



COMMONWEALTH of VIRGINIA  
*Department of Medical Assistance Services*

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December 1, 2015

**MEMORANDUM**

TO: The Honorable Charles J. Colgan  
Co-Chairman, Senate Finance Committee

The Honorable Walter A. Stosch  
Co-Chairman, Senate Finance Committee

The Honorable S. Chris Jones  
Chairman, House Appropriations Committee

FROM: Cynthia B. Jones   
Director, Virginia Department of Medical Assistance Services

SUBJECT: Report on Preadmission Screenings

HB702 (Head) passed by the 2014 General Assembly and Item 301 QQQQ.3 passed by the 2015 General Assembly, states: *The department shall report on the progress of meeting the requirements for completion of preadmission screenings within 30 days of an individual's request for screening, the implementation of the contract for screening children, and make recommendations for changes to improve the process to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2015.*

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

CBJ/

Enclosure

pc: The Honorable William A. Hazel, Jr., MD, Secretary of Health and Human Resources

# DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

ADMINISTERING MEDICAID AND THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM IN VIRGINIA



*DMAS' mission is to provide a system of high quality and cost effective health care services to qualifying Virginians and their families.*

The Medicaid program, signed into law by President Lyndon B. Johnson on July 30, 1965, celebrates its 50<sup>th</sup> year in 2015.

Medicaid is a joint federal and state program authorized under Title XIX of the Social Security Act that provides health and long-term care coverage for specific groups of Virginians with low incomes. In Virginia, Medicaid is administered by the Department of Medical Assistance Services (DMAS) and is jointly funded by Virginia and the federal government. Virginia's federal matching rate, known as the Federal Medical Assistance Percentage (FMAP) is generally 50%, meaning Virginia receives \$1 of federal matching funds for every \$1 Virginia spends on Medicaid.

Medicaid coverage is primarily available to Virginians who are children in low-income families, pregnant women, elderly, individuals with disabilities and parents meeting specific income thresholds.

All states must follow general federal Medicaid guidelines regarding who is covered, but states set their own income and asset eligibility criteria. Virginia's eligibility criteria are among the strictest in the nation.



## Report to the General Assembly from the

### Department of Medical Assistance Services

*Progress of Meeting the Requirements for Completion of Preadmission Screenings within 30 Days of an Individual's Request, Implementation of the Contract for Children's Screenings and Recommendations for Improvements*

**Report Mandate:** HB702 (Head) passed by the 2014 General Assembly and Item 301 QQQQ.3 passed by the 2015 General Assembly, states: *The department shall report on the progress of meeting the requirements for completion of preadmission screenings within 30 days of an individual's request for screening, the implementation of the contract for screening children, and make recommendations for changes to improve the process to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2015.*

**Background:** HB702, along with language in the 2015 *Virginia Acts of Assembly*, were enacted to ensure that an individual requesting a preadmission screening (i.e., PAS or screenings) to access Medicaid funded long-term care services shall receive the PAS within 30 days of the individual's request. The PAS process was implemented in 1977 to ensure that individuals who were eligible for Medicaid funding and chose a nursing facility placement met nursing facility level of care criteria. The *Code of Virginia* §32.1-330 was further amended to make PAS the first level of authorization for all Medicaid funded long-term care services including nursing facility, selected Home and Community Based Services (HCBS) Waivers and the Program of All-Inclusive Care for the Elderly (PACE) Program. Proponents of the original 2014 legislation expressed concern that a lengthy PAS process in some jurisdictions was resulting in the delay of critical Medicaid funded long-term care services.

HB702, which was passed by the 2014 Virginia General Assembly without a budget appropriation, provides DMAS with the authority to contract with other public or private entities for screenings in jurisdictions in which the screening team is unable to complete screenings within 30 days of the individual's request. Screenings are completed in hospitals or in communities by teams composed of employees of the Virginia Department of Health (VDH) and the local department of social services (LDSS). In SFY13, 19,698 preadmission screenings were conducted statewide; there was no automated tracking system to determine which jurisdictions promptly completed screenings and which jurisdictions experienced delays. *Appropriations Act* language, along with an appropriation of \$200,000, was passed in the 2015 General Assembly Session, calling for a report by December 1, 2015, on progress toward the completion of screenings within 30 days, the contracting of PAS for children and recommendations for changes to improve the process. This report is in response to that directive.

