

Community Pre-Admission Screenings

Process Enhancements in Collaboration Among the
Virginia Departments of:

Health (VDH)

Medicaid Assistance Services (DMAS)

Aging and Rehabilitative Services (DARS)

March 13 and March 20, 2015

Today's Agenda:

Welcome/Agenda

Bill Edmunds (VDH)

Review of Web-X Rules

Michelle Watts (DMAS)

PAS Trends & Next Steps

Terry Smith (DMAS)

ePAS Demonstration

Michaela (Mickey) Ortiz (XEROX)

DARS in PAS/No Wrong Door

Marjorie Marker (DARS)

Business Process for PAS

Bill Edmunds (VDH)

PAS Success Factors

Various Local PAS

Final Thoughts/Wrap up

Bill Edmunds (VDH)



WebEx Instructions

To ask a question there are 2 options

- **By Chat:**

- Type in a message in the chat box on the lower right side, then press the send key. All questions will be gathered and posted as FAQs

- **By Phone (if time permits):**

- Press the hand icon on the participant's panel

- The presenter will see this and call on you to un-mute your phone by pressing #6

- Press the hand icon again after you have answered and mute your phone by pressing *6

- **To end the session:**

- select File-end training session from the toolbar pull down



Presentation to Community Pre-admission Screening Teams

March 13 and March 20, 2015

Terry A. Smith, Director
Division of Long-Term Care

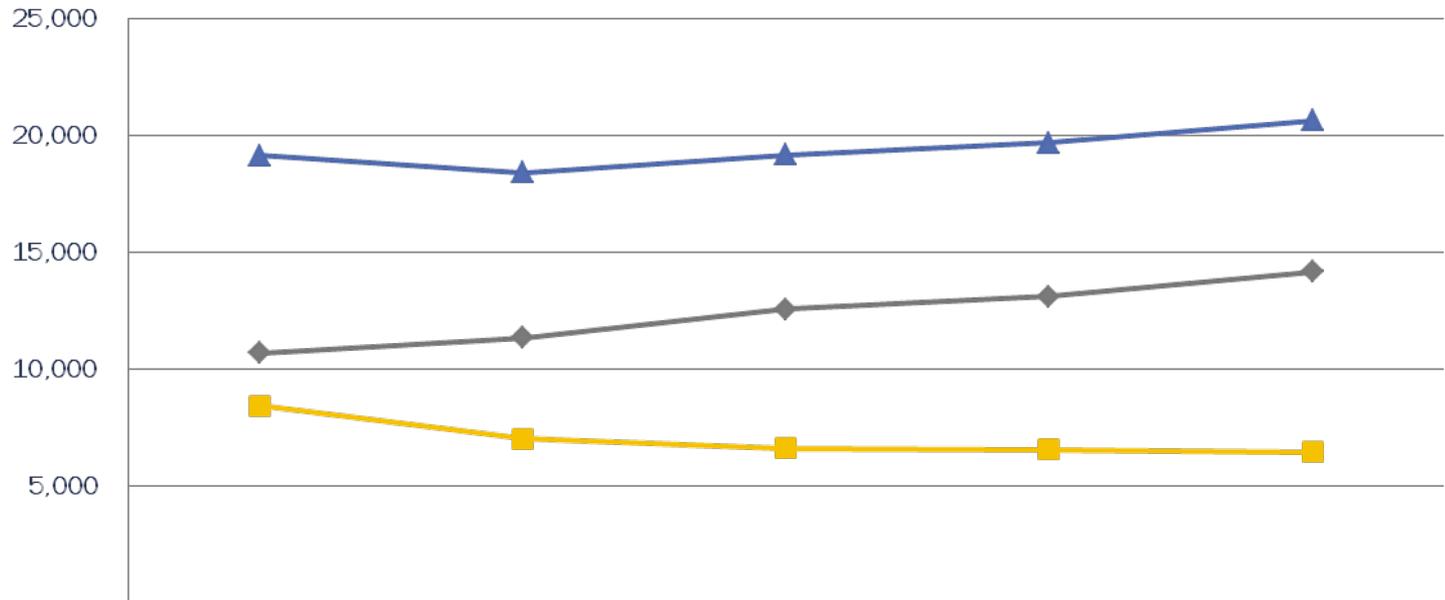


PAS Trends – Hospital and Community

Background:

- PAS is the gateway to Virginia's Medicaid funded long-term care services and supports (LTSS);
- In response to House Bill 702 (Session 2014), VDH, DARS and DMAS collected and analyzed PAS data to learn current trends;
- While the statewide number of preadmission screenings has remained constant for the past three years, there have been significant differences between hospital and community screenings.

