



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

JENNIFER S. LEE, M.D.
DIRECTOR

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

January 15, 2019

MEMORANDUM

TO: Members of the General Assembly

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

SUBJECT: Improving the Reliability of Functional Eligibility Screenings for
Medicaid Long-Term Services and Supports due December 1, 2018

The 2018 Appropriations Act, Item 307 H, 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.

JSL/

Enclosure

pc: The Honorable Daniel Carey, M.D., 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, 2018

Report Mandate:

The 2018 Appropriations Act, Item 307 H, 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 that individuals eligible for community or institutional long-term services and supports (LTSS) as defined under the Virginia State Plan for Medical Assistance Services must 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, claims processes, and enable tracking to support the goal of completed community screenings within 30 days of the request for a screening.
- Promulgated regulations (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. These regulations were effective August 22, 2018

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 more than a million Virginians. 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.

- 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 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 UAI 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.

DMAS Actions Taken to Date

DMAS has taken the following steps to improve the reliability of Medicaid functional eligibility screenings for LTSS as directed by the General Assembly in the 2017 Appropriations Act:

- Collected evidence on the validity of the UAI as a screening tool for children.
- Implemented a stakeholder work group to streamline the process for community and hospital screenings. The group convened in March of 2017. Recommendations were made to simplify the UAI (the Functional portion of the screening process) by identifying the essential fields in the ePAS Screening tool. System changes were implemented in November of 2017
- Conducted a study examining multiple sources of evidence regarding the use of the UAI form in determining eligibility for children and the potential for conducting interrater reliability tests. The study was completed in the summer of 2018 and is currently under review by DMAS.
- Rebranded the program name. The Medicaid LTSS Screening has been known by a variety of names including pre-admission screening. The use of different names has confused Screeners, providers, and the public. The program will now be known as Screening and DMAS plans to be consistent in references to the "Screening" in all new materials, manuals and training.
- Addressed questions about the hospital's role in the screening process, education and dissemination of information to Screening teams and partnering with Virginia Department of Health (VDH) on Screener training.
- Worked with Virginia Commonwealth University (VCU) to develop automated, module-based competency training for all screeners which will include a certification process requirement for all screeners in order to demonstrate competency.
- Conducted an internal study on inter-rater reliability for children's screenings. It found that there was one state that conducted reliability testing for screenings via a contractor at a cost of \$4.2 million for four years with a 50/50 State/Federal match. Because children are less than 2,000 of the 33,000 screenings performed in the Commonwealth, additional study is necessary to determine a cost for contracting reliability testing for adults.

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. The training includes materials useful for hospital screeners, Screening for children, and clarifies the federal Preadmission Screening and Resident Review (PASRR) to ensure individuals living with severe mental illness or intellectual disability or related conditions receive services in the least restrictive setting possible. Testing of the curriculum will begin in the fall of 2018. All current screeners will have completed the training by July 1, 2019. All Screeners with a pass rate of 80% will receive a certificate of completion. After initial certification, all screeners will need to be recertified 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, providing technical assistance and guidance directly to hospital staff, and tracking hospital-screening trends. These efforts have resulted in an increase in the number of screenings conducted by hospitals (from approximately 1200 per month to 1800 a month within a 2 year time period), and an estimated 5% decline in referrals to nursing facilities from hospitals.

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.