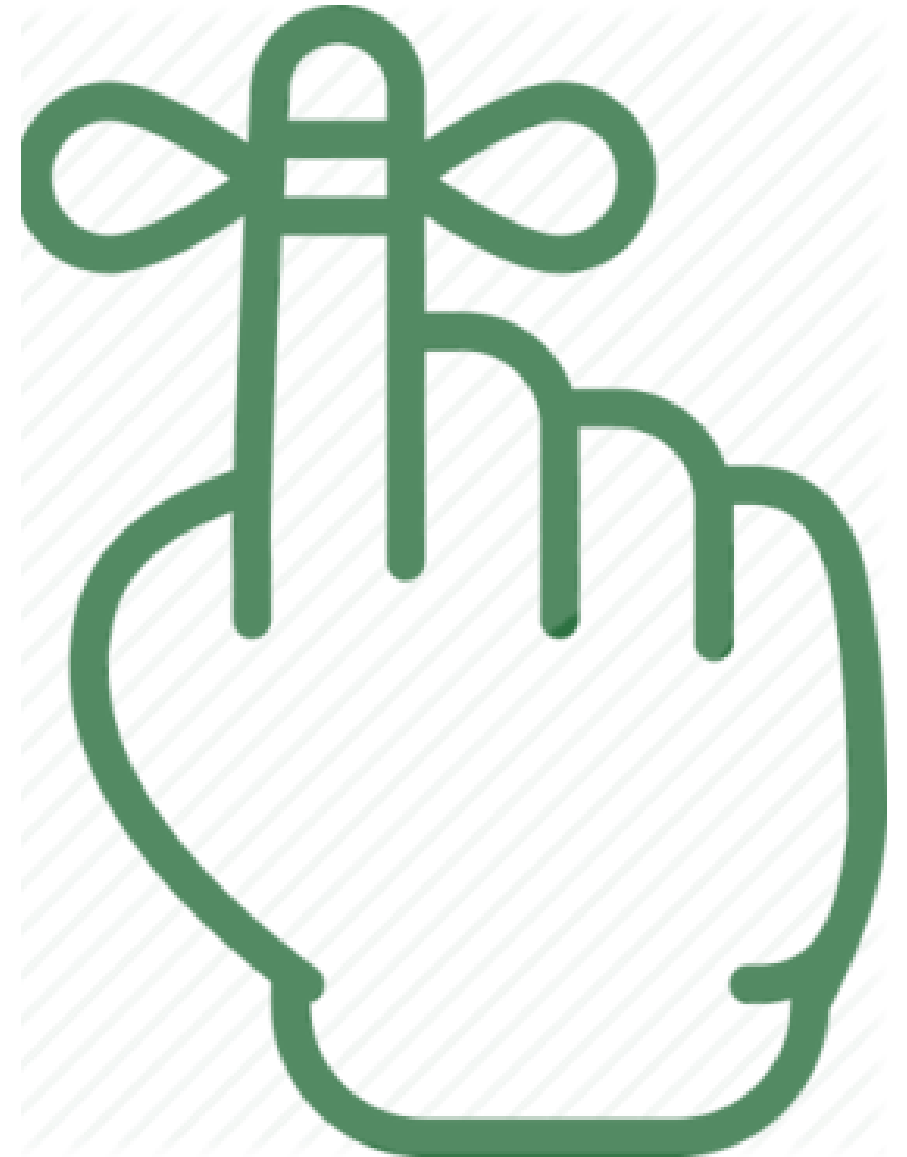
If the individual has active Medicaid and is approved for Medicaid LTSS on the Screening and chose the CCC Plus Waiver **then the Screener or Hospital Discharge Planning Team should assist the individual in contacting their Health Plan Care Coordinator to help** in choosing a Medicaid Provider for the CCC Plus Waiver, approaching that provider, and setting that service up so that they can have those needed supports if possible upon arriving home (just like they do for Home Nursing, OT, and PT Services). If the individual is Fee For Service Medicaid, then the Screener should be assisting in these processes.

**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 seek out the 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 retain it for 10 years (newly updated record and retention law).