Virginia 2010-2014
 Preadmission Screenings
 Total Screenings Regardless of Placement
 Local Screening Teams (32% Increase overall & 8% Increase last year)
 vs. Acute Care Hospitals (23% Decrease overall & -2 % Decrease last year)

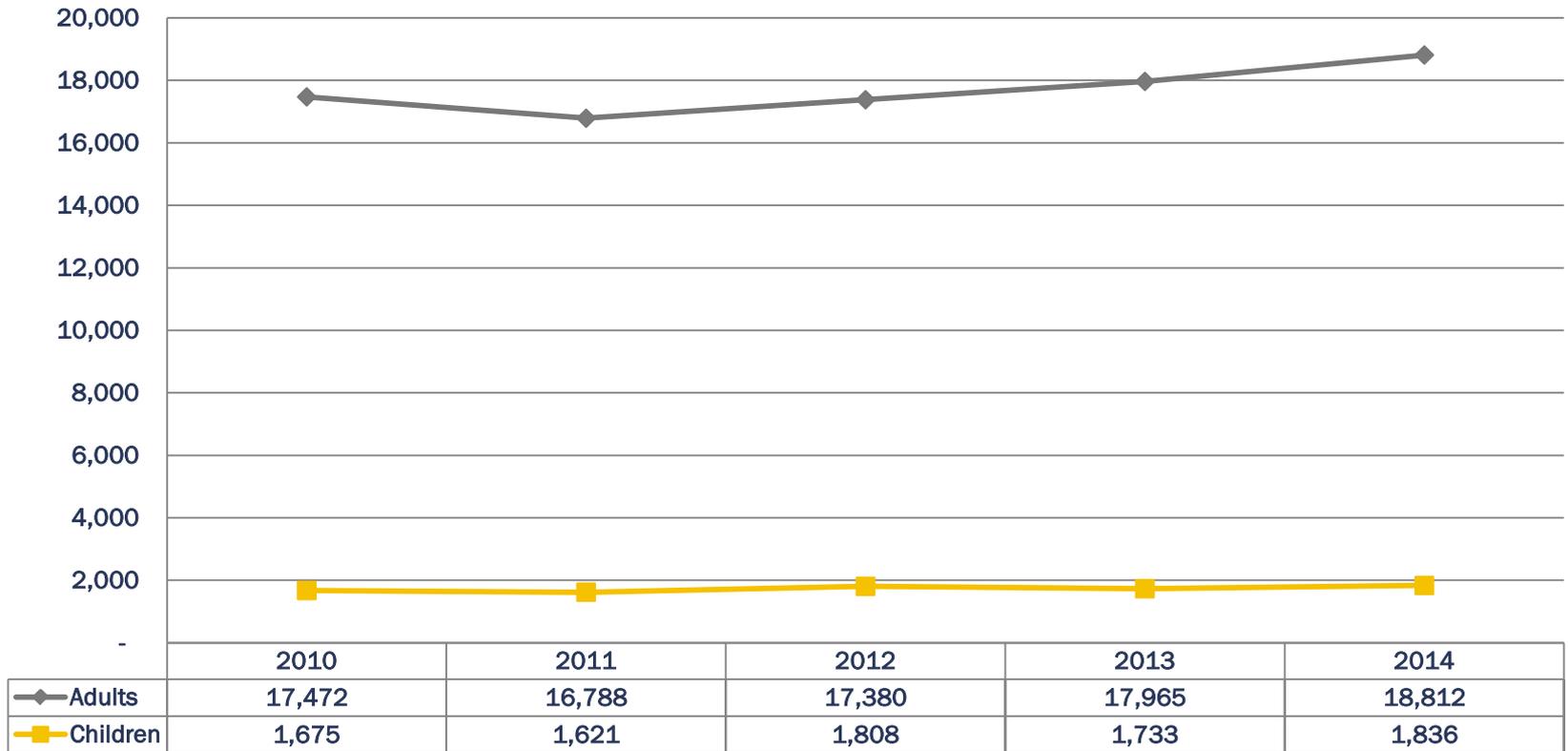


	2010	2011	2012	2013	2014
■ Total Acute Hospital	8,437	7,044	6,621	6,582	6,469
◆ Total Local Preadmission Screening	10,710	11,365	12,567	13,116	14,179
▲ Grand Total	19,147	18,409	19,188	19,698	20,648

Location

- Gradual increases are seen in community screenings and gradual decreases are seen in hospital screenings

Virginia 2010-2014
Preadmission Screenings
Adult vs. Children Screenings Regardless of Placement
Increases : Adults Overall 10 % & Last Year 5% Children Overall 8% Last Year 6%



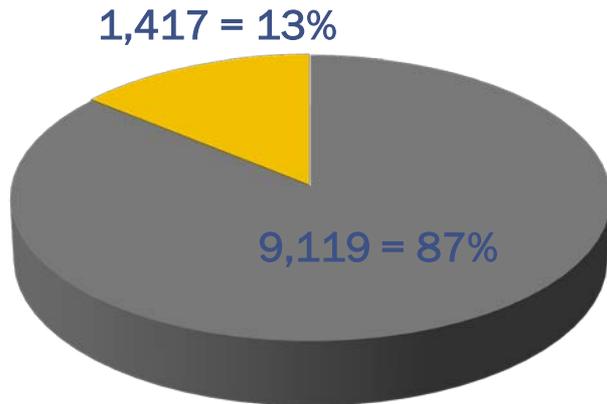
Number of Screenings

Over the past three years, overall screenings have remained constant, for both adults and children