- As a result of HB 702 and at the direction of the Office of the Secretary of Health and Human Resources (OSHR), DMAS has worked closely with the VDH and the Department for Aging and Rehabilitative Services (DARS) to develop "point in time" reports on children and adult screening requests in communities. In April 2014, a PAS trend analysis indicated that while the overall number of screenings remained constant statewide, the impact of screening requests varied by jurisdiction.

## Report to the General Assembly

- Beginning in September 2014, VDH imposed manual reporting requirements and collected data to determine jurisdictions' operational performance and assess which community-based teams were able to complete PAS within 30 days. In the absence of an automated system, local health districts (LDH) and LDSS tracked the initial request date, date of the home visit, and the date the PAS was completed and mailed to the DMAS contractor for authorization. The reporting process revealed significant operational issues to be addressed:
  - The system lacked uniform definitions to serve as a foundation for reporting and tracking.
  - There was no statewide protocol, including timeframes, for scheduling and processing screening requests; the 119 community based teams (CBTs) developed locality-specific processes to accomplish the requirements described in the DMAS PAS Provider Manual.
  - All documentation and reporting was paper driven and all paperwork was mailed to the DMAS contractor, Xerox, for manual data entry and authorization.
  - While some local jurisdictions had developed effective operational procedures to manage referrals and completion of screenings, there was no process for sharing these "best practices" statewide to assist jurisdictions unable to meet the 30 day benchmark completing screenings.
- To address the above issues, the OSHHR instructed DMAS, in collaboration with VDH and DARS, to reduce the processing time for PAS from request to claims payment, make business process changes to support processing enhancements, work within the current law, and remain budget neutral.
- The 2015 General Assembly, in addition to the changes enacted by HB 702, approved Item 301 QQQQ 1 - 4 in the *Appropriations Act* to: 1) broaden the definition of who could conduct a PAS in the community by including "licensed health care professionals;" 2) direct DMAS to track and monitor requests for screenings and to report on local jurisdictions unable to complete screenings within 30 days; 3) add \$200,000 for fiscal year (FY) 15-16 for contract requirement for children's screenings; and, 4) provide DMAS the authority to promulgate regulations, and implement changes necessary prior to the completion of the regulatory process.

This report describes the progress related to: 1) meeting the requirements for completion of an individual's request for screening within 30 days; 2) implementation of the contract for screening children; and 3) recommendations to improve the pre-admission screening process.

### Progress Meeting the Requirements for Completion of PAS within 30 Days of Request

- Training and Technical Assistance - DMAS, VDH and DARS developed a training and technical assistance plan to: 1) to inform CBTs of the Code requirements of the PAS Process; 2) define timeframes and reporting requirements for responding to requests for screenings; and 3) solicit from CBTs best practices to enhance the PAS process overall. Beginning in March 2015, six training and technical assistance sessions were provided to nearly 800 CBT members. The trainings provided CBTs:
  - a) An overview of legislative requirements (HB 702 and Item 301 QQQQ),
  - b) Initial manual tracking requirements developed by VDH,
  - c) Data resulting from VDH's data collection, and
  - d) Presentations from CBTs on best practices employed in their jurisdictions.

Each session provided the option for participants to access a "chat" option and pose questions to the presenters. Responses to the questions as well as the presentations for each session are posted on the DMAS Website at: [http://dmasva.dmas.virginia.gov/Content\\_pgs/ltc-home.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/ltc-home.aspx) Concurrent with the technical assistance and training, DMAS initiated the Electronic Pre-admission Screening (ePAS), which is discussed below, to replace the manual reporting process and serve as the DMAS reimbursement and tracking mechanism for screening teams and contractors.

Recognizing that some jurisdictions were highly successful at managing the PAS process while others faced challenges, VDH and DARS provided extensive on-site technical assistance. VDH staff in collaboration with DARS hosted 40 CBT meetings to: 1) discuss best practices developed by CBTs; and, 2) share strategies to overcome the inherent challenges of two community agencies, LDH and LDSS,



sharing responsibility for completing PAS. With as many as ten jurisdictions coming together during these meetings, the CBTs benefited from peer-to-peer discussions and mutual problem solving. To ensure that the knowledge gained through these meeting continues to be available, VDH and DARS released *Technical Assistance for Community-Based Preadmission Screening Teams* to each of the 119 CBTs on September 10, 2015.

