

Preadmission Screenings

Preadmission screening ensures that Medicaid-eligible individuals admitted to nursing facilities meet the DMAS nursing facility criteria based on the level of assistance required with activities of daily living (ADL), level of risk, and medical and skilled nursing needs. “At risk” is defined (42 CFR §441.302) as needing services within 30 days or less in the absence of institutional placement. In 1982, § 32.1-327.2 (re-codified at § 32.1-330) of the *Code of Virginia* was revised to require PAS for all individuals requesting LTSS to determine eligibility for Medicaid covered home and community-based services (HCBS) or institutional long-term care. Preadmission screening is the first level of authorization for Medicaid reimbursement for nursing facility level-of-care, HCBS Waivers or PACE. It was implemented in Virginia in 1977.

House Bill 702, passed by the 2014 Session of the Virginia General Assembly, requires that all screenings not complete within 30 days of an individual’s request be referred to a DMAS contractor. The 2015 General Assembly (Item 301 QQQQ of the 2015-2016 Appropriations Act directed DMAS to: 1) broaden the definition of who could conduct a PAS in the community by including “licensed health care professionals;” 2) track and monitor requests for screenings and to report on local jurisdictions unable to complete screenings within 30 days; 3) add \$800,000 (\$200,000 GF amount, \$600,000 is non-GF) for fiscal year (FY) 15-16 for contract requirements for children’s screenings; and 4) promulgate regulations with authority to implement changes prior to the completion of the regulatory process.

DMAS, in collaboration with the Virginia Department of Health (VDH) and the Department for Aging and Rehabilitative Services (DARS), developed strategies to reduce the amount of time taken to conduct screenings and track the time taken to complete the process. An electronic preadmission screening system called ePAS eliminated the paper forms associated with the PAS process, including the UAI, and included an electronic claims submission process for Medicaid reimbursement to the screening agencies. Beginning in May 2015, a “soft-rollout” of ePAS was accompanied by training for ePAS users. DMAS, DARS and VDH provided training and technical assistance to community teams to inform them of the requirements for PAS, define timeframes and reporting requirements for responding to requests for screening and integrate best practices in to the process.

Effective July 1, 2015, all community screening agencies began using the electronic system. The link to the DMAS provider portal, “Provider Resource” section provides access to the PAS online tutorial and user’s guide: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>.

Emergency regulations are under development to clarify the process for PAS and include the electronic form, ePAS. A work group composed of state and local agency representatives and hospital administrators are participating in a work group to create the regulations and common definitions of terms.

A legislative report on the steps that have been taken to implement legislation is due December 1, 2015. When completed, it will be published on the Legislative Information System.