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November 18, 2019

Members, Virginia General Assembly
900 East Main Street
Richmond, Virginia 23219

Dear Members of the General Assembly:

I am pleased to provide this report, **Improving the Reliability of Functional Eligibility Screenings for Medicaid Long-Term Services and Supports- FY 2019**.

This report is submitted in compliance with the Virginia Acts of the Assembly –Item 307 H.3 of the 2019 Appropriations Act, which states:

“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.

Respectfully submitted,

A handwritten signature in black ink that reads "Karen Kimsey".

Karen Kimsey

Annual Report: Improving the Reliability of Functional Eligibility Screenings for Medicaid Long-Term Services and Supports–FY2019

A Report to the Virginia General Assembly

December 1, 2019

Report Mandate:

The 2019 Appropriations Act – Item 307 H.3. states “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.”

Executive Summary

The Department of Medical Assistance Services (DMAS) has initiated strategies to improve the administration of Medicaid long-term services and supports (LTSS) Screenings in hospitals through: 1) education, 2) strong technical assistance, and 3) electronic screening submission enhancements. DMAS promulgated new LTSS Screening regulations, revised the Medicaid LTSS Screening manual, released an on-line modular Medicaid LTSS Screening training containing a hospital specific module, and implemented requirements for using certification numbers when submitting LTSS Screening information. The department additionally continues to engage stakeholders through conference calls, webinar training and online access to materials and resources.

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, 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 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 to a nursing facility. In addition, the *Code* specified that for institutional screening, DMAS shall contract with acute care hospitals.

Because the same eligibility criteria for LTSS are used across the state, it is important that all screeners involved in the process administer the LTSS Screening in a consistent manner with results that are comparable and accurate

About DMAS and Medicaid

DMAS’s 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.

from one hospital to another. In order to achieve reliable and accurate LTSS Screenings, all LTSS Screeners must be trained in the same manner and held accountable for the same screening processes and requirements. DMAS has taken the following steps to support consistent screening administration, improve efficiency among screeners, and meet the *Code and Regulations* for Screening:

- Promulgated final regulations 12 VAC30-60-300 et.seq. on August 22, 2018, which added requirements for managing and submitting electronic screenings for community-based care and nursing facilities; and defined the requirement for all LTSS Screeners to be certified and trained;
- Revised and updated the LTSS Screening guidelines document in Chapter IV of the Medicaid LTSS Screening Manual, required for use by all LTSS screeners;
- Promoted the use of 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 all LTSS Screeners.

Education for Screeners

To fulfill the requirements of §32.1-330 of the *Code of Virginia* and regulation 12VAC30-60-310 regarding training of screeners, DMAS and the Virginia Commonwealth University (VCU) Partnership for People with Disabilities entered into an agreement for the development of a self-paced, on-line module-based competency training for all LTSS screeners. The training content includes the following areas:

- Purpose and importance of LTSS Screenings;
- Terminology related to LTSS Screenings;
- Evaluation of functional, medical and at-risk criteria for Virginia Medicaid LTSS;
- Components of a LTSS Screening and required forms; and
- Use of electronic systems for submission of LTSS Screenings.

Each person authorizing Medicaid LTSS must complete the training and take corresponding competency tests, passing with a score of 80% or better. Hospital LTSS Screeners have an additional module designed to test their knowledge of unique hospital issues and LTSS Screening protocols. The training was launched on April 9, 2019. All current LTSS Screeners completed the

training by July 1, 2019 and began providing their assigned certification number when submitting a LTSS Screening into the electronic submission portal. As new LTSS Screening staff are hired by hospitals, LTSS Screening training should be incorporated into the orientation process as no LTSS Screening can be submitted to DMAS without training certification.

Technical Assistance and Outreach for Hospital Screeners

Prior to SFY 2019, technical assistance was available for all LTSS Screeners but was not widely used by hospitals. In the past 12 months, the opportunity to obtain LTSS Screening assistance has been publicized via email, posted in the Medicaid LTSS Screening training, announced through webinars and conference calls, and noted at the bottom of individual LTSS Screening program staff emails.

As part of the DMAS Screening Assistance outreach plan, every hospital received at least one call regarding the requirement for competency training and certification during the Spring of 2019. Those calls generated one-hour follow up sessions for each hospital/hospital system. In addition, eight hospitals received a technical assistance visit from DMAS Screening staff during the state fiscal year.

Electronic Screening System Enhancements

To assure that LTSS Screenings are conducted by trained and certified Screeners, DMAS implemented the requirement of listing certification numbers at the time an LTSS Screening is submitted. This step closes the gap on the potential of non-qualified staff conducting LTSS Screening.

With the enforcement of the requirement that all persons receiving Medicaid LTSS be screened, the DMAS Screening program has experienced an increase in requests for resolving issues such as incorrect social security numbers, errors in demographic data, incomplete LTSS Screenings and denials. By addressing these issues, it assures that LTSS Screening data is linked to the correct individual, screeners are appropriately paid for conducting a screening, and provides for accurate data results.

Outcomes

DMAS' efforts to improve LTSS Screening impacts approximately 40,000 LTSS Screenings a year. Of these screenings, more than 60% are conducted in hospitals. As of September 18, 2019:

- 1,040 hospital LTSS Screeners representing 97 hospitals have been trained and certified to conduct the Medicaid LTSS Screenings;
- DMAS staff provides approximately 20-25 hospitals with technical assistance per week; and
- Every hospital system has been contacted and offered technical assistance and guidance regarding Medicaid LTSS Screening.

Summary

DMAS has made significant progress toward improving the administration of the screening process for long-term services and supports. With the development and implementation of the new on-line, module based training, targeted outreach/technical assistance strategies, and electronic screening enhancements, LTSS Screeners receive consistent education regarding the screening process as well as one-on-one guidance and technical assistance for questions and concerns.