- Electronic Pre-admission Screening (ePAS) – ePAS is a paperless, automated reimbursement and tracking system for all entities contracted by DMAS to perform PAS. DMAS developed and tested ePAS during the early spring of 2015. On April 17, 2015, DMAS issued a Medicaid Memo to all providers of long-term care and acute care hospitals describing ePAS. From May 1 through June 30, 2015, DMAS elected a “soft-rollout” to allow for voluntary ePAS usage during the period. CBTs accessed ePAS training materials, which included an ePAS User’s Guide and an online tutorial. These resources can be found at: <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal>

Starting July 1, 2015, DMAS required requests for screenings to be submitted and processed through the automated system. Under the leadership of VDH, hospitals were enrolled and received additional time to develop and test their Electronic Medical Record (EMR) internal systems’ interface with ePAS. A December 2015 target will allow all hospitals to fully implement ePAS utilizing their existing EMR systems. Preliminary data available from ePAS shows improved usage and results; for the period May 1 through September 30, 2015, 7,178 screenings<sup>1</sup> have been successfully submitted, approved, and claims paid. DMAS, in collaboration with VDH and DARS, continues to analyze the data to track trends and identify areas needing improvement.

- Tracking and Monitoring – DMAS, in collaboration with VDH and DARS, developed and implemented a two-pronged approach to tracking and monitoring requests and completion for screenings. In the absence of an automated system, VDH had initiated a manual reporting system in September 2014 and provided monthly feedback to each of the 119 CBTs using a locality specific “PAS Dashboard”. The dashboard contained the monthly average days taken by a local jurisdiction to complete a PAS. VDH rolled CBT data into a statewide dashboard and every local jurisdiction received a comparison of its performance with the statewide average for PAS completion time. VDH set the target as the 30 day timeframe identified in HB 702 and the *Code*. In addition to the “dashboard” feedback, a map of Virginia provided a visual report showing local jurisdictions averaging less than 30 days to complete PAS and local jurisdictions averaging longer than 30 days. By September 2015, CBTs made significant progress toward reducing the average number of days for completion of screenings (measured via three month weighted/rolling average) from 36 to 19 days.

DMAS is now collecting data on ePAS to track the requests for screenings and to identify local jurisdictions unable to complete screenings within 30 days of the request.

- In October 2014, data collected by VDH revealed 47% (657) requests for screenings that were over 30 days. By August 2015, DMAS’ ePAS data showed that only 13% (268) of the number of statewide requests for screenings were over 30 days. It is important to note that it is possible for a screening to occasionally go beyond the 30 day threshold due to an individual’s situation including short-term hospitalization or request for rescheduling by the family, which are beyond the control of a CBT. Over this same time period the number of PAS performed statewide on a monthly basis increased dramatically from 1,290 to 1,929 which may be attributed to the elimination of paper processing and statewide implementation of ePAS.
- DMAS’ claims data from the Virginia Medicaid Management Information System (VAMMIS) show a significant increase in the number of screenings. In FY 2014, hospitals and CBTs completed 20,648 PAS statewide. By FY 2015, hospitals and CBTs had completed 23,036 PAS, and that figure only includes partial year data.

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<sup>1</sup> ePAS Trending Stats – 2015.10.06



### Implementation of the Contract for Screening Children

- DMAS initially proposed and received approval from the Department of General Services to enter into a Sole Source Agreement with a contractor for screenings for children. However, during the negotiation process, it became clear that the proposed contractor was unable to provide for all of the deliverables of work desired by DMAS within the appropriated amount. After discussions with VDH officials, VDH indicated interest in assuming the additional responsibility for managing all activities related to screening children and serve as a contractor through the current interagency agreement with DMAS. VDH currently provides the medical component for PAS in each local jurisdiction in Virginia, with LDSS providing the social work/VDH has demonstrated exceptional capacity to reach out to CBTs and hospitals to educate these entities on operational practices to improve efficiencies on the PAS process. DMAS has prepared a modification to the existing Business Associate Agreement (BAA) with VDH to centralize the PAS process for children within VDH. The target date for implementation is January 2016. The benefits of this arrangement to the Commonwealth include:
  - ✓ Every local jurisdiction will have access to the children's contractor, VDH;
  - ✓ VDH currently provides and is familiar with the critical medical component of PAS and already has trained staff prepared for this expanded role;
  - ✓ As a state agency, VDH has the capacity to shift staff/contract resources to meet the changing needs; and
  - ✓ Efficiencies accomplished through VDH's investment to improve PAS services in local jurisdictions through technical assistance directly with LHDs will continue with the centralization of child screenings.

