



LTSS Screening Connections

Skilled Nursing Facility

Screening Team Focus

July 11, 2023

Office of Community Living (OCL)

Welcome!

Happy July

We appreciate
all of your
hard work!



Logistics



Post your questions for today's session in the **Chat box**.

Click the speech bubble icon at the top of the screen to maximize the Chat feature.

Today's Agenda:



Important Updates and Reminders



Frequent Questions from Screening Assistance



Question and Answer Period





Today's focus: Skilled Nursing Facility Screening Team Frequent Questions

*Presented by
Dena Schall*

Division and Staff Update:



**The LTSS Screening Program has been moved to the
Office of Community Living (OCL)**

LTSS Screening Program former staff members:

- Roberta Matthews who provided LTSS Screening technical assistance to Hospitals, CBTs, PDN, and Children has moved to another Division doing a different role.
- Deloris Hodges who works with Automated Enrollment and Disenrollment-A, E,& D has also moved to another Division.

**ALL LTSS Screening Questions go to
ScreeningAssistance@dmas.virginia.gov**

**Do not call or send questions to
individual staff members.**



Ramona Schaeffer
Supervisor



Myra Isaacs
Technical Assistance for
Screening Assistance Mailbox
and PASRR for MI/ID/ RC



Ivy Young
Technical Assistance for
Screening Assistance Mailbox,
Screening Connections Webex,
& Communications



Dena Schall
Technical Assistance for
Screening Assistance Mailbox
and eMLS

Update

**DMAS Office of Community Living (OCL)
LTSS Screening Program Staff**

Update:



Updated Record and Retention Law:

Screening Teams, must retain or be willing to pull the screening information for:

- 10 years for Adults
- Age 28 for a Child

If your facility conducted the Screening, then your staff are responsible for retrieving copies from your archives for anything prior to 2016 or pull from eMLS for those 2016 to current.

Important Update:



2023 General Assembly updated the Code of Virginia, § 32.1-330. Long-term services and supports screening required.

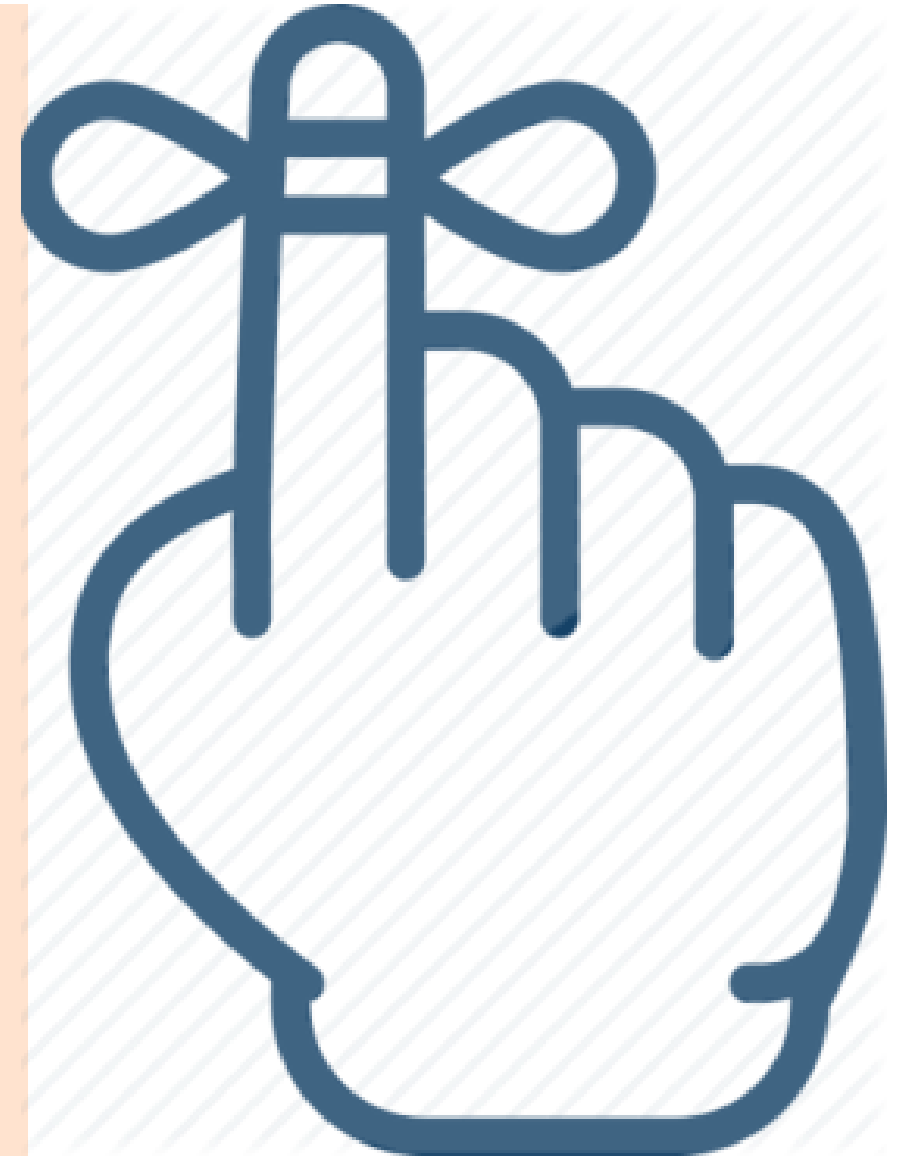
- **The new section will be entered into the law July 1, 2023. DMAS will be sending out a Medicaid Bulletin/Memo soon with more information.**

