SCREENING CONNECTIONS FOR LTSS SCREENERS

March 9, 2021

Presented by the Division for Aging and Disability Services
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Logistics

- Post your questions for today’s session in the **Q&A box**, **NOT** the Chat box.
- Go to the bottom of the screen and look for the vertical 3 dots 🔼 beside the word “Chat”. Click on the 3 dots and you should have the Q and A area pop up!
PowerPoints from the Screening Connection Call are posted on the DMAS Website Under Long Term Care: URL http://www.dmas.virginia.gov/#/longtermprograms

At the top of the page choose the tab for SCREENING FOR LTSS

look down the page for Screening Connection call information
Reminders

• All Screening questions or requests go to: ScreeningAssistance@dmas.Virginia.gov

• Do not contact individual members of the Screening Team unless you are already working on a case
Today’s Review

• Required Forms

• Navigating e-PAS the electronic LTSS Screening Portal

• Questions and Answers from Call Participants
Quick Form Review

Required Electronic LTSS Screening Forms in e-PAS

- UAI A and B
- DMAS 96 Authorization Form
- DMAS 97 Choice Form
- DMAS 95 Form if Nursing Facility is chosen
- DMAS 108/109 if CCC Plus Waiver with Private Duty is chosen
Quick Form Review
UAI Part A&B

- Both Uniform Assessment Instrument - UAI Part A (short form) and UAI Part B (long form) are required and must be completed for a valid LTSS Screening (See e-PAS screenshots later in the slides)
Quick Form Review
DMAS 96 Authorization Form

- Individuals that meet Nursing Facility Level of Care which is the Functional, Medical/Nursing Needs, and Risk requirements, should be marked as “Authorized” for CCC Plus Waiver, PACE, or Nursing Facility

- Individuals who Do Not Meet Nursing Facility Level of Care requirements should be marked as “Not Authorized” which includes the choices of Other Services Recommended or No Other Services Recommended
Quick Form Review
DMAS 96 Authorization Form

- After scoring and rating the LTSS Screening, the Screener determines whether an individual meets the requirements for authorization or not and indicates this on the DMAS 96 form

- e-PAS System DOES NOT determine this for you

MEDICAID AUTHORIZATION

Level of Care
1 = Nursing Facility (NF) Services
2 = PACE
4 = Commonwealth Coordinated Care (CCC) Plus Waiver

15 = Private Duty Nursing Services provided in the CCC Plus Waiver

Exceptions: Authorizations for NF, PACE, CCC Plus Waivers are interchangeable. Screening updates are not required for individuals to move between these services because the alternate institutional placement is a NF. NF = CCC Plus Waiver or PACE.

NO MEDICAID SERVICES AUTHORIZED
8 = Other Services Recommended
9 = Active Treatment for MI, ID or RC
0 = No other services recommended
Quick Form Review
DMAS 96 Authorization Form

- “LTSS/ALF Screening Identification” is the name of your agency/facility and facility NPI (LTSS Screeners do not enter ALF Screenings in e-PAS-it is a separate process)
- Screeners and Physicians must check/sign their own Attestation Box, Signature, and Date in e-PAS
- Pre-Admission Screening and Resident Review (PASRR) Level II Determination
Quick Form Review
DMAS 95 MI/ID/RC Level I and Supplemental Form for Level II Secondary Evaluation

- Pre-Admission Screening and Resident Review (PASRR) **Level I** is the 95 form
- PASRR **Level II** Evaluations and Determinations must be completed by DBHDS Contractor before a LTSS Screening can be submitted and processed
- DMAS 95 Supplemental Form should be completed by the LTSS Screener if the Level II was conducted
- Level II Determination is also documented on the DMAS 96 Form (under Level II Assessment Determination section)
Quick Form Review
DMAS 95 MI/ID/RC Level I and Supplemental Form for Level II Evaluation and Determination

- For Skilled Nursing Facility Screening Teams, the PASRR Level I and II may have already been completed upon initial admission, if so, then just transcribe all information to date into the e-PAS DMAS 95 forms.

- During COVID Flexibilities (at least until 4-20-2021), the NF has up to 30 days to complete the PASRR Level I and conduct the Level II if warranted.
Quick Form Review
DMAS 97 Choice Form

- It’s a checklist to make sure that the Screener has informed the individual about the LTSS Screening process and their right to a CHOICE (choice of community vs institution/NF and choice of provider)

- For individuals who Do Not meet NF level of Care this form documents that the Screener shared with them their right to appeal and have a fair hearing (see denial letter template)

- Documents that the individual is “At Risk”

- Documents that the individual gave permission to conduct the LTSS Screening via their Signature
Quick Form Review
DMAS 97 Choice Form

- This is the only form that has to obtain a hard copy-pen & ink signature in addition to being entered into e-PAS and a COPY must be kept in the individual's file at the Screening entity but the original should be part of the paperwork that goes to either the provider if FFS or Care Coordinator if in a health plan