### Recommendations to Improve the PAS Process

- Short-term recommendations include the following:
  - *Promulgate PAS Regulations* – The promulgation of regulations through an interagency collaboration will provide definitions and requirements when screenings shall be performed, which to this point has been a challenge for CBTs and hospital screeners. DMAS is completing work on emergency regulations to “fill in the gaps” for accepting requests for screening and managing the process. Proposed emergency regulations will be submitted to the Office of the Attorney General by mid-December 2015 for review and approval.
  - *Monitoring and Tracking* – DMAS will continue to collect, analyze and post data on the capacity of local jurisdictions to complete screenings within 30 days of the request.
  - *Funding for Contract for Adults in Jurisdictions Unable to Meet 30 Day Requirement* – Even with the improvements to reduce the PAS processing time from request to claims payment, data indicate that a few local jurisdictions will not be able to meet the 30 day requirement. There are two elements that create the lack of capacity at the community level. One is a short-term change in staffing (resignation, medical leave of absence, etc.) that can be remedied with the employment of new staff or return of staff from leave. The second is more long-term chronic inability of the local jurisdictions, with competing demands, to successfully secure resources, retain qualified staff, implement successful operational protocols, and provide management oversight. In both situations, contracting with a vendor to assist in these jurisdictions would remedy the problem if funding was made available.
  - *Outreach to Significant Stakeholder Groups* – In addition to ongoing technical assistance and training for CBTs and hospital screeners, the following stakeholder groups will be invited to participate in sessions to provide feedback on successful practices as well as to identify barriers to a more streamlined process.



- Nursing Facilities and Home and Community Based Providers – Once a PAS is completed, the individual chooses the type of long-term care (LTC) services to best meet their needs. Feedback from these providers will inform DMAS, VDH and DARS regarding additional enhancements needed to best serve individuals who are eligible for Medicaid LTC services.
  - Hospitals – DMAS, VDH and DARS plan several joint meetings between hospitals and CBTs within the hospital's catchment area. The purpose of these meetings will be to enhance the level of cooperation and to share community-based performance outcomes with hospitals.
  - Program of All-Inclusive Care for the Elderly (PACE) Programs – DMAS will facilitate discussions between CBTs and PACE programs to enhance CBTs understanding of PACE as well as to identify strategies for assisting individuals selecting PACE as their choice of LTC service options. Currently, new PACE sites are provided training for all staff as well as all CBT and hospital staff in the catchment areas.
- Long-term recommendations include the following:
    - *Enhancements to ePAS* – As of September 1, 2015, there have been over 5,000 successfully completed PAS requests approved and paid through ePAS. Given that ePAS was not mandated by DMAS for use until July 1, 2015, the volume of electronic pre-admission screenings completed by CBTs and hospital teams exceeds expectations. Building upon these successes, DMAS continues to solicit recommendations for ePAS enhancements. One critical area identified by CBTs and hospital teams is the need for an inquiry capacity for screeners to determine whether an individual has recently received a PAS in another jurisdiction or hospital. The absence of the inquiry option results in time lost by screeners who are forced to duplicate work performed by others screeners for the same individual. All proposals for enhancements are screened, prioritized, and provided to Xerox for assignment of a cost.

**Summary:**

Significant progress has been made over the past year, but there remain enhancements that can be made to reduce the “turn-around” time from an individual’s request for a PAS to the completion of that screening. Statewide data collected by VDH and DMAS show that the number of PAS requests taking longer than 30 days for completion has been reduced from 47% in October 2014 to 13% in August 2015. As the processing time has been reduced, the actual number of requests for PAS has increased to 23,020 in FY 2015; this is the first year DMAS data has shown a “spiked” increase in the number of these requests. Overall collaboration between LDH and LDSS is stronger. The management of the PAS process has been enhanced by ePAS, the elimination of paper documents, and the transition to electronic submission and claims payment. DMAS and VDH are focusing on streamlining the process for screening children through an agreement between the two agencies that will charge VDH with the responsibility of providing all PAS for children. As VDH is strategically located in each local jurisdiction, VDH is uniquely positioned to consolidate children’s screenings within their statewide structure.

DMAS, in collaboration with VDH and DARS, thank the CBTs and hospitals for their willingness to review their PAS protocols, identify best practices and accomplish the many enhancements discussed in this report. Still remaining is the ongoing challenge of ensuring that every Virginian requesting a PAS receives that screening to access the Elderly or Disabled with Consumer Direction, the Technology Assisted and Alzheimer’s Assisted Living Waivers, Program for All-Inclusive Care for the Elderly (PACE) or nursing facility placement promptly and no later than 30 after the request.