This is what is being added:

G. If an individual is admitted to a skilled nursing facility for skilled nursing services and such individual was not screened but is subsequently determined to have been required to be screened prior to admission to the skilled nursing facility, then the qualified staff designated in subsection F may conduct a screening after admission. Coverage of institutional long-term services and supports under this subsection by the Commonwealth's program of medical assistance services indicated by the screening shall not begin until six months after the initial admission to the skilled nursing facility. During this six-month period, the nursing home in which the individual resides shall be responsible for all costs indicated for institutional long-term services and supports that would otherwise have been covered by the Commonwealth's program of medical assistance services, without accessing patient funds. Six months after the date of admission to the skilled nursing facility, and as indicated through the eligibility determination, the Commonwealth's program of medical assistance services shall assume coverage of such services. To the extent that sufficient evidence is provided to indicate that the admission without screening was of no fault of the skilled nursing facility, the Department shall begin coverage of institutional long-term services and supports under this subsection by the Commonwealth's program of medical assistance services immediately upon the completion of the functional screening indicating nursing facility level of care pending the financial eligibility determination.

Reminders for LTSS Screeners:

- Do not force Pseudo Socials or select “Do not know” for the Social Security Number if the individual actually has a Social Security Number. This will cause big problems with the LTSS Screening and payment for the provider. **You must obtain and use the real SSN.**
- For any Voids and Corrections/Clones that occur, please make sure to use original signature date in the corrected Screening. It is most important that the **Physician uses the original date so that it doesn't create payment issues.**
- **You are required to provide copies to Health Plans and Medicaid Providers who request a copy of the LTSS Screening.**

