

**REPORT OF THE DEPARTMENT OF
MEDICAL ASSISTANCE SERVICES**

**Improving the Reliability of
Functional Eligibility Screenings
for Medicaid Long-Term
Services and Supports**

TO THE GENERAL ASSEMBLY OF VIRGINIA



HOUSE DOCUMENT NO. 22

**COMMONWEALTH OF VIRGINIA
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COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

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December 1, 2017

MEMORANDUM

TO: Members of the General Assembly

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

A handwritten signature in cursive script that reads "Cynthia B. Jones".

SUBJECT: Improving the Reliability of Functional Eligibility Screenings for
Medicaid Long-Term Services and Supports

The 2017 Appropriation Act, Item 310T, states: “(1) The Department of Medical Assistance Services (DMAS) shall take actions to improve the reliability of Medicaid eligibility screenings for long-term services and supports, including: (i) validation of the children’s criteria used with the Uniform Assessment Instrument to determine eligibility for Medicaid long-term services and supports, and (ii) design and implementation of an inter-rater reliability test for the pre-admission screening process. (2) The department shall work with relevant stakeholders to (i) assess whether hospital screening teams are making appropriate recommendations regarding placements in institutional care or home and community-based care; (ii) determine whether hospitals should have a role in the screening process; and (iii) determine what steps must be taken to ensure the Uniform Assessment Instrument is implemented consistently and does not lead to unnecessary institutional placements. (3) The department shall report to the General Assembly by December 1 on steps taken to address the risks associated with hospital screenings, including any statutory or regulatory changes needed to improve such screenings.”

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

Improving the Reliability of Functional Eligibility Screenings for Medicaid Long-Term Services and Supports

A Report to the Virginia General Assembly

December 1, 2017

Report Mandate:

The 2017 Appropriations Act, Item 310T, states: “(1) The Department of Medical Assistance Services (DMAS) shall take actions to improve the reliability of Medicaid eligibility screenings for long-term services and supports, including: (i) validation of the children’s criteria used with the Uniform Assessment Instrument to determine eligibility for Medicaid long-term services and supports, and (ii) design and implementation of an inter-rater reliability test for the pre-admission screening process. (2) The department shall work with relevant stakeholders to (i) assess whether hospital screening teams are making appropriate recommendations regarding placements in institutional care or home and community-based care; (ii) determine whether hospitals should have a role in the screening process; and (iii) determine what steps must be taken to ensure the Uniform Assessment Instrument is implemented consistently and does not lead to unnecessary institutional placements. (3) The department shall report to the General Assembly by December 1 on steps taken to address the risks associated with hospital screenings, including any statutory or regulatory changes needed to improve such screenings.”

Background

The *Code of Virginia* §32.1-330 requires individuals who will become eligible for community or institutional long-term services and supports (LTSS) as defined in the State Plan for Medical Assistance Services be evaluated to determine if those individuals meet the level of care required for services in a nursing facility. The *Code* authorizes the Department of Medical Assistance Services (DMAS) to require a screening of all individuals who are or will become eligible for Medicaid within six months of admission into a nursing facility. In 2014, §32.1-330 was amended to allow DMAS to contract with additional entities to conduct screenings. Since that time, DMAS has collaborated with stakeholders to make the following enhancements to the screening process:

- Implemented the Electronic Preadmission Screening (ePAS) System to automate the screening and claims processes and enable tracking to support the goal of completed community screenings within 30 days of the request for a screening.
- Promulgated emergency regulations (*2015 Pre-Admission Screening Changes*, 12 VAC30-60-300 et seq.) which added requirements for accepting, managing, and completing requests for community and hospital electronic screenings for community-based and nursing facility services, and using the ePAS system. The public comment period for

About DMAS and Medicaid

DMAS’ mission is to ensure Virginia’s Medicaid enrollees receive high quality and cost effective health care.

