



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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September 22, 2023

MEMORANDUM

TO: The Honorable Glenn Youngkin
Governor of Virginia

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

Senator L. Louise Lucas
Chairman, Senate Committee on Education and Health

FROM: Cheryl Roberts
Director, Virginia Department of Medical Assistance Services

SUBJECT: Annual Report: Timeliness of Medicaid Long-Term Services and Supports Screenings – CY2022

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 804-664-2660.

CR/wf
Enclosure

Pc: The Honorable John Littel, Secretary of Health and Human Resources

Annual Report: Timeliness of Medicaid Long-Term Services and Supports Screenings - CY2022

A Report to the Virginia General Assembly

September 22, 2023

Report Mandate:

Section 32.1-330 of the Code of Virginia states: C. 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.

I. 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 an automated system that enables Virginia's Medicaid Long-Term Services and Supports Screeners (LTSS) to enter Screening results into an online 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 the 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

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage.

The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for over 2 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as 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 600,000 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% 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 in nursing facilities under certain circumstances.

To help support and monitor the timely completion of LTSS Screenings occur in a timely manner, DMAS has completed the following:

- Launched a new electronic Medicaid LTSS Screening (eMLS) system in April 2022. This new system features more self-serve features such as enabling screeners to correct their own screening errors, provides a snapshot of the criteria met by an individual, incorporates a process for making critical changes to demographic information, computer edits immediately notify screeners of data entry errors and missing data, and allows screeners to submit an LTSS Screening and have immediate results to share with providers.
- Developed a data dashboard that enables users to track up-to-date screening results and the timeliness of those screenings. This dashboard enables the DMAS to provide point-in-time data to screening entities and partners and fulfill ad hoc requests for data for evaluating screening processes.
- Provided ongoing technical assistance, training, and certification of screeners to support community, hospital, and nursing facility screeners. During calendar year (CY) 2022, 746 new screeners were certified, and 2,325 screeners were recertified. At the end of CY2022, there were 6,188 active screeners. In total, during the years of training availability,

7,390 people have been certified to be screeners in the Commonwealth.

- Provided monthly WebEx training for LTSS screeners to ask questions, discuss identified challenges in the screening process, and receive technical assistance.

Outcomes

DMAS reviews and analyzes data on the number of LTSS Screenings completed, LTSS choices made by individuals, and the completion times for Screenings conducted by community screeners.

For the CY2022, 44,980 Screenings for Medicaid LTSS were conducted. Hospitals conducted 46% of those screenings (20,572), community-based teams conducted 46% (20,707), and nursing facilities conducted 8% of the screenings (3,701). Eighty-five percent of LTSS Screenings conducted in the community were completed within the 30-day time frame.

Figure #1 displays the total number of community-based LTSS screenings completed during CY2022. The top dark blue line represents the total number of screenings for each month; the green line represents LTSS screenings completed within the required time frame of less than 30 days; and the purple line represents LTSS screenings taking more than 30 days to complete. The average number of days it took community-based teams to complete a screening was 30.6 days.