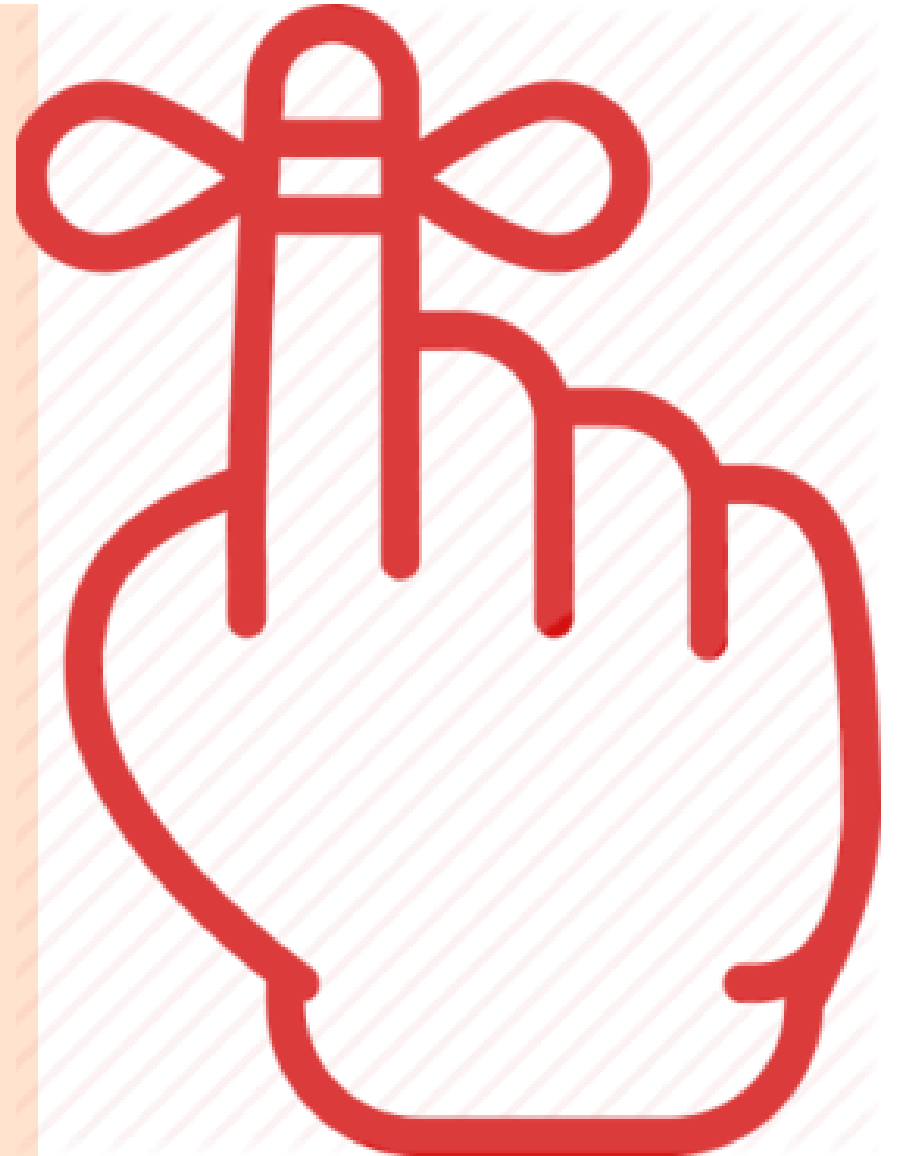


Reminders for LTSS Screening Teams:

The Community Based Team (VDH/DSS) may come into the NF and conduct LTSS Screenings for the following scenarios:

- Individual is in the Custodial NF without a LTSS Screening and wants to discharge home with the CCC Plus Waiver or PACE (this is located in the current manual)
- If Someone is screened in the Hospital/prior to SNF/Rehab admission but did NOT meet NF level of care criteria (Denied Screening). That person can still be admitted to the SNF/Rehab for care, but Medicaid will NOT pay for long term care if the person moves to ICF nor is the person eligible to discharge home with CCC Plus Waiver or PACE. Should the person's condition deteriorate while in the SNF/Rehab ... this would be a change in health status and in these situations, we'd ask the CBT to come in and screen the person again while in the SNF.
- Other Rare Circumstances that DMAS gives a provision for CBTs to do a screening (located in the current manual): Example- Non-Medicaid-certified SNFs who don't have access to MES as a non-Medicaid provider.

If you have other rare situations that you are not sure about, please contact
ScreeningAssistance@dmas.virginia.gov