Virginia 2014
Preadmission Screenings with Either
Community Based Services or Nursing
Facilities Placements by Source

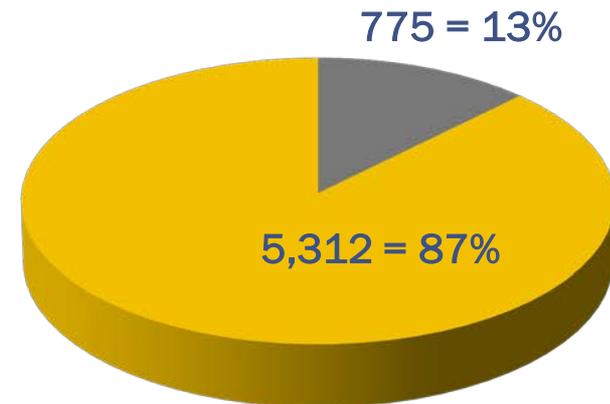
2014 Local
Screenings Resulting in
Recommended Placements

■ Community Based Services ■ Nursing Facility



2014 Acute Care Hospitals
Screening Resulting in
Recommended Placements

■ Community Based Services ■ Nursing Facility





State level interagency coordination

Under the direction of the Office of the Secretary of Health and Human Resources (OSHHR), the following goals are identified to enhance the PAS process:

- Reduce PAS processing time (from request to claims payment);
- Make business process changes soon to support above;
- Work within current law; and,
- Remain budget neutral.

An interagency oversight group is now in place to coordinate activities to meet the Secretary's goals.



PAS Immediate, Short-Term Initiatives

e-Preadmission Screening (ePAS) Process

April 30, 2015 - DMAS will complete the following enhancements to the no cost ePAS data and claims processing system, now referred to as “ePAS” recommended by stakeholders during the November 21, 2014 demonstration session:

- Track timeframe from initial request to physician “sign-off”;
- An electronic physician attestation;
- Add capacity to upload documents (fillable format) into DMAS provider portal;
- Enable multiple users to access the same case (instructions will be forthcoming via Medicaid Memo);



PAS Immediate, Short-Term Initiatives

ePAS Process cont'd

Additional enhancements not yet completed include:

- Group agencies within a health district under one access code (mapping);
- Transfer a “case” from one locality to another; and,
- Track transfer of a record from VDH to the local DSS and vice versa (touch points).

Open ePAS to voluntary data entry and claims processing *April 30 through June 30, 2015*

July 1, 2015 - DMAS will require all hospital and community screenings to be submitted electronically via ePAS



Response to 2015 General Assembly

Summary of New Requirements for DMAS:

Budget Item 301 #11c directs the Department to:

- Contract PAS for children;
- Track and monitor all requests for PAS;
- Report screenings not completed within 30 days;
- Establish tracking and reimbursement mechanisms;
- Requires PAS teams and contractors to use the tracking and reimbursement mechanisms established by DMAS;
- Report progress by *December 1, 2015* to the Chairmen of the Senate Finance and House Appropriations Committees;
- Promulgate necessary regulations; and,
- May implement changes prior to the promulgation of regulations



Longer-Term Actions Planned

Process improvements, actions that are part of the Division's work plan, in collaboration with VDH and DARS, to meet the legislative requirements include:

- Defining essential terms through guidance and in regulations for successful PAS tracking – terms such as “request for screening”, “transfers”, etc.;
- Providing periodic training on new and existing requirements; and,
- Analyzing data and providing agencies with feedback on performance.



Next Steps – Coordination at All Levels

DMAS will, in coordination with our state and local partners:

- Continue the work begun by the 2014 General Assembly through House Bill 702;
- Support the direction of the OSHHR to DMAS, VDH and DARS, to accomplish the four goals identified earlier;
- Develop a collaborative plan to accomplish the directives of Item 301 #11 c;
- Solicit input from PAS teams beginning with this meeting and demonstration; and
- Provide ongoing feedback, in coordination with VDH and DARS, of the progress made toward accomplishing the goals of the Secretary and implementing the budget directive.