Medicaid plays a critical role in the lives of over a million Virginians, providing health care for those most in need. Medicaid enrollees include children, pregnant women, parents and care takers, older adults and individuals with disabilities. Virginians must meet income thresholds and other eligibility criteria before qualifying to receive Medicaid benefits.

Medicaid covers primary and specialty health care, inpatient care, and behavioral health and addiction and recovery treatment services. Medicaid also covers long term services and supports, making it possible for thousands of Virginians to remain in their homes or to access residential and nursing home care.

Quick Medicaid facts:

- Covers 1 in 8 Virginians
- Covers 1 in 3 births and 33% of children
- Supports 2 in 3 nursing facility residents

Virginia Medicaid and Children’s Health Insurance Program (CHIP) are administered by the Department of Medical Assistance Services (DMAS) and are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives \$1 of federal matching funds for every \$1 Virginia spends on Medicaid.

the proposed regulations *2015 Long-Term Services and Supports Screening* ended November 3, 2017, and comments have been incorporated into the final regulations.

- Collaborated with the Virginia Department of Health (VDH) on community screenings for children to ensure consistency and timeliness of screenings for this population.
- Provided ongoing technical assistance and training, primarily through VDH, to support community and hospital screeners.

JLARC Recommendations and General Assembly Actions, UAI Screening for LTSS

The General Assembly's 2015 Session directed the Joint Legislative Audit and Review Commission (JLARC) to study and report to the Governor and the General Assembly on several aspects of Virginia's Medicaid program, including the screening process for long-term care services. In its report, *Managing Spending in Virginia's Medicaid Program* (Senate Document 16, December 2016), JLARC made several recommendations related to legislative and executive actions. Chapter 3 of the report, "Providing Cost-Effective Long-Term Services and Supports," recommended:

- 1) Adding Appropriations Act language to (a) validate the children's criteria used with the Uniform Assessment Instrument (UAI) to determine eligibility for Medicaid LTSS, (b) develop a single, comprehensive training curriculum on the UAI for all screeners conducting screenings for Medicaid LTSS, and (c) design and implement an inter-rater reliability test for the screening process.
- 2) Amending §32.1-330 of the Code of Virginia to require screeners to be trained and certified on the UAI prior to conducting preadmission screenings for Medicaid LTSS.

Following the release of the JLARC report, the 2017 Session of the General Assembly enacted legislation addressing each of the report's recommendations listed above. The 2017 Appropriations Act included the recommended JLARC items, as quoted above in the mandate for this report. In addition, House Bill 2304 amended the *Code of Virginia* at §32.1-330 as follows:

The Department shall require all individuals who administer screenings pursuant to this section to receive training on and be certified in the use of

the uniform assessment instrument for screening individuals for eligibility for community or institutional long-term care services in accordance with the state plan for medical assistance prior to conducting such screenings.

Stakeholder Work Group Recommendation to Streamline the UAI

While taking steps to address the General Assembly mandate for this report, DMAS has also implemented the recommendations of a stakeholder work group to streamline the process for community and hospital screenings. The Automated Enrollment and Disenrollment (AE&D) Work Group, convened in March 2017, recommended simplifying the UAI by identifying the essential fields needed to determine functional eligibility. DMAS completed system changes in ePAS to implement this recommendation in November 2017.

DMAS Actions Taken to Date

DMAS has taken the following steps to address concerns associated with Medicaid functional eligibility screenings for LTSS, as directed by the General Assembly in the 2017 Appropriations Act:

- Collecting evidence on the validity of the UAI as a screening tool for children.
- Developing an inter-rater reliability test.
- Working with a partner to develop automated, module-based competency training for all UAI screeners.
- Creating a certification process to require all screeners to demonstrate competency.
- Addressing questions about hospitals' role in the screening process through the regulatory process, dissemination of information to screeners, and partnership with VDH on training.