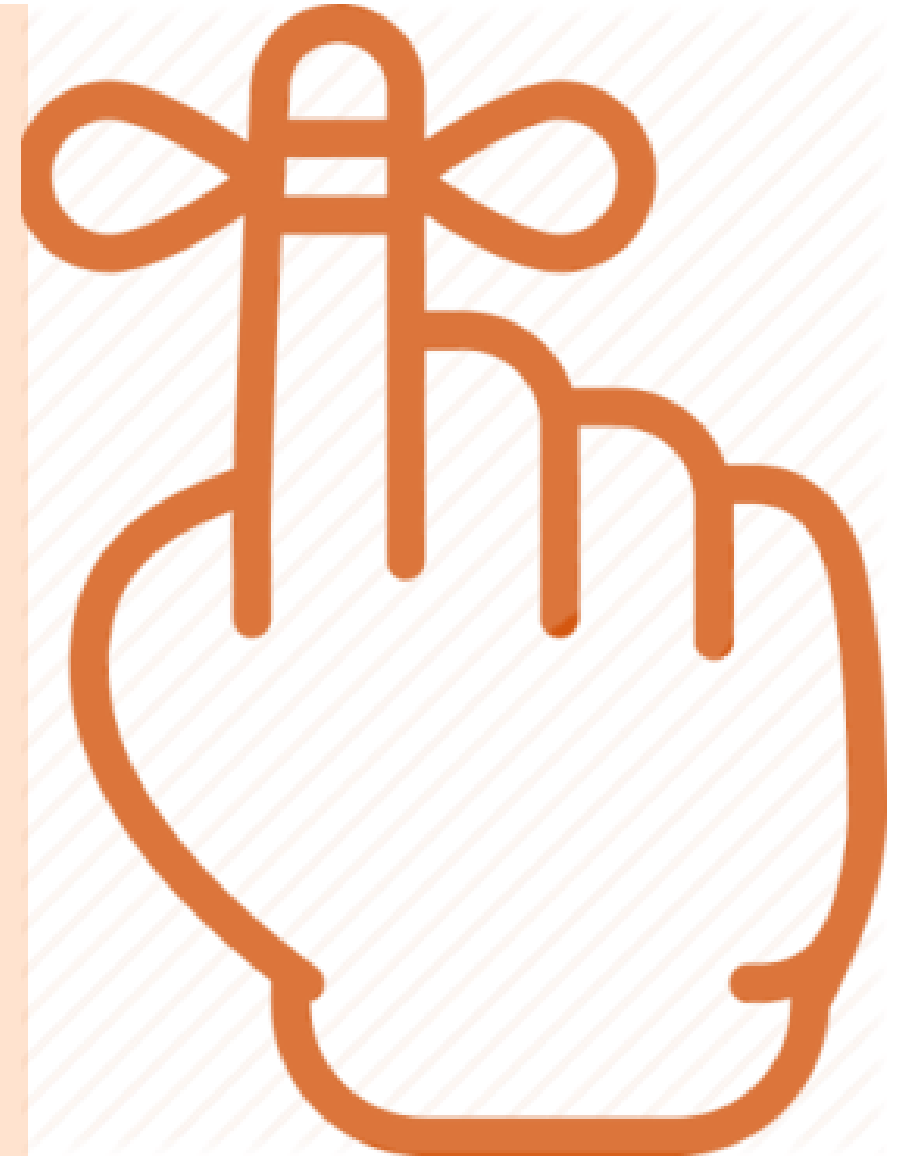


Reminders for LTSS Screenin Teams:

Check screenings for accuracy and validity:

- Screening must have all of its required forms and be in Accepted Authorized status for Medicaid LTSS to begin (CCC Plus Waiver, PACE, and Long-Term Custodial NF)
- Screening must be for the correct individual and correct Medicaid Number/Social Security Number. The Medicaid ID and Social Security Number are directly related to how the Screening is attached in the Medicaid MES System. If this is incorrect, it could cause issues with payment because the LTSS Screening will not be found in the system under correct identifying information.
- Be within the Screening General Timelines.

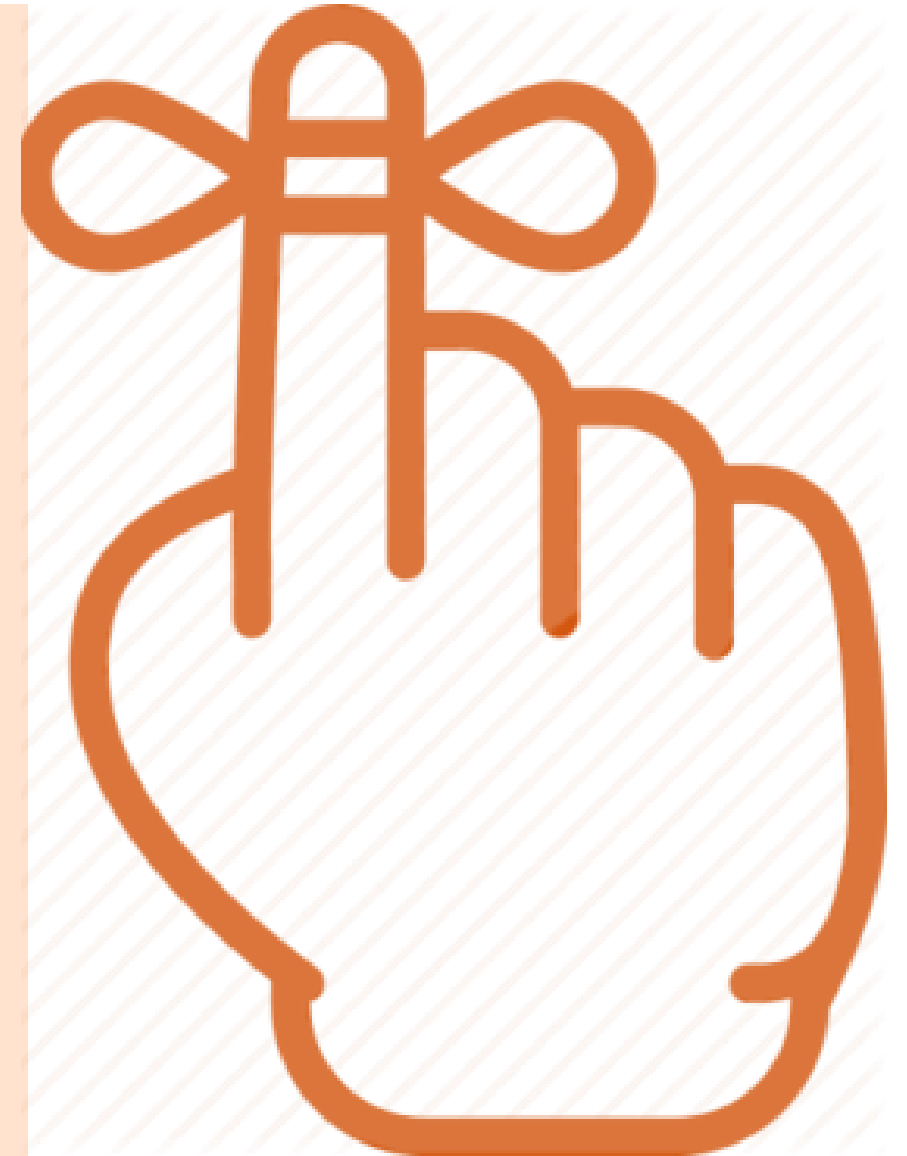
Note: If Someone is screened in the Hospital/prior to SNF/Rehab admission but did NOT meet NF level of care criteria. That person can still be admitted to the SNF/Rehab for care, but Medicaid will NOT pay for care if the person moves to ICF -Custodial Long Term NF side nor is the person eligible to discharge home with CCC Plus Waiver or PACE.