Thank You!



ePAS Demonstration

Michaella (Mickey) Ortiz



xerox



DARS

VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

*Supporting Virginians' efforts
to secure independence and employment*



DARS & Preadmission Screening (PAS) Process

March 13, 2015

Process Improvements

DARS is committed to working with other state agencies and local partners to improve community-based PAS throughout Virginia



DARS Adult Protective Services (APS) Division

Administrative oversight of:

- APS Program
- Adult Services (AS) Program
- Auxiliary Grant Program (benefit program)



APS Division Structure

- Commissioner
- State Home Office Staff (2 consultants)
- State Regional Staff (5 consultants)
 - Regional consultants provide technical assistance and training and monitor local departments of social services (LDSS)



At the local level

- AS and APS Programs are implemented/
delivered by workers at LDSS
- LDSS workers are local, not state, employees



Adult Services

- AS includes:
 - Preadmission screening (PAS)
 - Provision of home-based services
 - Other supportive services (case management, assisted living facility assessments)



APS

- APS includes:
 - Receipt and investigation of APS reports
 - Arranging for protective services when appropriate
 - APS clients may need PAS

Balancing Priorities

- In some local departments, workers who are part of the PAS team are:
 - responsible for PAS and other adult programs; or
 - responsible for child welfare programs such as child protective services and child foster care in addition to PAS and adult programs; or
 - responsible for PAS only



DARS is also. . .

- Lead agency for Virginia's No Wrong Door (NWD)
 - NWD is a **virtual** single entry point system for accessing Long Term Services and Supports (LTSS) for older adults and individuals with disabilities



NWD and ePAS

- Future plans include enhancing ePAS to allow the UAI entered into that system to be sent to the NWD System as well, as a part of establishing one integrated system for LTSS in Virginia.



Thank You!

- For questions related to:
 - DARS, PAS and LDSS, and NWD

Please contact paige.mccleary@dars.virginia.gov



Business Process for PAS:

March 13, 2015

Bill Edmunds, CHS Director of Process & Evaluation

Pre-admission Screenings



Major Stakeholders:

Individuals

Families

Health Care Providers

State (DARS, DMAS, VDH)

Local DSS

PAS Overall Goal:

- **Work Together to Improve the quality & timeliness of PNHS by:**
 - **Promote Consistency of Process Statewide**
 - **Use Automation to the fullest**
 - **Metrics to Track:**
 - # of Days from Request to Submittal
 - % Screens Performed < 30 Days
 - \$\$ Revenue Generated
 - % Denial Rate
 - Customer Satisfaction



VDH and Preliminary PAS Tracking

Background:

- December 2014, VDH designed a tracking system to support prompt responses (within 30 days) of requests for preadmission screenings.
- Each local health office (120 statewide) began “tracking” requests for PAS in their jurisdictions.
- Data collected by each local health office is being analyzed at VDH to create a local “PAS Dashboard.”



Tracking PAS

DSS/VDH Nursing Home Screening Data for Sample District

Encounter Date	District Name	FIPS Name	WebVision ID	Last Name	First Name	Initial Request Date	Date Screening Home Visit Occurred (Assumes Joint Visit)	Date Completed Screening Package Mailed	Number of Days Between Request and Home Visit	Number of Days Between Home Visit and Completed Package Mailed	Number of Days Between Request and Completed Package Mailed
9/2/2014	Sample District	Sample Jurisdiction	12345678	Doe	Jane	8/12/2014	8/26/2014	9/2/2014	14	7	21
9/4/2014	Sample District	Sample Jurisdiction	6789410	Doe	John	8/22/2014	8/26/2014	9/4/2014	4	9	13
9/5/2014	Sample District	Sample Jurisdiction	1061431	Smith	Bob	7/26/2014	8/20/2014	9/5/2014	25	16	41
Average Days									14	11	25

- VDH Compiles
- Initial Request Date from Local DSS
- Spreadsheet due to VDH by 10th each month
- Screens completed that month
- Dashboards e-mailed by 15th each month

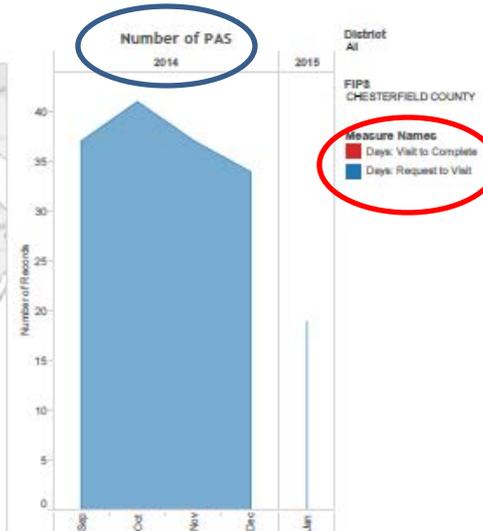
Initial Request Date

- ÷ **Initial Request Date**: This is the date that an individual (or someone acting on the individual's behalf) makes contact by phone or in person with a local department of health or social services to request assistance to secure long-term services and supports (LTSS).



