



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

JENNIFER S. LEE, M.D.
DIRECTOR

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SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

MEMORANDUM

TO: The Honorable Ralph S. Northam
Governor of Virginia

Delegate Robert D. Orrock, Sr.
Chairman, House Committee on Health, Welfare and Institutions

Senator Stephen D. Newman
Chairman, Senate Committee on Education and Health

FROM: Jennifer S. Lee, M.D. 
Director, Virginia Department of Medical Assistance Services

SUBJECT: Annual Report: Functional Eligibility Screenings Training Initiatives – FY2019

This report is submitted in compliance with the Virginia Acts of the Assembly – Section 32.1-330 B., of the Code of Virginia, which states:

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/kb

Enclosure

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

Annual Report: Functional Eligibility Screenings Training Initiatives - FY2019

A Report to the Virginia General Assembly

August 1, 2019

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.

The Department shall report annually by August 1 to the Governor and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health regarding (i) the number of screenings for eligibility for community-based and institutional long-term care services conducted pursuant to this subsection and (ii) the number of cases in which the Department or the public or private entity with which the Department has entered into a contract to conduct such screenings fails to complete such screenings within 30 days.

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.

About DMAS and Medicaid

DMAS' mission is to improve the health and well-being of Virginians through access to high-quality health care coverage.

DMAS administers Virginia's Medicaid and CHIP programs. Through the Medallion 4.0 and Commonwealth Coordinated Care (CCC) Plus managed care programs, more than 1 million Virginians access primary and specialty health services, inpatient care, behavioral health, and addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to close to 400,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90 percent for newly eligible adults, generating cost savings that benefit the overall state budget.

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 developed and implemented an automated, module based competency training and certification program, which all current Screeners must complete with a passing score of 80% by July 1, 2019. The training is also available to any “guest” who may review the training and are not Screeners. As of May 8, 2019, 679 individuals have registered for the on-line modular training.

Background

The *Code of Virginia* §32.1-330 requires that all 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, shall be evaluated to determine if those individuals meet the level of care required for services in a nursing facility. All applicants for Medicaid LTSS must meet functional criteria (meaning they need assistance with activities of daily living such as bathing, eating, dressing, toileting, transferring, etc.), have a medical or nursing need, and be at risk for institutionalization within 30 days. The *Code* authorizes the Department of Medical Assistance Services (DMAS) to require a screening of all individuals who may need LTSS and who are or will become financially eligible for Medicaid within six months of admission into a nursing facility. The *Code* also requires that all persons who are authorized to conduct Screenings be trained and certified to administer the Screenings.

DMAS promulgated regulation 12VAC30-60-310, Competency Training and Testing Requirements, on August 22, 2018. This regulation requires that each person performing Screenings on behalf of a Screening entity shall complete required training and competency tests. By June 30, 2019, all persons who provide final approval of Screening shall complete and pass training and competency tests with a score of at least 80% prior to performing Screening functions.

Because the same eligibility criteria for LTSS are used across the state, it is important that all Screeners involved in the process be trained in the same manner and receive the same information regarding Screening processes and requirements. DMAS has taken numerous steps to support consistent Screening administration, improve efficiency among Screeners, and

meet the *Code* and *Regulations* for Screening. These efforts included the following:

- Implemented the Electronic Preadmission Screening (ePAS) System to automate the screening and claims processes and enable tracking of Screening administration;
- Promulgated final regulations 12VAC30-60-300 through 12VAC30-60-315 on August 22, 2018, which added requirements for accepting, managing, and completing requests for community-based care and nursing facilities;
- Provided ongoing technical assistance and training to support community and hospital screeners;
- Established a dedicated mailbox for screeners to ask questions and submit concerns; and
- Collaborated with stakeholders and developed an on-line modular competency training and certification program for Screeners.

Training and Certification for Screeners

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 ensures that the Screener demonstrated knowledge of the following areas:

- Purpose and importance of the Screening;
- Functional, medical and risk criteria for Virginia Medicaid LTSS;
- Components of a screening and required forms, including the Uniform Assessment Instrument (UAI);
- Terminology related to Screenings;
- Use of the electronic system for submission of Screenings;
- Use of person-centered practices; and
- Available community options for LTSS.

The training was developed with input from key stakeholders, Screeners, and administrative staff. Each module of the training was reviewed by active Screeners and final testing of the training was completed by Screeners, nurses, social workers and agency representatives.

Each person authorizing Medicaid LTSS must complete the self-paced five-hour training modules and take a corresponding competency test, passing with a score of 80% or better. Although DMAS projected in the 2018 annual report that user testing of the online modular training would begin in the fall of 2018 and the training