Reminders for LTSS Screenin Teams:

General Screening Timelines:

- Once a screening has been finalized, it does not expire while the individual remains enrolled for CCC Plus Waiver, PACE or NF. If the individual is enrolled in Medicaid LTSS Services (Waiver, PACE, SNF/NF) and is disenrolled from CCC Plus Waiver or PACE or discharged from the NF for other reasons than they didn't meet NF Level of Care (LOC) requirements, the individual may transition to another LTSS provider within 30 days. After 30 days the individual must re-apply for Medicaid LTSS and a new screening is required. If the individual is terminated because they didn't meet NF LOC requirements, then the individual would need a new LTSS Screening to reapply for Medicaid LTSS.
- Screenings completed prior to a discharge from a SNF for persons who are enrolled into Medicaid while in the SNF, including health plans and FFS, have 30 days post SNF discharge to enroll in the CCC Plus Waiver or PACE or a new LTSS Screening is required.
- If the individual is not a Medicaid member (non-Medicaid) at SNF discharge, the person has one year from the date of physician's signature on the screening to be enrolled in LTSS. After a year, a new LTSS Screening is required.
- Individuals who have a screening conducted but are not enrolled in Medicaid LTSS within 1 year of the date of the physician's signature will require a new screening for enrollment (Emergency Regs: 12VAC30-60-315 D).



Frequently Asked Questions from SA



Q: Are there any times in a NF Admission where the LTSS Screening is not required?

A: Yes, per the LTSS Screening Law and Manual, there are Special Circumstances when a LTSS Screening is not required.

When an individual is:

- **Coming into the SNF or Custodial NF as Private Pay (you can not foresee the individual needing Medicaid anytime soon). Private Pay includes out of pocket cash, private insurance, and those who are Medicare Only.**
- **Admitting from Out of State**
- **Admitting from a Veterans Administration or Military Hospital**
- **Admitting from a Department of Behavioral Health and Developmental Services (DBHDS) Facility**
- **Admitting under Hospice Benefit**

Frequently Asked Questions from SA



Q: What do I do when the Hospital states that the individual does not need a new LTSS Screening when I have done the research as an Admissions staff member and know that a new one IS needed for admission (example: Screening is over a year old, and the individual does not currently have Medicaid LTSS)?

A: Let them know why a new one is needed per law for your admission, and they can contact Screening Assistance for clarification at ScreeningAssistance@dmas.virginia.gov
If the Hospital refuses to the LTSS Screening then you may have to consider the risks of non-payment if you take the individual anyway.

Frequently Asked Questions from SA :

Q: How do I know if my LTSS Screening is valid for my Long-Term NF Admission?