PAS Dashboards

Nursing Home Screening: CHESTERFIELD COUNTY



30 Day Threshold



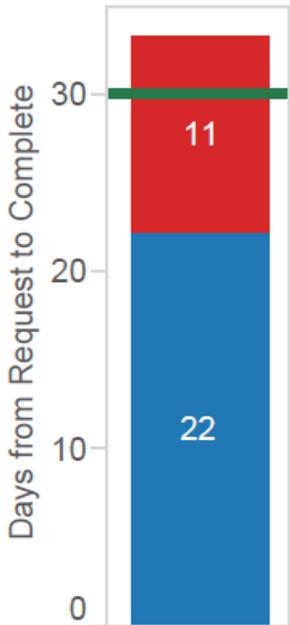
Average



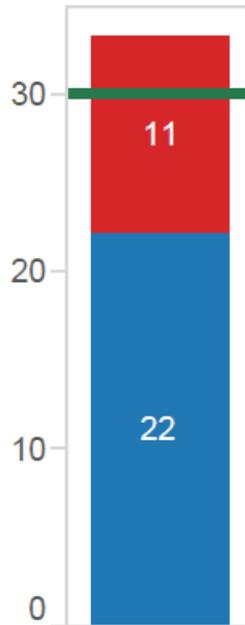
Monthly Results

Statewide Average

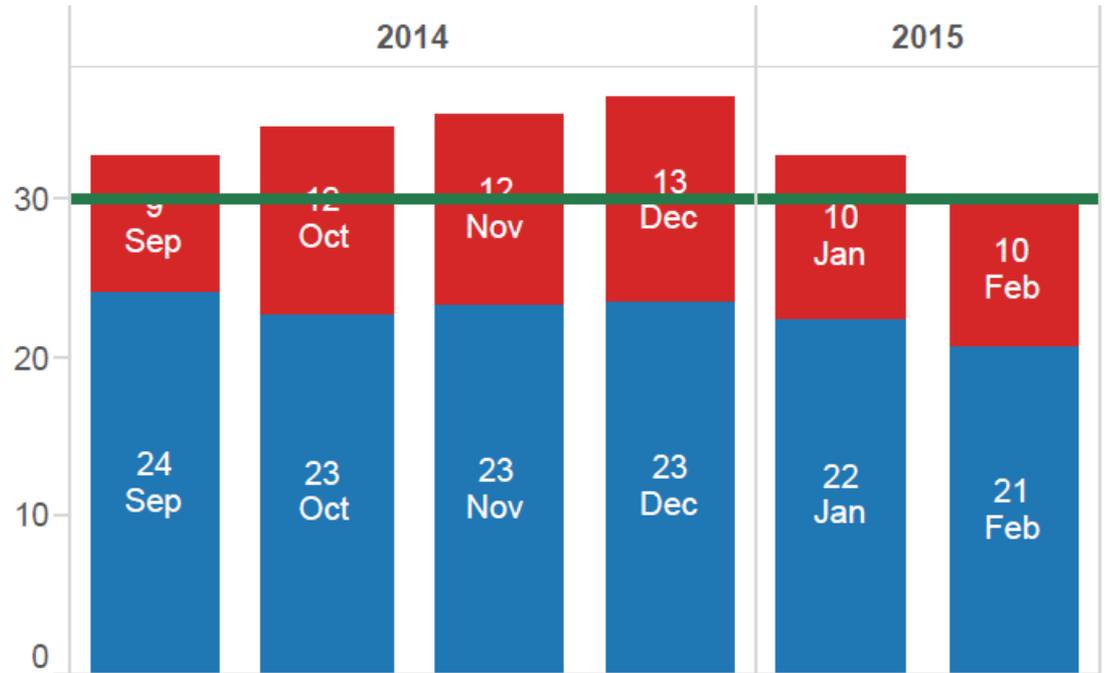
State Avg
Dec'14-Feb'15



District Avg
Dec'14-Feb'15

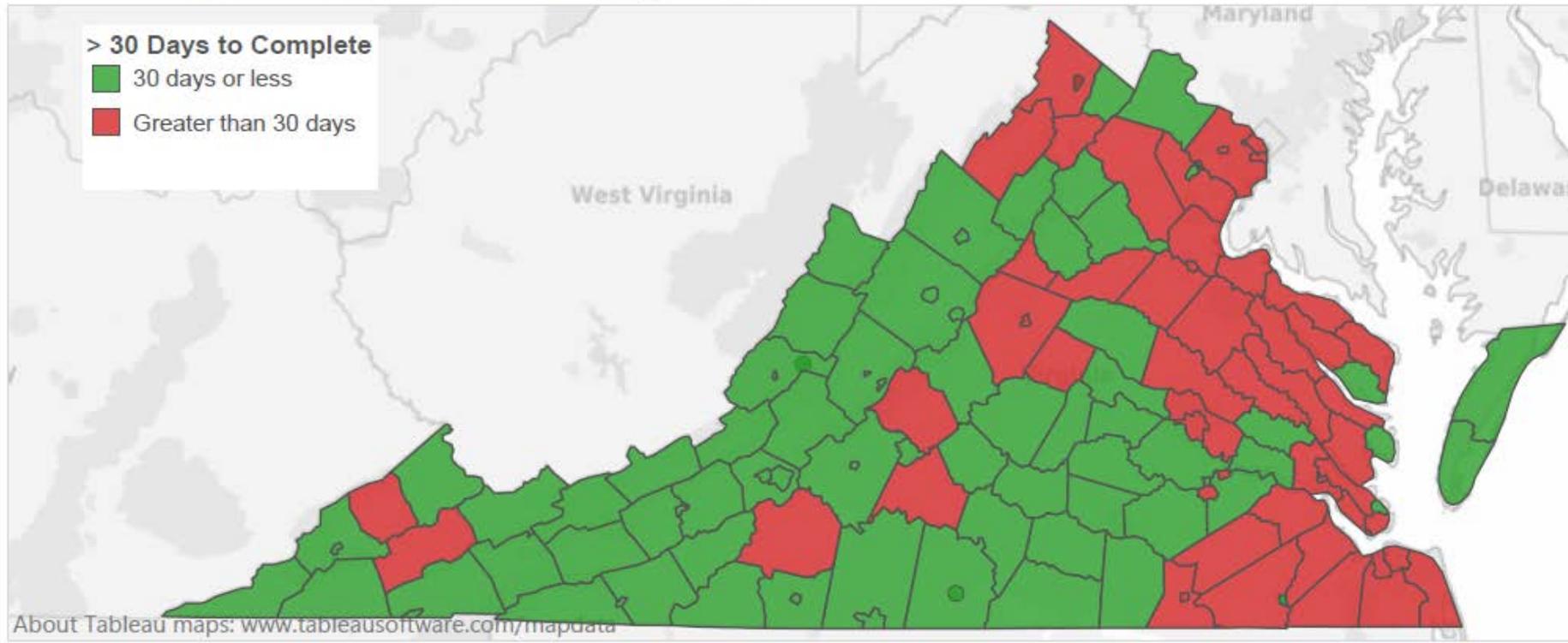


Monthly Breakout



Green/Red Dashboard

Preadmission Screening: All