Figure #1

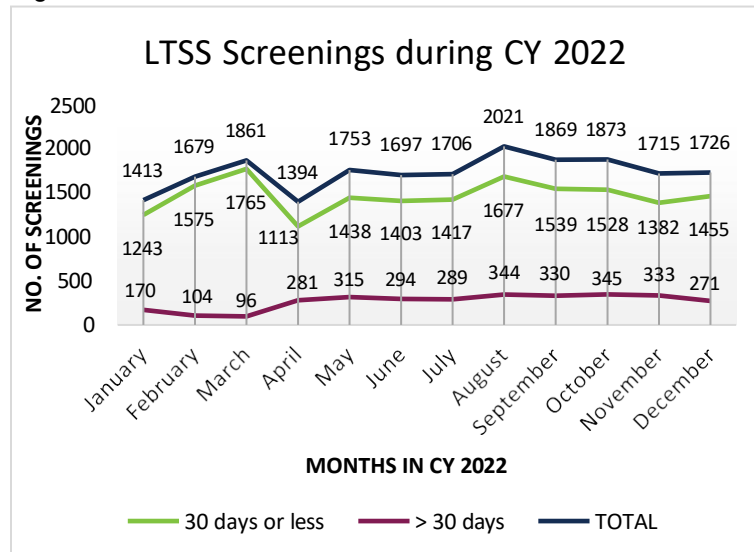
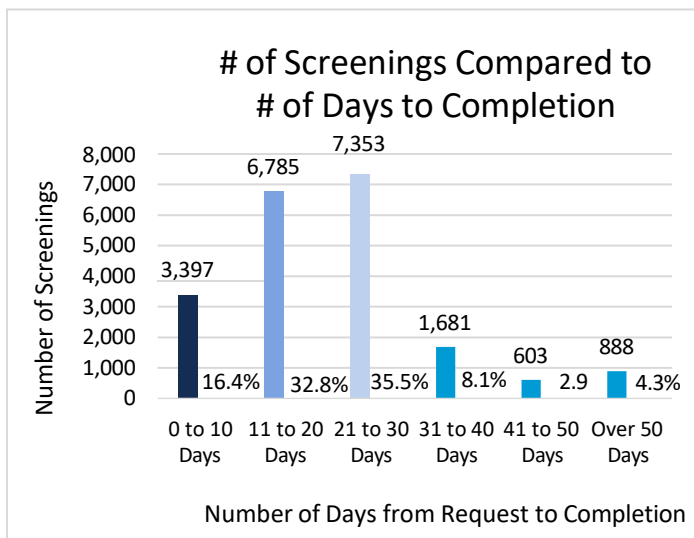


Figure #2 below reflects the total number of days in which LTSS screenings were completed by all localities during CY2022. For LTSS screenings completed within the required 30-day time frame during CY2022:

- 16% were completed within ten days or less;
- 33% were completed within 11 to 20 days; and
- 36% were completed within 21 to 30 days.

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

- 8% were completed within 31 to 40 days;
- 3% were completed within 41 to 50 days; and
- 4% were completed in over 51 days.



Local staffing issues remain a primary reason LTSS Screenings are not completed within the 30-day timeframe. LTSS Screenings in communities are conducted by local social services and health department staff. Most of the staff who conduct LTSS Screenings also have other job responsibilities, which require covering assignments across multiple disciplines in their departments. Since the beginning of the COVID-19 public health emergency (PHE), local departments of social services and health have experienced staffing problems. Due to emergency situations, staff have been assigned additional duties. As the PHE started to dissipate, staff resignations began. Localities have had trouble filling positions, often having to launch multiple recruitment efforts for one position. Once staff is hired, there is an orientation and training period that must occur, which has impacted the ability for localities to respond timely to requests for LTSS screenings. All staff conducting the screenings must complete training and be certified to assess the long-term care needs of

individuals and appropriately record the results of screening.

In addition, by both federal and state laws, physicians must review and approve the final determinations made through a screening. Physicians in local health departments serve as the key health professional for a health district. Due to the increased responsibilities during the COVID-19 emergency, reviewing and certifying the results of the screenings have sometimes been delayed.

Summary

DMAS continues to review LTSS Screening results and make necessary adjustments with technical assistance, outreach, and system changes related to LTSS Screeners in the community, hospital, and nursing facility. These changes have been made to ensure accurate and timely submissions of screenings. In CY2022, significant enhancements were made to the electronic record-keeping system for screenings. These enhancements were focused on assuring accurate information is entered into the system and that Screeners can immediately access documentation of screening results. Guidance provided to screeners is specific in addressing issues identified through data review and questions from LTSS Screeners. In CY2022, 85% of all LTSS screenings in the community were conducted within 30 days of a request. Data for the first quarter of CY2023 documents that 90% of the LTSS Screenings are being completed within 30 days of a request for screening. During this period, 569 screenings were late, covering multiple localities, with localities having varied results in completing screenings. DMAS continues to work with its VDH and local DSS stakeholders to resolve problems impacting the timely completion of community LTSS screenings.