- During COVID Flexibilities as of 3-9-2021, CBTs and Hospitals can use two witness signatures for individual's verbal consent (CBTs are conducting telephonic LTSS Screenings and Hospitals have the option to exempt conducting the Screening for Hospital to NF Admissions only but must conduct the DMAS 97 to provide Choice)
Quick Form Review
DMAS 108/109 Private Duty Nursing Referral Form

- DMAS 108 Adult/109 Child Private Duty Nursing Referral Forms have to be completed for all individuals needing Private Duty Nursing under CCC Plus Waiver (see December 8, 2020 Connector Call Slides)

- When the CCC Plus Waiver with PDN is selected on the 96 form page, it will release the 108/109 forms for you to add
Tools and Resources

- **Printable Forms:** only to be used as a resource for conducting the LTSS Screening Interview then enter data into e-PAS

- LTSS Screening Manual Chapter IV 4-18-2019

- e-PAS Users Guide

- e-PAS Tutorial

- e-PAS Denial Resolution Reference Sheet

- Scoring and Rating-Determination Worksheet

- Revisit the VCU LTSS Screening Training Modules
Tools and Resources:

- Printable DMAS Forms and Approval/Denial Letter Template


- Select Provider Services Tab
- Select Provider Forms search from dropdown list
- For Type and Category find Pre-Admission Screening in the dropdown then click search
Tools and Resources:

- LTSS Screening Manual Chapter IV


- Select Provider Services tab
- Select Provider Manuals from the drop down list
- Select Provider Manuals and under accessing provider manuals use the drop down list and select Screening for Medicaid Funded LTSS and submit
- Select Chapter IV-Nursing Facility and Waiver Services
Tools and Resources:

- e-PAS Tutorial and User Guide


- Select Provider Resources tab
- Select Pre-Admission Screening from the dropdown
Tools and Resources:

- e-PAS Users Guide
  - Step by step instructions/screenshots for completing the electronic LTSS Screening Forms
## Tools and Resources:

- **Denial Resolution Reference**
  - Found in the VCU LTSS Screening Training or request it from ScreeningAssistance@dmas.virginia.gov

### ePAS Denial Resolution Reference

<table>
<thead>
<tr>
<th>ePAS Denial Message</th>
<th>Business Explanation</th>
<th>Possible Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANNOT HAVE MORE THAN ONE REIMBURSEMENT RATE CODE.</td>
<td>DMAS95 - Question 5, too many recommendations selected</td>
<td><strong>Action:</strong> Any one of the following can be checked:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• MI (# 2 above is checked 'Yes')</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• MR or Related Condition (# 3 or # 4 is checked 'Yes')</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dual diagnosis (MI and MR/ID or Related Condition categories are checked)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Note:</strong> If a patient has a MI and MR diagnosis, only check the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dual Diagnosis check box, checking it along with the MI and MR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>usually causes this error message.</td>
</tr>
<tr>
<td>DUPLICATE ASSESSMENT FOUND.</td>
<td>Another assessment for this member/assessment date combination has submitted and</td>
<td><strong>No further action is needed.</strong></td>
</tr>
<tr>
<td></td>
<td>approved already</td>
<td>If approved assessment was done in error and invalid in some</td>
</tr>
<tr>
<td></td>
<td></td>
<td>way, contact Jeanette Trestrail (<a href="mailto:Jeanette.Trestrail@dmas.virginia.gov">Jeanette.Trestrail@dmas.virginia.gov</a>) with the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>member information and assessment date so she can void the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>previous assessment and claim.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Once voided (Status of the assessment will be 'Void') you can</td>
</tr>
<tr>
<td></td>
<td></td>
<td>enter the assessment with the corrected information.</td>
</tr>
</tbody>
</table>
Tools and Resources:

- Scoring and Rating-Determination Worksheet
  - Found in the LTSS Screening Manual or VCU LTSS Screening Training

*Worksheet to Determine Need for Medicaid-Funded LTSS*

The following worksheet is a helpful tool in determining if an individual, adult or child, meets NF LOC criteria.

**Individual being assessed:**

**Date:**

**STEP 1:** Based on a completed Virginia Uniform Assessment Instrument (UIA) - check how the individual scores in the following categories.

<table>
<thead>
<tr>
<th>ADLs</th>
<th>Check If Independent</th>
<th>Check if Semi-Dependent</th>
<th>Check If Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating-Feeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STEP 2:** Number of “Other” Dependencies

<table>
<thead>
<tr>
<th>OTHER</th>
<th>Check If Independent</th>
<th>Check if Semi-Dependent</th>
<th>Check If Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint Motion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior Pattern &amp; Orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STEP 3:** Apply the responses in Step 2 to the criteria below.