PAS Process Improvement Meetings

Purpose of these Meetings:

- To learn from state agencies activities related to PAS
- To review the VDH tracking system and PAS Dashboard
- To hear from a few community PAS teams on processes that work
- Improve PAS Performance Statewide



Statewide PAS Team Meetings

March

03/06/15

03/13/15

May

05/01/15

05/15/15

July

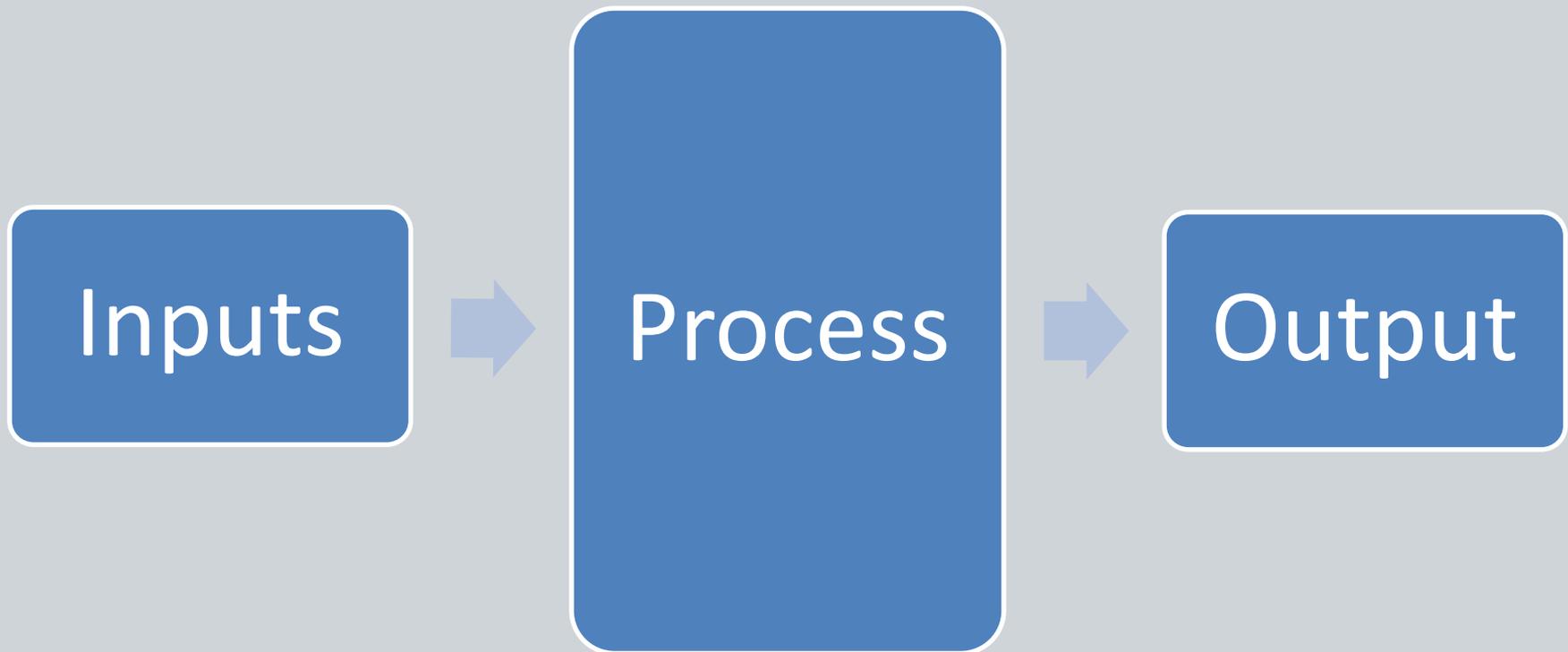
07/10/15

07/17/15



How Are We Going to Do This?

