



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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August 1, 2024

MEMORANDUM

TO: The Honorable Ghazala F. Hashmi
Chair, Senate Education and Health Committee

The Honorable Mark D. Sickles
Chair, House Health and Human Services Committee

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

SUBJECT: The Long-Term Services and Supports Screenings for Eligibility
Report – CY23

This report is submitted in compliance with Item 32.1-330 of the Code of Virginia, which states:

K. 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 CY 2023

August 2024

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. K. 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 screening 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 time it takes between receiving a request for a screening and completing 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.

DMAS has continued to review LTSS Screening results and makes necessary adjustments through 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 screening submissions. In CY2023, 91% of LTSS screenings were conducted within 30 days of the request, a six percent improvement over the previous year.

Ensuring the timeliness and accuracy of the LTSS screenings continues to be a priority. DMAS continues to work with VDH and local DSS stakeholders to resolve problems impacting the timely completion of community LTSS screenings.

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 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 primarily in communities and hospitals, with a smaller number in nursing facilities. Screenings are conducted by trained screeners from the local departments of health and social services, hospitals, and nursing facilities under certain circumstances.

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

- Launched a new electronic Medicaid LTSS Screening (eMLS) platform, which was completed in 2022 and was modified for enhancements throughout CY 2023. This system showcases more self-serve features, such as enabling screeners to correct their 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 DMAS to provide point-in-time data to screening entities and partners and fulfill ad hoc requests for data to evaluate screening processes.
- Provided ongoing technical assistance, training, and certification of screeners to support community, hospital, and nursing facility screeners. During calendar year (CY) 2023, 1,169 new screeners were certified, 200 for Community-Based Teams, 690 for Hospitals, and 279 for Nursing Facilities. A total of 167 screeners were recertified, including 60 for community-based teams, 64 for Hospitals, and 43 for NFs. In total, 7,448 have been certified as screeners in the Commonwealth since the training became available.
- Provided monthly 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 CY 2023, 48,720 screenings for Medicaid LTSS were conducted. Hospitals conducted 48% of those screenings (23,196), community-based teams conducted 48% (23,390), and nursing facilities conducted 4% of the screenings (2,134). Community-based screening teams conducted 91% of LTSS Screenings within the 30-day time frame, an increase from CY 2022, in which 85% were conducted within the 30-day time frame.

Figure #1 displays the total number of community-based LTSS screenings completed during CY 2023. The top line represents the total number of screenings for each month; the middle line

represents LTSS screenings completed within the required time frame of less than 30 days; and the bottom 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 21.65 days.