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



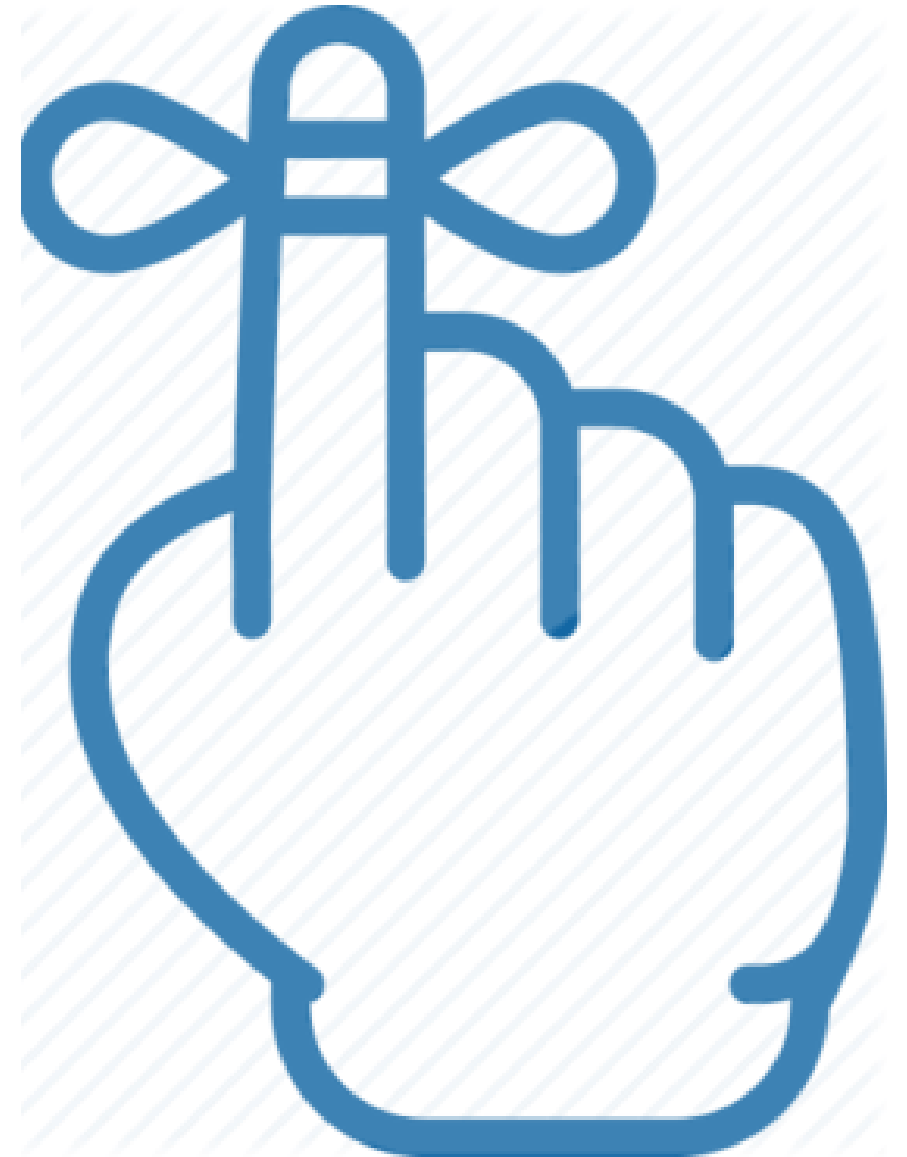
# REMINDERS FOR HOSPITAL LTSS SCREENER:

## 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 Reviewer or entered as a Comment by the DMAS 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





# FREQUENTLY ASKED QUESTIONS FROM SA

**Q: What if we don't have time to conduct a LTSS Screening on every individual that we are required to by law?**

**A: IF YOU DON'T SCREEN THE INDIVIDUAL, THE PERSON MAY NOT BE ABLE TO GET NEEDED SERVICES BECAUSE MEDICAID CANNOT PAY WITHOUT THE SCREENING!**

The law directs that individuals receive a LTSS Screening in the hospital inpatient setting for those who have Medicaid, are Medicaid Pending, or applying for Medicaid. If you are having problems completing screenings prior to discharge then you must go to your hospital management or administration to address this issue. Hospitals are **REQUIRED** to follow the Medicaid LTSS Screening law and regulations.

**Is skipping a screening worth forcing a person to go without care?**



# 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?**

**A: Currently,** LTSS Screening laws and guidance do not provide a mechanism for the NF to obtain a LTSS Screening after admission. The LTSS Screening is an application for Medicaid LTSS and is a pre-requisite unless there is special circumstance as described in our manual – most of these special circumstances do NOT apply to hospital to NF transitions (except Hospice Benefit and Private Pay scenarios). No screening = no payment. Usually, NF not getting paid = no services for the individual.



# FREQUENTLY ASKED QUESTIONS FROM SA

**Q: Do Hospital Screeners have to conduct LTSS Screenings for Medicaid individuals who are not going to the SNF or Custodial NF and discharging home?**

**A: YES,** If the individual has Medicaid, is Medicaid Pending, or is in the process of applying for Medicaid and they need or are interested in Long-Term Services or Supports after discharge to home, the Hospital Screener is **REQUIRED** to conduct the screening before discharge.