To be considered to meet the functional capacity requirements for NF level of care an individual must meet the minimum requirements of one of the following three categories.

**CATEGORY 1:** Individuals must meet items #1 and #2 in category 1, plus either item #3 or #4.
1. Rated dependent in 2 or more ADLs: **YES**
2. Rated semi-dependent or dependent in behavior pattern and orientation (behavior pattern and orientation are rated jointly)
3. Rated semi-dependent or dependent in joint motion
4. Rated dependent in medication administration:

**CATEGORY 2:** Individuals must meet all items in this category.
1. **YES PLUS**
2. **YES**
3. **YES**

**CATEGORY 3:** Individuals must meet all items in this category.
1. **YES PLUS**
2. **YES**
3. **YES**

**STEP 4:** Individuals MUST have a medical or nursing need to meet criteria for LTSS.

This means:
1. The individual’s medical condition requires observation and assessment to assure evaluation of needs due to an inability for self-assessment or evaluation: OR
2. The individual has complex medical conditions that may be unstable or have the potential for instability: OR
3. The individual requires at least one ongoing medical or nursing service. (See the Screener for LTSS manual section for examples and additional explanation.)

Does individual does have medical nursing needs?

If YES (briefly describe):

**STEP 5:** Determination of whether the individual meets criteria for long-term services and supports.

1. Individual meets at least one of the three categories in Step 3: **YES**
2. Individual has medical or nursing needs as defined in Step 4: **YES**
3. Individual meets the definition of “at risk” for institutionalization within 30 days: **YES**

This individual meets NF LOC criteria (i.e., 1, 2, and 3 above are answered “YES”):

**Assessor:**

**Date:**
Handwritten Screenings are **NOT** to be Furnished to Providers
e-PAS Tips:

- Make sure computer you are using is freshly rebooted to avoid issues
- Only fields marked with an asterisk are required
- Save Often!
- If having issues check with your IT folks about your facility/agency bandwidth or other issues
- Forms in e-PAS have to be completely filled out before advancing to next form
General e-PAS:

- **Auto-population:** When a Screener enters an individual's Social Security Number into the UAI Part A, if that individual had previously applied for Medicaid and is in the existing Virginia Medicaid Management Information System (MMIS), e-PAS will auto-populate the existing listed Name, Medicaid ID Number, Date of Birth, and Gender into the data fields from MMIS.

- **Always double check** all of the auto-populated demographics information for accuracy before proceeding to the next section of the Screening. If the wrong demographic information auto populates, the screener should first check to see if the correct Social Security Number was entered and if so contact ScreeningAssistance@dmas.Virginia.gov for help with corrections.

- If a Screener enters in an individual’s Social Security Number and **nothing** auto populates then that means the Screener is actually creating a new record in MMIS so please make sure that the information is correct.
General e-PAS:

- DO NOT PUT IN PSEUDO SOCIALS-this is only used for people or infants who legitimately DO NOT have one.

- Parameters are set to check for consistency throughout Screening

- After submission, look for the status in e-PAS status tracking the following day. It has to state Successfully Processed in order to be completed.

- Denial Messages occur with Unsuccessful Submissions-these are technical errors in the electronic Screening Forms
General e-PAS:

- Screening Packets can be printed from the e-PAS system and will bare a watermark of the screening status: Successfully Processed, Submitted for Processing, Denied, or Incomplete.

- e-PAS interfaces with other systems (MMIS, Claims, AE&D Portal, etc.)

- Upon successful submission, e-PAS will link the Screening record to the Medicaid ID number or Social Security number listed on the DMAS-96 Authorization form in Virginia Medicaid information system (MMIS).
e-PAS Review - Two Data Entry Options:

- Directly into e-PAS in the portal
  Start LTSS Screening manually by selecting UAI Part A selection below

- Use of the DMAS-P98 “Upload” form
  - Must download P98 fresh from e-PAS every time you use it
    Download offline forms selection below
  - All fields must be completed before you upload
    Pre-Admission Screening File Upload selection below
e-PAS Review:

- e-PAS Status Tracking

Welcome to the Virginia DMAS Medicaid Web Portal

Thank you for registering for access to the Virginia Medicaid Web Portal. You've successfully completed the first step in the registration process.

If registering in order to enroll as Medicaid provider, please click here to be routed to the online application functionality.

As the Primary Account Holder for your organization, you will need to initiate and complete the authentication process for access to the Medicaid Web Portal.