Uniform Assessment Instrument: Validity for Children and Inter-Rater Reliability

DMAS is studying the screening process for LTSS and specifically reviewing the impact that the UAI has on placements. The purpose of the UAI study is twofold: (1) to collect evidence on the validity of the UAI as a screening tool for children and (2) to develop an inter-rater reliability test. In this context, reliability refers to the extent to which two or more observers use the UAI to consistently score the functional needs of individuals who are applying for LTSS in Virginia.

DMAS has begun collecting validation evidence to support the use of the UAI in determining eligibility for

children. DMAS has also begun developing an inter-rater reliability test for the UAI. While it is still being developed, the test may involve having external reviewers (either contractors or DMAS staff) accompany screening teams when conducting assessments, scoring the individuals' functional needs, and then measuring the percentage of agreement between the scores. If specific patterns of disagreement are detected, the agency can use this information to focus its efforts on improving the assessment process. DMAS anticipates that the validation study and inter-rater reliability test will be completed by the summer of 2018.

Training and Certification for Screeners

To fulfill the requirements of §32.1-330 of the *Code of Virginia* regarding training of screeners on the use of the UAI screening instrument, DMAS and the Virginia Commonwealth University (VCU) Partnership for People with Disabilities entered into an agreement for the development of automated, module-based competency training for all screeners. The training will ensure that the screener demonstrates knowledge in the following areas: purpose and importance of screening; functional criteria for Virginia Medicaid LTSS; components of a screening and required forms, including the UAI; terminology related to screenings; use of ePAS for submission of screenings; use of person-centered practices; and available community options for LTSS. Hospital screeners will have a specific module in the curriculum to address issues related to screenings in hospital settings. Testing of the curriculum will begin in 2018, with completion by July 1, 2019.

Following deployment of the training, screeners will be required to take the self-paced training and pass a knowledge test to receive a certification. A short refresher training will be required every three years.

Examining Hospitals' Role in the Screening Process

DMAS considers the hospitals, which conduct approximately half of functional screenings for Medicaid LTSS, to be a valuable partner in the screening process. The Department has taken steps to address the questions identified by JLARC and the General Assembly associated with hospital screenings, giving consideration to the importance of avoiding unnecessary placements in institutional care when home and community-based services and supports are a viable option.

DMAS has worked with the Virginia Hospital and Healthcare Association to issue guidance in their widely

circulated newsletter to reach hospital screeners directly. This outreach has resulted in an increase in the number of screenings conducted by hospitals, and a decline in referrals to nursing facilities from hospitals. In addition, VDH has served an important role as a DMAS partner, performing additional training with the hospitals. DMAS's regulatory efforts have resulted in more precise regulatory language on when a screening is required.

Regulations to Improve LTSS Screening Process

The 2017 Appropriations Act mandate for this report is tied to the requirements in HB 2304. HB 2304 instructs DMAS to (1) develop guidelines for a standardized screening process for community and institutional long-term care and ensure that all screenings are performed in accordance with such guidelines, (2) establish and monitor performance according to established standards, and (3) strengthen oversight of the screening process for community and hospital LTSS to ensure problems are identified and addressed promptly. The proposed regulations, *2015 Long-Term Services and Supports Screening* (12 VAC 30-60-300 et seq.), address the screening process. The proposed regulations set out new requirements for screenings: where they are to be conducted, what is to be done with the gathered information and who is to conduct the screenings. The proposed regulations also establish a new local screening staff competency training and assessment requirements; staff must achieve a minimum score of 80 percent in order to conduct screenings. The public comment period for these regulations ended November 3, 2017. In compliance with HB 2304, DMAS will publicly report by August 1, 2018, and annually thereafter, on the outcomes of the performance standards.

Summary

DMAS has made significant progress toward improving the functional screening process for long term services and supports. The Department continues its study of screening and assessment for children, and has streamlined the fields required on the UAI. An automated, competency-based training and certification process is under development. DMAS will continue to work with community-based and hospital screeners to review screening data and address the issues of inter-rater reliability and performance measures. Finally, DMAS continues its participation in the public engagement process to promulgate regulations implementing the mandates of the General Assembly.