“Focus” on Process



Best Practices

- Every jurisdiction designates 1 primary (and 1 backup) for both the Social Worker & Nurse.
- Best if same people go out very week
- Best if 1 or more days a week is set aside to do home visits each week
- Teams will want to develop internal “Service Standards” within each Team
 - Segment the PAS process into a series of small steps, each of which we measure the “duration” to complete each step (a series of goals within the 30 day threshold).
 - » Examples:
 - » Team agrees that home visits will be set within 5 days of receiving Initial Request
 - » Medical Director reviews completed UAI within 48 hours of receiving completed package etc.).
- Monitor & report # on Waiting List
- Monthly Local PAS Team meetings involving representatives from Local DSS & VDH should occur each month to discuss Team results & opportunities for improvement.



Steps to a Better PAS

1. Intake
2. Scheduling Home Visit
3. Conduct Home Visit
4. VDH Complete UAI (Pages ??)
5. DSS Complete UAI (Pages ??)
6. VDH and/or DSS Quality/Supervisory Review
7. Physician Review
8. Physician Questions About UAI
9. Changes to UAI (Return to Step 4)
10. Physician Signature
11. Completed Package distribution
12. Xerox “rejection” (Return to step 4)



Local PAS Teams

Challenges

Opportunities

Virginia Beach PAS/Team



Contact: Jennifer DeLawrence jdelawre@vb.gov

Virginia Beach PAS Collaboration

- Virginia Beach has had a dedicated PAS team with a Health Department Nurse and Human Services Social Worker/Family Services Specialist for 15+ years.
- PAS Team has received an average of 82 new requests for screenings per month.
- Communication and collaboration are key elements to success.
- Team shares resources such as vehicles, meeting areas, and professional expertise.
- Team has dedicated three business days per week to screenings.

Process

- Initial Referrals are received by the Intake Worker at the Virginia Beach Department of Human Services Adult Services Unit.
- Initial information is gathered, questions answered, and intake form completed by Intake Worker and forwarded to Family Services Specialist.
- Family Services Specialist contacts client or representative to schedule visit.
- Long-term care screening is completed by Nurse and Family Services Specialist at client's residence or current location.
- Completed screening is sent to the Health Department Director for signature and then screening packet is forwarded.
- Health Department shares completed screening as requested with client's agency or facility of choice.

Roanoke City PAS Team



Contact: Suzanne Renegar Suzanne.Renegar@vdh.virginia.gov

City of Roanoke

- Background – Roanoke City and Alleghany Health District Director, Dr. Stephanie Harper, tracked the data on Nursing Home Pre-admission Screenings for several years. After data analysis, it was determined that improvement was needed in two areas (1) consistency of findings and (2) timely processing of screenings. The following is the screening process used by the Roanoke City Screening Team as a result:

Process

- Referrals –
 - Community agencies or individuals may make a referral
 - Referrals are routed directly to the Public Health Nurse (PHN) Supervisor for the program by mutual agreement with the local Department of Social Services (DSS)
- Intake –
 - PHN Supervisor
 - Timeline begins
 - Talks with individual/family to get intake information (Page 1 of UAI)
 - Answers questions about the program such as payer source, types of waivers, DMAS requirements for dependencies. Refers back to local DSS as needed for payer source questions.
 - PHN Supervisor assigns screening to a PHN and provides referral information to DSS social worker (SW) contact.

Process II

Screening –

Home Visit by PHN and SW for screening.

UAI completed and sent to Health Director with a timeline.

Screenings with recommended findings of “does not currently meet criteria” are reviewed by the PHN Supervisor for the program.

Dr. Harper reviews the completed packet for the screening results and processing timeline then signs for final approval.

Notification –

Individual is notified in writing of the Screening Team’s recommendation and provided a listed of available resources to facilitate choice of provider by the individual

Timeline ends

PHN Supervisor and Screening Team staff available to answer questions as needed and to assist individual in obtaining approved services

West Piedmont HD



Keys to Success

- Strong partnering/relationships with local Social Service agencies
- Committed, dedicated, and well-trained nursing and clerical staff
- Strong work ethics on the part of our nursing and clerical staff to ensure clients receive the services they need
- Nurse/clerical philosophy and work-ethic of generating revenue to support the District budget and their salaries
- Continual tracking and reinforcement by management of deadlines & performance
- Franklin County and Patrick County staff spend time “educating” the client over the phone--thus eliminating the need to spend time on the home visit if a screen is not warranted.
- Designated clerk who is dedicated to doing the Web Vision registration, typing a letter that goes with the UAI, making copies of the UAI, and mailing these.

