

Screening Connection Questions from 2.9.2021

	Question	Answer
1.	A SNF resident has transitioned to LTC private pay, has applied for Medicaid.... I need to do the screening, correct?	<p>No. If the individual has ALREADY been enrolled in LTSS in the NF then it is the MDS that continues to document the level of care (LOC). IF the individual wishes to discharge to the community using the CCC Plus waiver or PACE, then it will be the Community LTSS Screening team that needs to conduct the LTSS Screening in the NF</p> <p>Please see the attached chart. I hope it will be useful to you.</p>
2.	I'm brand new to this.... how does the physician sign the screening? Does he go online to sign?	<p>Yes. The physician (or their Nurse practitioner or physician's assistant) is expected to log into ePAS, review the screening information and attest to the determination and add their signature.</p>
3.	So if as a hospital screener we have a patient come into the hospital with a CCC + plan and it is requested for a screening to be done - are we required to do it since the patient is already enrolled?	<p>The CCC Plus plan is NOT the same as the CCC Plus waiver. Individuals can be enrolled for CCC Plus <u>program</u> and have health care insurance with a MCO but not be enrolled for CCC Plus waiver, a NF or PACE.</p> <p>If any individual requests a LTSS Screening then that individual must be screened.</p> <p>Any Medicaid member who may need the CCC Plus waiver, PACE or care in a NF MUST have a LTSS Screening prior to enrollment for that service.</p>
4.	Is there a sample screening that new screeners can practice on to ensure we accurately complete the screening?	<p>No. Due to how the computer system is set up, there is not a testing environment.</p> <p>Please be sure you thoroughly work through the Medicaid LTSS Screening training at Medicaidltss.partnership.vcu.edu</p>
5.	I recently had a client in the ER and needed placement due to not being able to return home. I was told by the ER social worker that they could not assist with the Medicaid application due to no longer having a Medicaid screener on hand. She went on to say since COVID the individual who was doing them never returned. Will Medicaid screeners be going back to the hospital?	<p>Per the Code of Virginia (Virginia Law – COV, § 32.1-330. Long-term services and supports screening required), hospitals are required to have trained LTSS Screeners to conduct the screening for inpatients.</p> <p>The LTSS Screeners are not hired by Virginia Medicaid but are the employees of the agencies required by law to complete LTSS Screenings.</p> <p>As a reminder, the Hospital Screening Teams are mandated to conduct LTSS Screenings for individuals who are in-patient status, have a need for LTSS, and have Medicaid or have applied for Medicaid. In scenarios where the individual is in the ER and needs to discharge straight to the NF, the ER staff should collaborate with other units within the Hospital who have LTSS Screeners. The Community Based Team (staff from the LDSS and local health department) within the locality may also be contacted to discuss the unique situation.</p> <p>If the individual is not having urgent/emergency issues requiring immediate NF admission, then it is the Community Based Team that</p>

		should be screening the individual after discharge. The hospital may make a referral to the community-based team.
6.	Is there any COVID-19 flexibility being considered with the 30 Day Screening (beg-end) requirement - as our Public Health Nurses are being deployed as Vaccinators.	No. The flexibility allowed by CMS and the Governor's office/Virginia Medicaid is the ability to conduct LTSS Screenings via telehealth methods.
7.	VOIDS are needed to correct important demographic info - name spelling, DOB, SS#. What if other incorrect info (street, spelling of caregiver's name, a diagnosis clicked & included in error) do these also require Void? Or can Care Coordinator update these?	<p>Only the staff who signed the screening can request to void and make corrections on a LTSS screening. DMAS screening assistance cannot void or make changes based on a care coordinator's request.</p> <p>Items such as addresses, names of care givers, medications taken are all items that may change over time. The LTSS Screening does not need to be updated or revised in relation to these items unless it was an initial data entry error by the LTSS Screener and affects the determination of the LTSS Screening.</p>
8.	As a LTSS screener, we find it difficult to explain the DMAS 97 to our patients. We usually hear "I am not interested in NH placement or community based programs." I will be Medicaid eligible but only want rehabilitation. What is the best way to handle this response?	<p>The DMAS 97 Choice Form is a required part of the LTSS Screening package.</p> <p>Individuals always have choice and are not required to have the screening or sign the DMAS-97; however, in these cases Medicaid cannot be considered a payment choice should the individual need Medicaid financial support for LTSS.</p> <p>Sometimes this needs to be reviewed with the individual so that they understand the LTSS Screenings purpose and possible outcomes if they don't have it conducted and then later end up needing it. Signature on the form demonstrates that all care options have been explained to the individual and that they have made an informed choice among the available options. Without the individual's signature on this form, the LTSS Screening is considered incomplete and cannot be submitted for consideration.</p> <p>If the individual refuses the LTSS Screening or signing the forms, this refusal should be documented in the individual's chart and shared with the Rehab Hospital or SNF upon admission. LTSS Screenings should not be conducted unless you have permission from the individual or their legal representative.</p>
9.	I have been told that hospitals are refusing to complete screenings for hospice individuals who are leaving the hospital, going home. Is this allowed?	<p>If individuals will be using 'hospice only services' a LTSS Screening is not required.</p> <p>However, if an individual plans to use services from the CCC Plus waiver such as personal care, respite care, etc., the LTSS Screening MUST be conducted and is required by law.</p>
10.	If someone is in long term care facility and wants to go home with	If an individual will be using 'only hospice services' a LTSS Screening is not required.