**Do not tell them they can get it in the Community when they get home because you don't have time to do it. It can take up to 30 days in the community for the individual to get a Screening from the CBT and it creates delays for the individual in receiving needed services—as well as creates delays for the CBT Screening Team.**



# FREQUENTLY ASKED QUESTIONS FROM SA

**Q: Do Hospital Screeners need to conduct LTSS Screenings for Medicaid individuals who are going to the SNF and not planning on Custodial NF?**

**A: YES.** Many individuals admit to SNF and do not think they'll need Custodial NF. If these individuals are NOT screened but later do NEED Custodial NF, there is no way for them to obtain a screening once admitted to the NF.



# FREQUENTLY ASKED QUESTIONS FROM SA

**Do Hospital Screeners need to conduct the screening for persons using Medicare for SNF (and they also have Medicaid)?**

**A: YES.** There are times that Medicaid also provides support for persons who are “duals” (Medicare and Medicaid). Because screeners likely will not know which program will pay for what services, ALL persons with any form of Medicaid (including pending and being in the process of Medicaid application, must be screened PRIOR to NF admission.



# 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 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**



# FREQUENTLY ASKED QUESTIONS FROM SA

**Q: If the Hospital Screening Team made an error on a LTSS Screening that was completed and the individual has already discharged but the provider or health plan later comes back and asks you to correct a Social, Medicaid number, Name, DOB, etc., do you have to do it?**

**A: The Hospital Screening Team can and should correct LTSS Screenings that have errors in them so that the individual can continue in the process of obtaining needed Long-Term Services and Supports. If you refuse, it can cause big issues for the individual and provider.**

**It is the responsibility of the Hospital to conduct accurate Screenings and the responsibility of the Provider to check the Screening for accuracy before services are started.**



# FREQUENTLY ASKED QUESTIONS FROM SA

**Q: Do I have to conduct a LTSS Screening on every inpatient individual who has Medicaid, is Medicaid Pending, or in the process of applying for Medicaid who is going to the Skilled Nursing Facility (SNF), even if their payor source for skilled is Medicare and they don't intend on needing Long Term Services and Supports?**

**A: YES! YES! YES! The law states that you must conduct a LTSS Screening on inpatient individuals who are Medicaid, Medicaid Pending, or in the process of applying for Medicaid who are going the Skilled Nursing Facility (SNF) for skilled care and rehab OR Long Term Custodial Nursing Facility (NF).**

**If the individual ends up not meeting criteria and has an "Accepted-Not Authorized" Screening you must provide a "Denial Letter with Appeal Rights" (DMAS provides template) AND communicate this determination with the admissions staff before the individual transfers over to the SNF so they know the individual's status. The individual can still receive Skilled or Rehab but they are not authorized to have Medicaid LTSS (CCC Plus Waiver, PACE, or Custodial Long-Term NF).**





# FREQUENTLY ASKED QUESTIONS FROM SA

**Q: What do we do if one of our Hospital Screeners accidentally started a LTSS Screening under the wrong NPI number and it is “In Approval” status (meaning the Screener submitted it and it is waiting for Physician Signature)?**

**A: You will have to get a Physician who has access to the wrong NPI to log in and either “Return” the Screening to the Screener (to In Progress Status) so the Screener can “Cancel/Delete” the Screening themselves OR the Physician can just “Cancel/Delete” the screening for the Screener. Once the Screening is Canceled or Deleted, then the Screener can re-enter the Screening under the correct NPI. Make sure to print copies of the Screening before it is Canceled for easy re-entry.**

**Note: This usually occurs when Hospitals have multiple NPIs set-up under one tax ID. Oftend the Screener logs in and chooses the wrong NPI from the drop-down options before starting the Screening. Also, it can occur if the Hospitals Primary Account Holder or Delegate Administrator sets up a user/Screener under the wrong NPI.**