A: Find out if the individual already has Medicaid LTSS and if the admission is a transition from one Medicaid LTSS Program choice to another (NF, CCC Plus Waiver, or PACE). If so, this would mean that the original Screening used to enroll the individual into Medicaid LTSS is used and passed on to your facility (this may mean that the Screening is older). Keep in mind those Screenings conducted prior to July 1, 2019, may be under the "Grandfather Provision" if you can not find a tangible copy of the Screening.

*If the individual is **NOT** currently in Medicaid LTSS, then you would look to the Screening General Timelines to see if your LTSS Screening is valid before admission (covered in the reminders section).*

- **ALWAYS:** If the individual is in a Cardinal Care Health Plan, then contact the Health Plan Care Coordinator for assistance in checking and confirming for Validity of the LTSS Screening. They are the best ones to review with you.
- If the individual is Fee For Service or is not in a Medicaid Health Plan, then contact the DMAS LTSS Screening Unit at: ScreeningAssistance@dmas.virginia.gov. We will try to assist.

Frequently Asked Questions from SA :

Q: What does the NF do when the individual appears to not meet NF Level of Care anymore while in the ICF-Long Term Custodial NF under Medicaid LTSS?



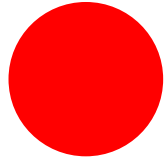
A: Keep in mind that Screening Assistance is for Screening Questions, however we have been getting this question from multiple facilities and we have confirmed the answer with our colleagues. In the NF Manual it states that the attending physician initiates any actions regarding LOC changes.

- For individuals enrolled in managed care, it is appropriate for the facility to contact the MCO Health Plan to discuss possible transition planning.
- For those that are FFS, the NF will have to follow guidance in the NF Manual.

Resources

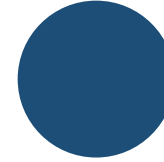


Validity Check for LTSS Screening



Health Plan

If the individual is in a **Cardinal Care Health Plan**, then contact the Health Plan Care Coordinator for assistance in checking for Validity of the LTSS Screening.



Fee For Service

If the individual is Fee For Service or is not in a Medicaid Health Plan, then contact the DMAS LTSS Screening Unit at:
ScreeningAssistance@dmas.virginia.gov
We will try to assist.

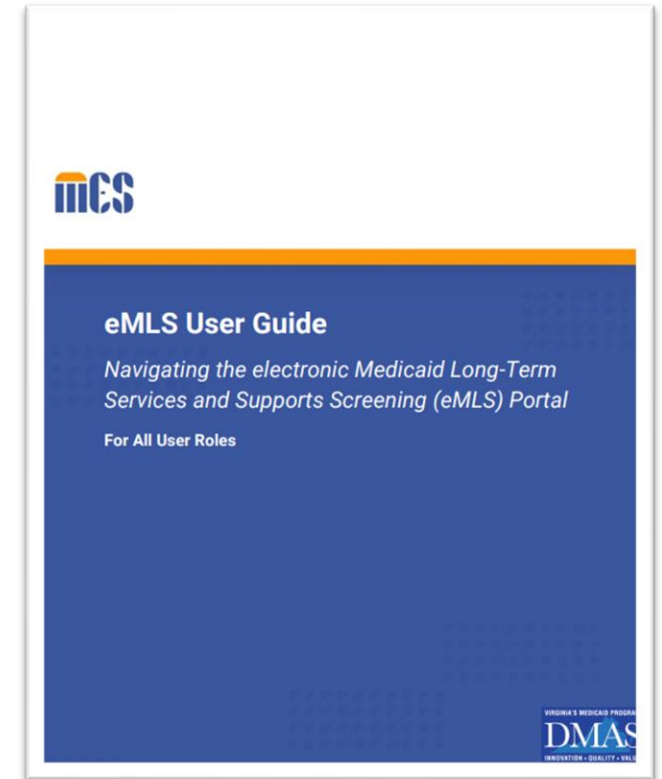
* Find out if the individual already has Medicaid LTSS and if the admission is a transition from one LTSS to another. This would mean that the original Screening used to enroll the individual into LTSS is used and passed onto the new provider.

eMLS User Guide and Training

- Access, System Requirements, User Access Roles, and Logging In
- Navigation and Functions of System
- Error Message Meaning
- Searching of an Existing Screening
- Data Entry and Submission of New Electronic LTSS Screenings
- Screening Status and Watermarks
- Voiding and Corrections of Existing Screenings
- Printing Screenings
- Uploading and Downloading the P-98 offline form
- And many more concepts

<https://vamedicaid.dmas.virginia.gov/training/crms>

Complete courses, CRMS-101,103,104,106, & download the e-MLS User Guide



CRMS Training Resources | MES (virginia.gov)

<https://vamedicaid.dmas.virginia.gov/training/crms>

- CRMS Training Module 106:
Learn how to troubleshoot and resolve eMLS screening errors after submission.