Lord Fairfax HD



Dave Crabtree David.Crabtree@vdh.virginia.gov

Timely Review By Health Director

- The health district uses its central secure file server to place completed screenings in a PDF format for the health director review. They then email the director that the file is in his folder.
- The health director can then review, append his signature to the file and reply to staff, many times in the same day. The screening stays in the secure file server.

Using Adobe Reader to Sign PAS

- The health director first needs to scan their signature and save the file.
- Then after reviewing the PDF version of the PAS they will be able to attach their signature to the PAS using the tools available within the Adobe Reader XI software

Using Adobe Reader to Sign PAS

- Click on the Fill & Sign tool.
- Select: Place Signature.
- The pop up will ask you to select an option, choose: Use an Image.
- Navigate to your signature file (It will save the image for future use).
- When your signature file opens move it to the signature line.
- See screen shot on next slide.

Using Adobe Reader to Sign PAS

Adobe Reader interface showing a form titled "MEDICAID FUNDED LONG-TERM CARE SERVICE AUTHORIZATION FORM".

I. RECIPIENT INFORMATION:

Last Name: _____ First Name: _____ Birth Date: _____
 Social Security _____ Medicaid ID _____ Sex: _____

II. MEDICAID ELIGIBILITY INFORMATION:

Is Individual Currently Medicaid Eligible? 1
 1 = Yes
 2 = Not currently Medicaid eligible, anticipated within 180 days of nursing facility admission OR within 45 days of application or when personal care begins.
 3 = Not currently Medicaid eligible, not anticipated within 180 days of nursing facility admission
 If no, has Individual formally applied for Medicaid? 1
 0 = No 1 = Yes

Is Individual currently Auxiliary Grant 0
 0 = No
 1 = Yes, or has applied for Au
 2 = No, but is eligible for Gen

Dept of Social Services: _____
 (Eligibility Responsibility) _____
 (Services Responsibility) _____

III. PRE-ADMISSION SCREENING INFORMATION: (to be completed only by Level I, Level II, or

MEDICAID AUTHORIZATION

Level of Care 4
 1 = Nursing Facility (NF) Services
 2 = PACE
 3 = AIDS/HIV Waiver Services
 4 = Elderly or Disabled w/Consumer Direction (EDCD) Waiver
 11 = ALF Residential Living
 12 = ALF Regular Assisted Living
 14 = Individual/Family Developmental Disabilities Waiver
 15 = Technology Assisted Waiver

LENGTH OF STAY (If approved for

1 = Temporary (less than 3 months)
 2 = Temporary..(less than 6 months)
 3 = Continuing (more than 6 month
 8 = Not Applicable

NOTE: Physicians may write progress the length of stay for individuals movin Facility, PACE, HIV/AIDS waiver and The progress notes should provided to of social services Eligibility workers.

Adobe Reader Tools: Fill & Sign, Comment. Place Signature dialog box options: Type my signature, Use a webcam (New!), Draw my signature, Use an image, Use a certificate.

Using Adobe Reader To Enter The Date

- Select: Add Text from the Fill & Sign Tool.
- The text box opens for you to select font and size.
- Move your curser / mouse to the date field and enter the date.

Additional Information on signing PDF

- **Create a signature for signing PDFs (Reader 10.1.2 or later)**
- Sign your name in black ink on a clean, blank sheet of paper. Sign in the middle of the paper so you don't photograph or scan the edges.
- Photograph or scan your signature. If you are taking a picture of your signature, make sure the page is well lit and that no shadows fall across the signature.
- Transfer the photo or scan to your computer. Reader accepts JPG, PNG, GIF, and BMP files. Keep track of its location so you can find it when signing PDFs.
- You do not need to crop the image. Reader imports just the signature.

Link to complete instructions:

- http://help.adobe.com/en_US/reader/using/WS82af097c4236e2eb3543853d130e391c674-8000.html#WS5D3E9B80-8947-42ab-B332-96E7416B994A

Opportunities for Improvement

- “Understand” the Reasons for Performance
 - There is a “story” behind results (good or bad)
- Actively Manage Process
- “Team” in PAS Team
 - VDH & Local DSS
- DARS as Support for Local DSS
- Think Outside the “Box”
 - We have always done it that way
- Collaboration: Local DSS/VDH
- Facilitation Meetings
- Service Standards
- Intermediate Goals



Urgency

- Suggest Local Teams Meet/Discuss Results Monthly
- Statewide PAS Web-X Bi-Monthly Meetings



Suggestions?

- Have an innovative PAS Practice to share?
 - E-mail: william.edmunds@vdh.virginia.gov
- All Q's not answered will be addressed in a FAQ
- PowerPoint will be e-mailed to each host to share

Questions?

