



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

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August 1, 2018

MEMORANDUM

TO: Members of the Virginia General Assembly

FROM: ^{JSL, MD} Jennifer S. Lee, M.D., Director
Virginia Department of Medical Assistance Services

SUBJECT: Functional Eligibility Screenings Training Initiatives due August 1, 2018

This report is submitted in compliance with the Code of Virginia §32.1-330 which states:

A. All individuals who will be eligible for community or institutional long-term care services as defined in the state plan for medical assistance shall be evaluated to determine their need for nursing facility services as defined in that plan. The Department shall require a preadmission screening of all individuals who, at the time of application for admission to a certified nursing facility as defined in § 32.1-123, are eligible for medical assistance or will become eligible within six months following admission. For community-based screening, the screening team shall consist of a nurse, social worker or other assessor designated by the Department, and physician who are employees of the Department of Health or the local department of social services or a team of licensed physicians, nurses, and social workers at the Wilson Workforce and Rehabilitation Center (WWRC) for WWRC clients only. For institutional screening, the Department shall contract with acute care hospitals. The Department shall contract with other public or private entities to conduct required community-based and institutional screenings in addition to or in lieu of the screening teams described in this section in jurisdictions in which the screening team has been unable to complete screenings of individuals within 30 days of such individuals' application.

B. 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 provided in accordance with the state plan for medical assistance prior to conducting such screenings. The Department shall publicly report by August 1, 2018, and each year thereafter on the outcomes of the performance standards.

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

JSL/

Enclosure

pc: The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources

Functional Eligibility Screenings Training Initiatives

A Report to the Virginia General Assembly

August 1, 2018

Report Mandate:

Section 32.1-330 of the Code of Virginia states: A. All individuals who will be eligible for community or institutional long-term care services as defined in the state plan for medical assistance shall be evaluated to determine their need for nursing facility services as defined in that plan. The Department shall require a preadmission screening of all individuals who, at the time of application for admission to a certified nursing facility as defined in § 32.1-123, are eligible for medical assistance or will become eligible within six months following admission. For community-based screening, the screening team shall consist of a nurse, social worker or other assessor designated by the Department, and physician who are employees of the Department of Health or the local department of social services or a team of licensed physicians, nurses, and social workers at the Wilson Workforce and Rehabilitation Center (WWRC) for WWRC clients only. For institutional screening, the Department shall contract with acute care hospitals. The Department shall contract with other public or private entities to conduct required community-based and institutional screenings in addition to or in lieu of the screening teams described in this section in jurisdictions in which the screening team has been unable to complete screenings of individuals within 30 days of such individuals' application.

B. 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 provided in accordance with the state plan for medical assistance prior to conducting such screenings. The Department shall publicly report by August 1, 2018, and each year thereafter on the outcomes of the performance standards.

Executive Summary

The Department of Medical Assistance Services (DMAS) has made significant progress toward improving the functional screening process for long-term services and supports. The Department continues its study of screenings and has streamlined the fields required for the screening in electronic preadmission screening (e PAS). An automated, competency-based training and certification process is under development. The Department plans to monitor the number of screeners trained and certified once the training and certification process is in place. Finally, DMAS continues its participation in the public engagement process with meetings with affected stakeholders.

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.

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 the 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 majority of Medicaid enrollees are children and pregnant women while the majority of costs support aged, blind, and disabled recipients. Virginia's eligibility criteria and administrative expense ratios are among the strictest in the nation.

The *Code* authorizes the 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. As a part of this evaluation, a Uniform Assessment Instrument (UAI) is utilized to assess the functional capacity of the individual being evaluated. Screening team members must use this tool when evaluating individuals for LTSS. 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 completing community screenings within 30 days of the request for screening.
- Promulgated final regulations 12 VAC 30-60-300 et seq. on August 22, 2018, which added requirements for accepting, managing, and completing requests for community and hospital electronic screenings for community-based care and nursing facilities and using the ePAS system.
- 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.

Process and Training Development

To fulfill the requirements of §32.1-330 of the *Code of Virginia* regarding training of screeners on the use of the screening instruments, DMAS and the Virginia Commonwealth University (VCU) Partnership for People with Disabilities entered into an agreement for the development of an automated, module-based competency training for all screeners.

The training was guided by an oversight board that developed the curriculum through a smaller workgroup. The oversight board and workgroup consisted of representatives from the Virginia Hospital & Healthcare Association, LeadingAge Virginia, hospital systems, state and local Department of Social Services, VDH, Virginia Department of Behavioral Health and Developmental Services, Department for Aging and Rehabilitative Services, VCU, University of Virginia, and DMAS.

Training and Certification for Screeners

The training, composed of three modules, will ensure that the screener demonstrates knowledge in the following areas: 1) purpose and importance of screening; 2) functional criteria for Virginia Medicaid LTSS; 3) components of a screening and required forms; 4) terminology related to screenings; 5) use of ePAS for submission of screenings; 6) use of person-centered practices; and 7) available community options for LTSS.

Testing of the curriculum will begin in the fall of 2018. The training system is scheduled to go live in February of 2019. All current screeners will have between February and July 1, 2019 to complete a self-paced training and pass a knowledge test to receive a certification. A short refresher training will be required every three years.

Regulations to Improve LTSS Screening Process

The 2018 Appropriations Act mandate for this report is tied to the requirements in HB 2304 (2017). The enactment clauses within HB 2304 (2017) instruct 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 final regulations promulgated by the Department, (12 VAC 30-60-300 et seq.), address the screening process and were published on August 22, 2018. The regulations set out new requirements and clarified existing 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 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.

Outcomes

Once screening training is initiated, ongoing tracking and monitoring of number and percentage of screeners trained and certified will be ongoing.