The screenshot shows the course page for 'eMLS: Resolving Screening Errors'. The page features the DMAS logo, the eMLS logo, and a 'START' button. A note indicates that the course contains audio and includes fictitious scenarios with mock data. The course description states: 'Welcome! In this course, you will learn how to troubleshoot and resolve eMLS screening errors before and after physician approval.' The page also includes a navigation menu on the left with options like 'Introduction', 'Welcome', 'Objectives', 'Resolution Types', 'Types of Screening Errors', 'Resolving Errors Before Physician Approval', 'Using Void Options to Resolve Errors', 'Void - Correction to a Screening', 'Void - Deletion to a Screening', 'Void - Appeal to a Screening', and 'Conclusion'.

The screenshot shows the CRMS training resources page. The title is 'How to Perform Screenings in eMLS'. The page contains a table with the following columns: Course Number, Course Name, Course Description, and Link.

Course Number	Course Name	Course Description	Link
CRMS-101	Introduction to eMLS	Learn about the exciting enhancements and benefits of the eMLS portal to help you save time and streamline your screening process.	CRMS-101 Interactive Course
CRMS-103	eMLS: Login and Navigation	Learn how to log into and navigate eMLS and how to search for, view, and print LTSS screenings.	CRMS-103 Interactive Course
CRMS-104	eMLS: Create a New Screening	Learn how to create, save, and submit a new LTSS screening in the portal.	CRMS-104 Interactive Course
CRMS-106	eMLS: Create a New Screening	Learn how to troubleshoot and resolve eMLS screening errors after submission.	CRMS-106 Interactive Course
eMLS User Guide	eMLS User Guide	Learn how to use eMLS. Downloadable User Guide.	User Guide (PDF)

Types of Screening Errors

Some common screening errors include:

- Incorrect information entered
- Duplicate screening submitted using different dates
- New information to be added after appeal

COMMON MISTAKES

Connection Call PowerPoints

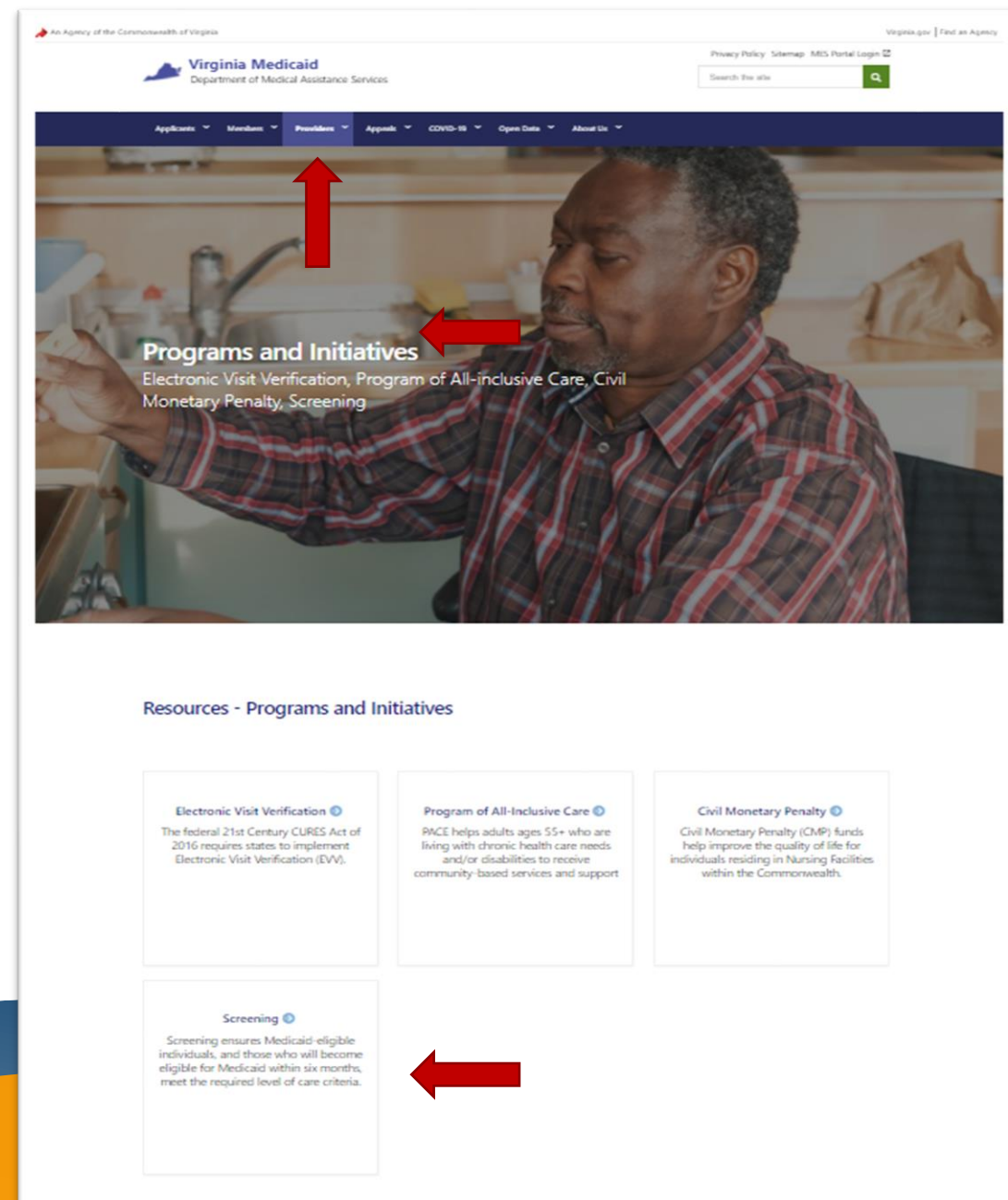
Posted on the DMAS Website Under the Provider Tab:

Long Term Care:

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/>

SCREENING FOR LTSS

Look down the page for Screening Connection call information



The screenshot shows the Virginia Medicaid website interface. At the top, there is a navigation bar with the following items: Applications, Members, Providers, Appeals, COVID-19, Open Data, and About Us. The 'Providers' tab is highlighted. Below the navigation bar is a large banner image of a man in a plaid shirt. Overlaid on the banner is the text 'Programs and Initiatives' followed by a list: 'Electronic Visit Verification, Program of All-inclusive Care, Civil Monetary Penalty, Screening'. Below the banner is a section titled 'Resources - Programs and Initiatives' which contains four cards: 'Electronic Visit Verification', 'Program of All-Inclusive Care', 'Civil Monetary Penalty', and 'Screening'. Three red arrows are overlaid on the image: one pointing up to the 'Providers' tab, one pointing left to the 'Programs and Initiatives' text, and one pointing left to the 'Screening' card.

Virginia Medicaid
Department of Medical Assistance Services

Privacy Policy | Sitemap | MIS Portal Login

Search the site

Applications | Members | **Providers** | Appeals | COVID-19 | Open Data | About Us

Programs and Initiatives
Electronic Visit Verification, Program of All-inclusive Care, Civil Monetary Penalty, Screening

Resources - Programs and Initiatives

- Electronic Visit Verification**
The federal 21st Century CURES Act of 2016 requires states to implement Electronic Visit Verification (EVV).
- Program of All-Inclusive Care**
PACE helps adults ages 55+ who are living with chronic health care needs and/or disabilities to receive community-based services and support.
- Civil Monetary Penalty**
Civil Monetary Penalty (CMP) funds help improve the quality of life for individuals residing in Nursing Facilities within the Commonwealth.
- Screening**
Screening ensures Medicaid-eligible individuals, and those who will become eligible for Medicaid within six months, meet the required level of care criteria.

Need Help?

- Questions about the LTSS Screening process, policy or requests for copies of screenings go to:
ScreeningAssistance@dmas.Virginia.gov
- Questions about MES (computer system issues) , CRMS, eMLS go to:
MES-Assist@dmas.Virginia.gov
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: ppdtechhelp@vcu.edu

Upcoming Connection Call Schedule and Team Focus

2023				
<u>SCREENING TEAM TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Nursing Facility				October 10
Hospitals			August 8	November 14
Community Based Teams (CBTs)			September 12	December 12



**SHARE INFORMATION
WITH YOUR TEAM**

- **Other Screeners**
- **Admissions Staff**
- **Business Staff**
- **Supervisors**
- **Managers**
- **Corporate**



Next Call:

- Hospital Screening Team Focus
- August 8, 2023 at 3:30
- Any team can join the call and listen, but the focus will be on Hospital Issues



Question and Answer Time