



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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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: Karen Kimsey
Director, Virginia Department of Medical Assistance Services

SUBJECT: Annual Report: Timeliness of Medicaid Long-Term Services and Supports Screenings – CY2020

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

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 long-term services and supports screenings for eligibility for community and institutional long-term services and supports conducted pursuant to this section 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 long-term services and supports screenings fails to complete such long-term services and supports screenings within 30 days.

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: Timeliness of Medicaid Long-Term Services and Supports Screenings - CY2020

A Report to the Virginia General Assembly

August 1, 2021

Report Mandate:

Section 32.1-330 of the Code of Virginia states: Every individual who applies for or requests community or institutional long-term services and supports shall be screened prior to admission to such community or institutional long-term services and supports to determine his need for long-term services and supports, including nursing facility services as defined in the state plan for medical assistance services. The type of long-term services and supports screening performed shall not limit the long-term services and supports settings or providers for which the individual is eligible

1. 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 long-term services and supports screenings for eligibility for community and institutional long-term services and supports conducted pursuant to this section 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 long-term services and supports screenings fails to complete such long-term services and supports screenings within 30 days.

Executive Summary

On July 1, 2016, the Department of Medical Assistance Services (DMAS) implemented the use of an automated system that enables Virginia's Medicaid Long-Term Services and Supports Screeners (LTSS) to enter Screening results into an on-line electronic portal. Mandatory use of the electronic screening system enables DMAS to track the number of LTSS Screenings conducted and monitor the length of time it takes between the receipt of a request for a screening and completion of a screening. Due to a variety of interventions and improved communications, Virginia has greatly improved the community screening compliance to conduct Screenings within 30 days of a request.

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 more than 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.

Background

The Code of Virginia §32.1-330 requires that all individuals who request or will become eligible for community or institutional LTSS, as defined in the State Plan for Medical Assistance Services, shall be screened to determine if those individuals meet the level of care required for those services. All applicants for Medicaid LTSS must meet functional and physical criteria (meaning they require 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 DMAS to require a screening of all individuals who may need LTSS and who are or will become financially eligible for Medicaid. These screenings occur in communities, conducted by trained screeners from the local departments of health and social services, hospitals and beginning January 1, 2021 in nursing facilities under certain circumstances. As of June 30, 2021, 511 screenings were conducted in nursing facilities.

In order to assure that LTSS Screenings occur in a timely manner, DMAS has completed the following:

- Established procedures and processes to enable community based agencies, hospitals and nursing facilities to conduct LTSS Screenings for individuals who request or need Medicaid LTSS;
- Provided ongoing technical assistance, training and certification of screeners to support community, hospital and nursing facility screeners;
- Provided monthly WebEx training for LTSS screeners to ask questions, discuss identified challenges in the screening process, and receive technical assistance; and
- Revised the Screening section in the Medicaid LTSS Provider Manual, which is a resource that provides essential screening information.

DMAS has also initiated the process of procuring Inter-rater Reliability (IRR) services for Medicaid LTSS Screenings via a selected contractor.

Outcomes

DMAS reviews and analyzes data on the numbers of LTSS Screenings completed and the completion times for Screenings conducted by screeners on a monthly basis.

For calendar year 2020, 44,750 Screenings for Medicaid LTSS were conducted. Hospitals conducted 62% of those screenings (27,626) and community-based teams conducted 38% (17,124). Ninety-four percent of LTSS Screenings conducted in the community were completed within the 30 day time frame with a statewide average of LTSS Screenings being conducted within 17.4 days of a request. Figure #1 displays the total number of community-based LTSS screenings completed during CY2020. The dark blue line represents the total number of screenings for the month; the green line represents LTSS screenings completed within the required time frame of 30 days, and the purple line represents LTSS screenings taking 31 days or more to complete.

Figure #1

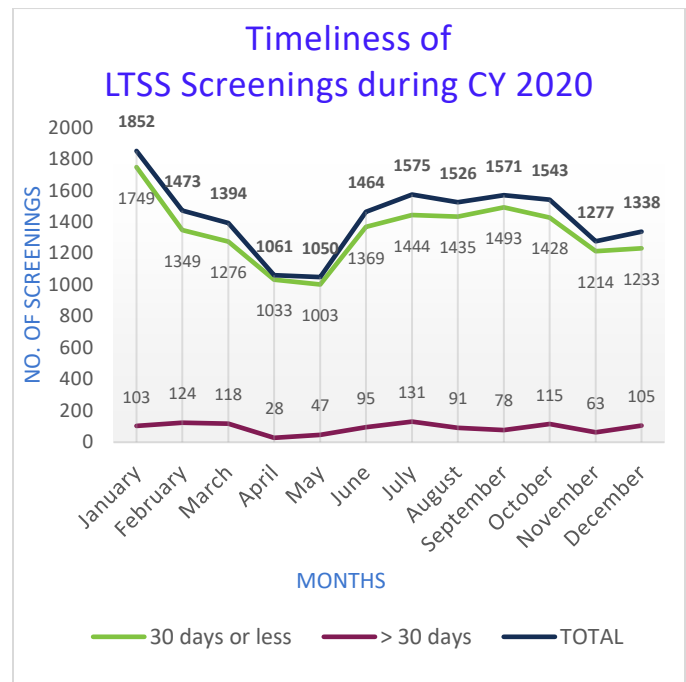
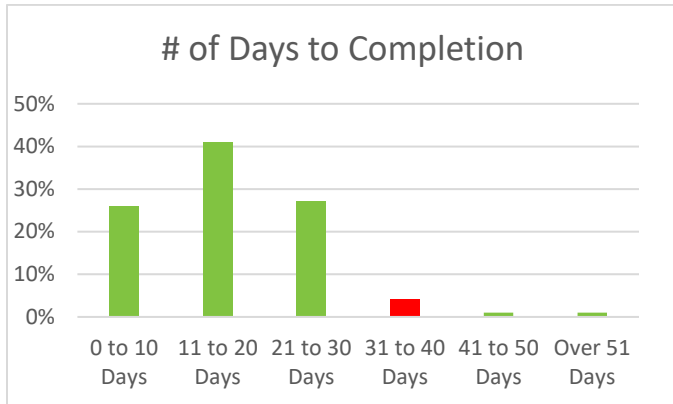


Figure #2 below reflects the total number of days in which LTSS screenings were completed by all localities during CY2020. For LTSS screenings completed within the required 30 day time frame during CY2020:

- 26% were completed within 10 days or less;
- 41% were completed within 11 to 20 days; and
- 27% were completed within 21 to 30 days.

For LTSS screenings that were not completed within the required 30 day time frame:

- 4% were completed within 31 to 40 days;
- 1% were completed within 41 to 50 days; and
- 1% were completed in over 51 days.



The primary reason LTSS Screenings were not completed within the 30-day timeframe in CY2020 was due to lack of available staffing at the local level. Staff who conduct LTSS Screenings in communities are local social services and health department staff. Beginning in March 2020 these staff members were often needed to support COVID-19 mitigation efforts including conducting contact tracing. This resulted in temporary staffing shortages in some communities and delays in conducting LTSS Screenings.

Summary

DMAS has made significant progress toward improving the LTSS Screening process for individuals seeking Medicaid long-term services and supports. Currently, 94% of all LTSS screenings in the community are conducted within 30 days of a request. DMAS continues to review LTSS Screening results and make necessary adjustments with technical assistance and outreach provided to LTSS Screeners in both the community and in hospitals. This outreach is specific in addressing issues identified through data review and questions from LTSS Screeners. Finally, DMAS continues its participation in the public engagement process by conducting regular meetings with affected stakeholders.