Figure #1

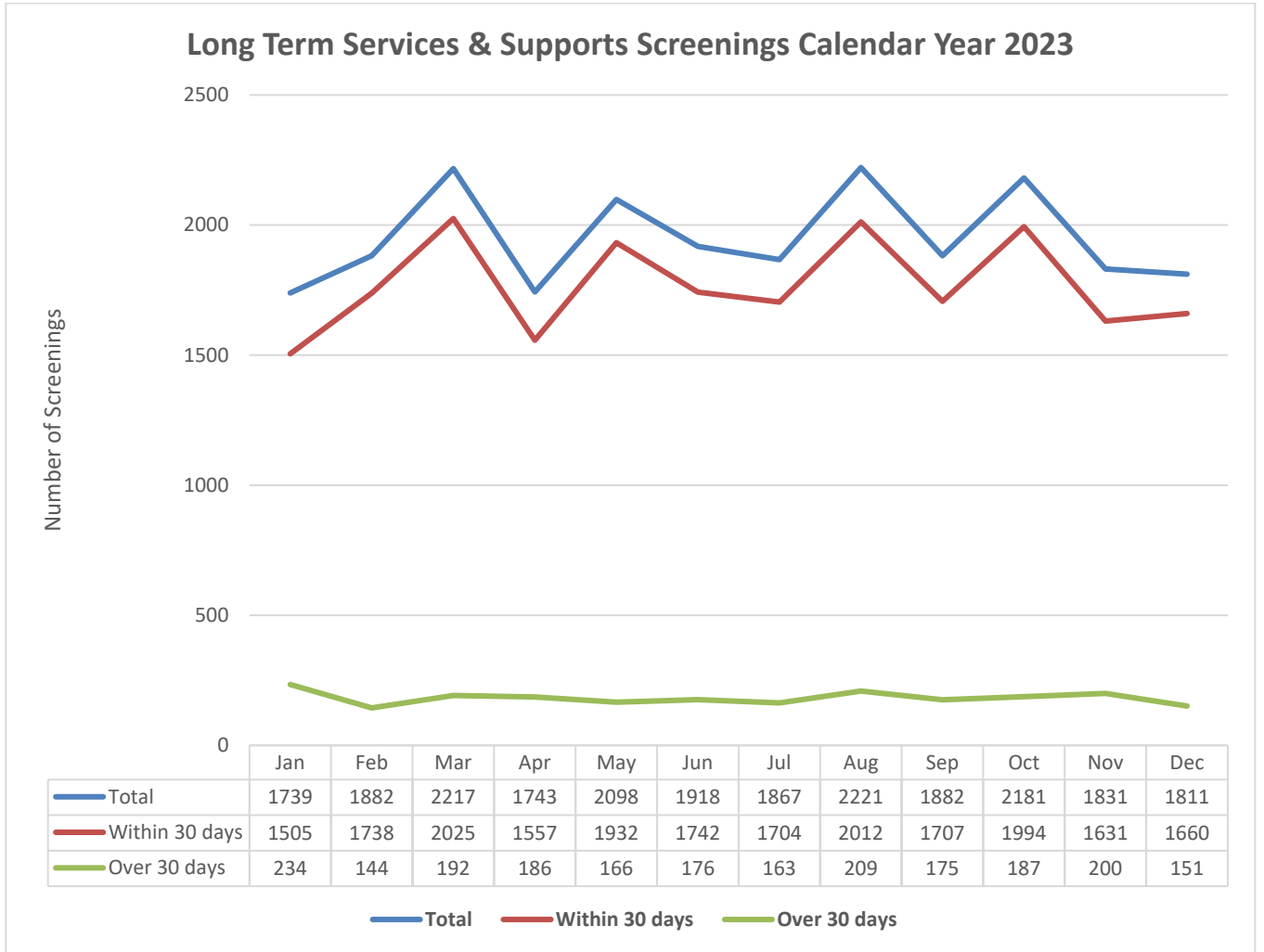


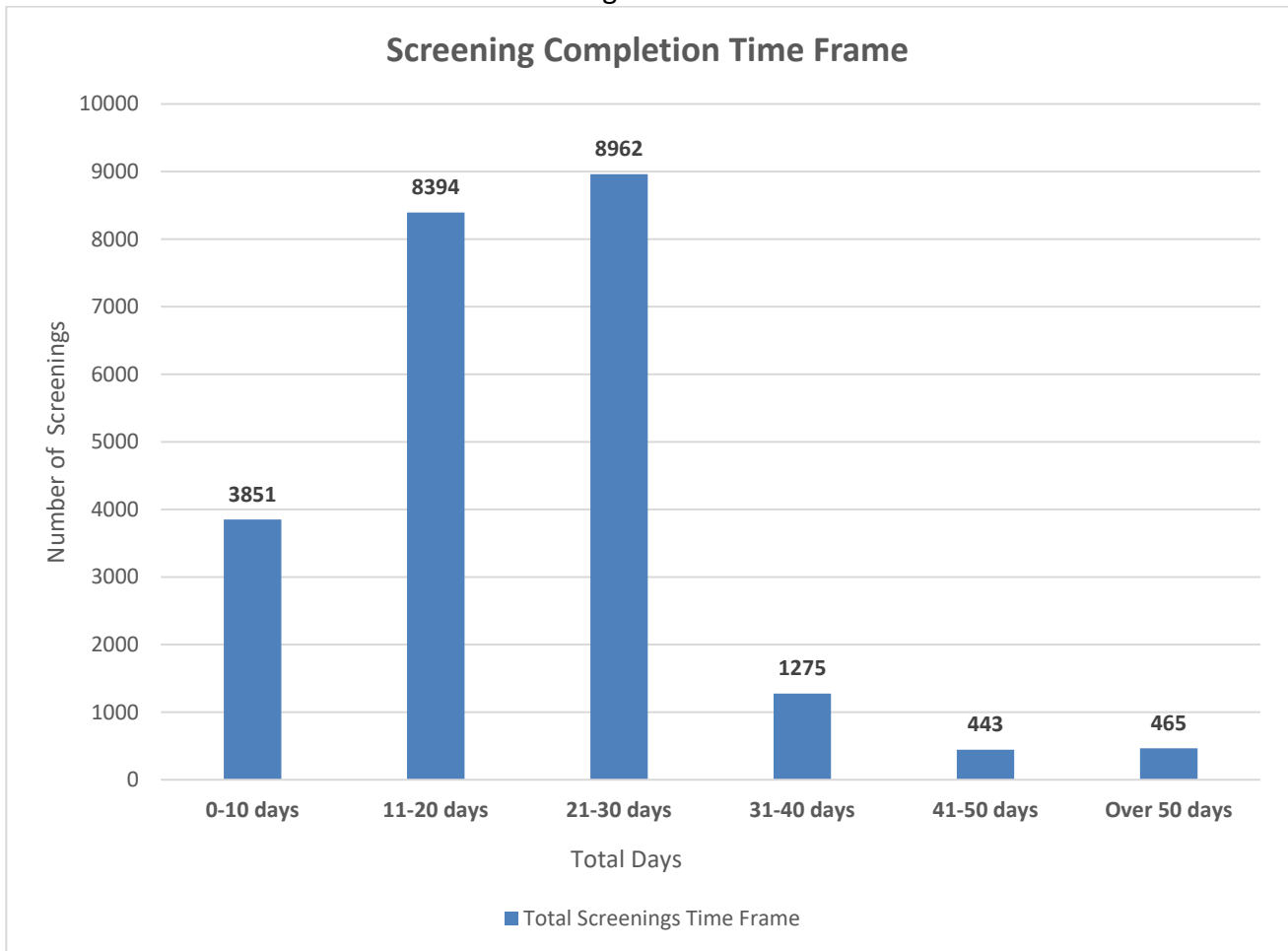
Figure #2 below reflects the total number of days in which all localities completed LTSS screenings during CY 2023. For LTSS screenings completed within the required 30- day time frame during CY 2023:

- 16.5% (3,851) were completed within ten days or less;
- 35.9% (8,394) were completed within 11 to 20 days; and
- 38.3% (8,962) were completed within 21 to 30 days.

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

- 5.5% (1,275) were completed within 31 to 40 days;
- 1.9% (443) were completed within 41 to 50 days; and
- 2% (465) were completed over 51 days.

Figure #2



Local departments of health and social services conduct LTSS screenings in communities. Staffing at the local level continues to remain the primary reason LTSS screenings are not completed within the 30- day timeframe.

The 2024 General Assembly passed two legislative initiatives that will impact screenings. House Bill (HB) 729/Senate Bill (SB) 620 provides authority for providers of the Program of All-Inclusive Care for the Elderly (PACE) to conduct screenings when the individual requests PACE services or the Community-Based Team is unable to conduct the screening within 30 days. Similarly, HB291/SB24 allows the NF and CBT to collaborate to determine which entity can conduct the screening most expeditiously when the Community-Based Team is unable to conduct the screening within 30 days, and the individual is in imminent need of services.

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 an approximate 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.