Pre-Admission Screening

The following is the list of available options within this category. Please make a selection for the link desired:

- UA1-A
- Pre-Admission Screening Status Tracking
- Pre-Admission Screening File Upload
- Assessment Search
- Download Offline Forms
e-PAS Review:

**ePAS Action Functions**

- **Recall:**
  Used to open saved incomplete status screenings and copy existing voided, denied, or successfully processed screenings

- **Delete:**
  Used to delete incomplete screenings only

- **Print:**
  Used to print, print preview, or view screenings
e-PAS Review - Status Tracking:

- Action Functions: Recall, Delete, and Print
e-PAS Review-Status Tracking:

- Assessment Reference Number Hyperlink for Denial Error Messages
e-PAS Review:

ePAS - Error Messages in a Denied Screening
e-PAS Review:

- LTSS Screening Questions, Corrections, and Voids go to: ScreeningAssistance@dmas.Virginia.gov

- Name of Individual (correct and wrong name):
- Issue that is occurring
- Social Security Number (correct and wrong):
- Medicaid Number (and if used on the screening submitted):
- Date of Screening, if submitted, and if a void is needed:
- Screening Reference Number (ATN):
e-PAS Review:

- UAI Part A-Short Form Sample

Straight out of the e-PAS Users Guide
e-PAS Review:

- UAI Part A-Short Form Sample
  - At the end of UAI Part A Form, after you have completed all fields with the red asterisks, you will need to click on No, Continue to Long Form which is UAI Part B.
e-PAS Review:

- UAI Part B-Long Form Sample

Straight out of the e-PAS Users Guide
e-PAS Review:

- **UAI Part B-Long Form**
  - At the end of UAI Part B Form, after you have completed all fields with the red asterisks, you will need to click on Forms need to be added/reviewed to complete this assessment.
e-PAS Review:

- **ADDING FORMS:**
  - Forms have to be completed fully before you can add an additional form.
  - Required forms are DMAS 97 Choice, DMAS 95 if NF is chosen, and DMAS 96 Authorization Form (108/109 forms for PDN are released after the 96 form is completed).
  - Best practice to add the DMAS 96 form last since the Physician has to review full Screening Packet, give final authorization attesting to accuracy, and sign/date their own section.
e-PAS Review:

- REMOVING UNWANTED FORMS:

  - Go through LTSS Screening forms and tabs from left to right in chronological order (UAI part A, continue to Long Form bubble, UAI part B, add forms bubble) until you reach the unwanted form and there should be a “Release” button. Once you release it, there is no retrieving it.
**READY FOR SUBMISSION**

- After you have added all of the required forms, double checked your work, obtained required signatures, and are ready for submission, click “The assessment is ready for submission, no additional forms needed” bubble.

- Submit
e-PAS Review:

- After Submission
  - The e-PAS status tracking will say “Submitted for Processing” until the next day
  - Follow up the next day to make sure that it states “Successfully Processed”
The individual should ALWAYS receive a copy of their full LTSS Screening Packet
Referral

This chart is provided as a tool in the LTSS Screening Manual for remembering who receives which forms.

### Medicaid LTSS Screening, Form Distribution

<table>
<thead>
<tr>
<th>CCC Plus Member Forms Sent to Care Coordinator</th>
<th>FFS Members Forms Sent to Provider</th>
<th>PACE Admissions Forms Sent to Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF Admission</td>
<td>CCC Plus Waiver</td>
<td>NF Admission</td>
</tr>
<tr>
<td>UAI</td>
<td>UAI</td>
<td>UAI</td>
</tr>
<tr>
<td>DMAS-95</td>
<td>DMAS-95</td>
<td>DMAS-95</td>
</tr>
<tr>
<td>• Level I</td>
<td>• Level I</td>
<td>• Level I</td>
</tr>
<tr>
<td>• Level II (if appropriate)</td>
<td>• Level II (if appropriate)</td>
<td>• Level II (if appropriate)</td>
</tr>
<tr>
<td>DMAS-96</td>
<td>DMAS-96</td>
<td>DMAS-96</td>
</tr>
<tr>
<td>DMAS-97</td>
<td>DMAS-97</td>
<td>DMAS-97</td>
</tr>
<tr>
<td>DMAS-108 (as appropriate)</td>
<td>DMAS-108 (as appropriate)</td>
<td>DMAS-108 (as appropriate)</td>
</tr>
<tr>
<td>DMAS-109 (as appropriate)</td>
<td>DMAS-109 (as appropriate)</td>
<td>DMAS-109 (as appropriate)</td>
</tr>
</tbody>
</table>

*A copy of the DMAS-96 is always forwarded to the LDSS.
**A full copy of the Screening Packet (all completed forms) is always provided to the individual or the individual’s representative.

Screeners will need to retain copies of the Screening packet per retention policy.
Please Double Check Your Work Before Hitting Submit in e-PAS

CHECK  CHECK  CHECK

Especially Social Security Numbers
Question and Answers

Do you have a question?

Questions are the path to learning
LTSS Screening Connector

NEXT CALL

April 13, 2021

Join Us!
Who to Contact Regarding Medicaid LTSS Screening Issues?

ScreeningAssistance@dmas.Virginia.gov