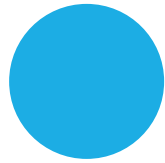


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# RESOURCES

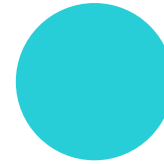


# VALIDITY CHECK FOR LTSS SCREENING



## 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](mailto:ScreeningAssistance@dmas.virginia.gov)

**We will try to assist.**

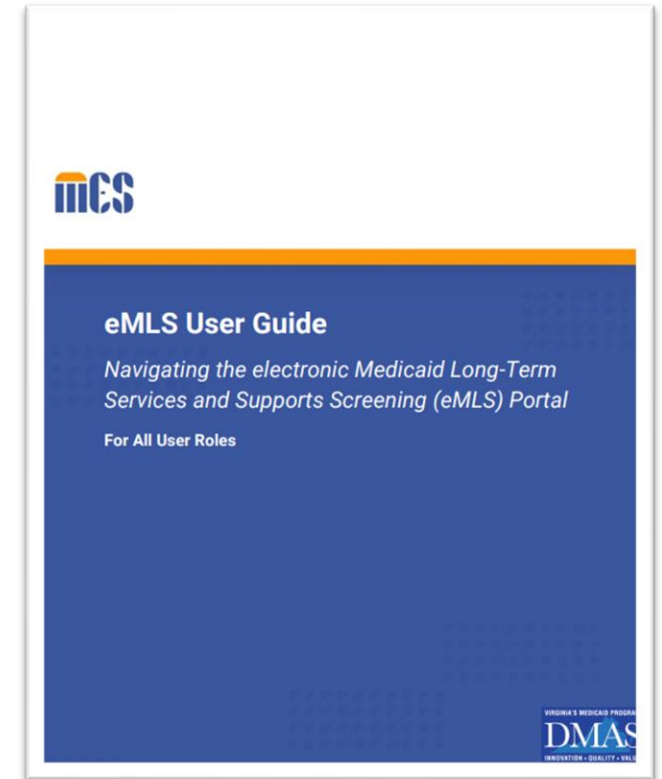
**\* Find out if the individual already has Medicaid LTSS and if the admission is a transition from one LTSS to another. This would mean that the original Screening used to enroll the individual into LTSS is used and passed onto the new provider.**

# 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

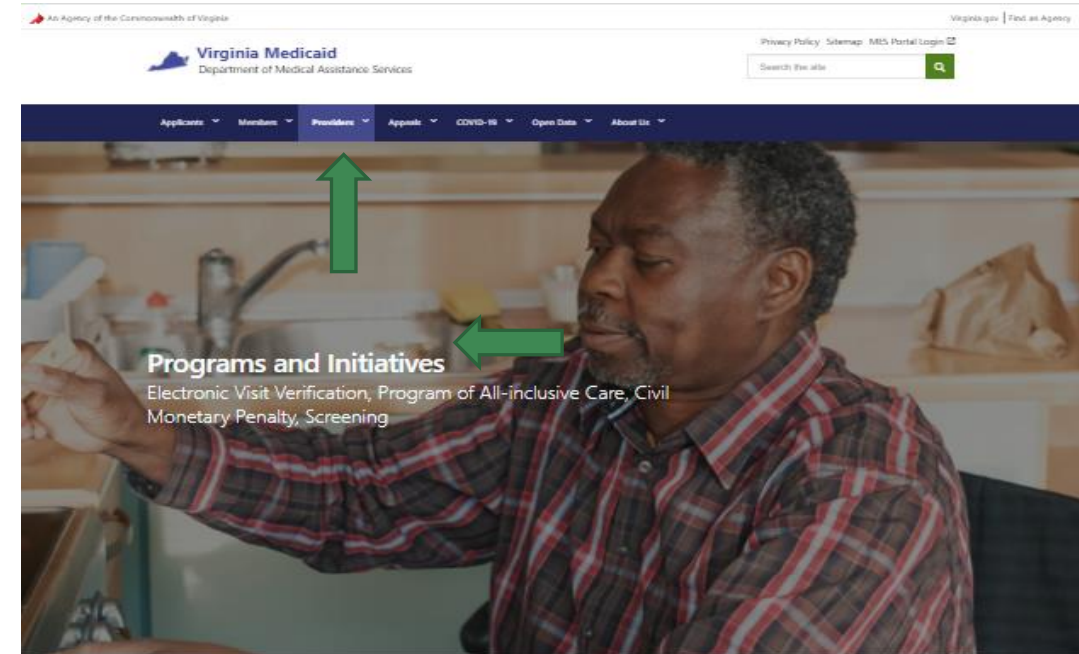
Posted on the DMAS Website Under the Provider Tab:

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

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

# NEED HELP?

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

# UPCOMING CONNECTION CALL SCHEDULE AND TEAM FOCUS

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

SHARE  
INFORMATION  
WITH YOUR TEAM



- Other Hospital Screeners
- Supervisors
- Managers





SAVE  
the  
DATE

## **NEXT CALL:**

- **Community Based Team (CBT) Screening Focus**
- **June 13, 2023**
- **Any team can join the call and listen, but the focus will be on CBT Issues**



# QUESTION AND ANSWER TIME