	hospice and community based care and the hospice was provided for more than 30 days at the nursing home, is a new screening required to authorize the personal care services at the home? This is asked because Medicaid Eligibility worker has stated that no new screening is needed due to the hospice election form	<p>However, if an individual plans to use services from the CCC Plus waiver such as personal care, respite care, etc., the LTSS Screening MUST be conducted and is required by law.</p> <p>ALL people who need any services provided through the CCC Plus waiver or PACE MUST be screened for LTSS, regardless of their status in a NF.</p>
11.	In this case, there is no screening for the nursing facility admission that can be found	The individual MUST receive a LTSS Screening.
12.	Does a witness have to be someone certified to do ltss or can they be a coworker that is not certified?	The person witnessing agreement to the items on the DMAS-97 does not need to be a certified LTSS Screener.
13.	When a patient's SSN auto populates incorrect patient info, what is the fastest way to correct it so the screening can be completed? At times it is incorrect dob, name (off by one letter), race, sex etc.	<p>ScreeningAssistance@dmas.virginia.gov MUST be notified via secure email.</p> <p>DMAS needs the following in order to work on the case:</p> <p>Name of Individual (full name): Social Security Number (full social security number): <i>If an erroneous SSN was entered OR auto-fills incorrectly, DMAS needs both the correct and the incorrect SSN.</i></p> <p>Medicaid Number: <i>If an erroneous MCD # was entered or auto-fills incorrectly DMAS needs both the correct and the incorrect MCD#.</i></p> <p>Date of Screening, if submitted, and if a void is needed: Screening Tracking Number: Issue that needs resolving.</p> <p>ScreeningAssistance provides the necessary information to DMAS eligibility as only the DMAS eligibility office is allowed to make these corrections.</p>
14.	I have a client that has requested a NF screening. Based on your comment just now, should I redirect her or go ahead and do the screening as she requested?	If someone is not already enrolled in Medicaid LTSS and requests a screening, that request must be honored and a screening must be provided.
15.	Will Ramona's previous response be available (or already available) in slide format somewhere for easy reference? This is in regards to the SNF-NF transition versus PP NF to MCD NF.	Attached is the chart indicating when LTSS Screenings are to be conducted.

16.	<p>We are having an NPI number issue. Continues to say invalid provider. We do get Medicaid reimbursement so wonder if we have been entered somehow incorrectly in the system. I have let administration know but would appreciate any suggestions 231wwwws. don't want to waste time for anyone since its limited to us. Thx</p>	<p>Hello Dawn, We can continue to work together on this issue offline as it deals with the NPI's Provider Specialty type. Dena Schall</p>
17.	<p>For the LTSS screenings, I am assuming that transfer from NF to NF would be considered continuity of care therefore not requiring a new screening to be submitted prior to the transfer. Is this correct?</p>	<p>This is correct</p>
18.	<p>How long does Ascend have to respond to a request?</p>	<p>An evaluation and determination must be returned within an average of 7-9 days.</p>
19.	<p>Please clarify....if a client hasn't utilized Medicaid LTSS for 1 year or more, they need to be re-screened. Am I correct?</p>	<p>If the individual was never enrolled in LTSS, the individual should receive a NEW screening. Information from the former screening should not be used. The person should be screened as a new client.</p> <p>If the individual is <u>enrolled</u> in LTSS and has not used services, and now wants services again, the person does not need a new screening. Level of Care reviews should have been conducted annually to ensure the individual continues to meet NF criteria.</p>
20.	<p>Why does the ePass system duplicate the application if you have entered some information and you are now recalling the application to complete it or just to review it?</p>	<p>In the ePAS status tracking, the "Recall Function" has multiple purposes. For "Incomplete" Screenings, the recall button is how you go in and out of the screening after saving the information. For "Denials, Voids, and Successfully Processed" Screenings, the recall button is a "cloning/duplication" feature that will generate a brand new Screening with a brand new Reference ID Number but will copy over all of the same information that was in the original Screening that you recalled. This is generally used for making corrections to voided Screenings and was designed as an enhancement so that the Screener did not have to type everything in again when they had an error. As a reminder, if you are wanting to view or review a screening that is in a Denial, Void, or Successfully Processed status, you have to use the "PRINT" button to PRINT PREVIEW the Screening. IF you hit the recall button, you ARE creating a new Screening (and some screeners accidentally will do it multiple times then the screenings have to be deleted).</p>
21.	<p>Just to clarify, you said that if the patient was "pending Medicaid", does that mean that the application is in?, and the hospital discharge planner is responsible for the LTSS</p>	<p>The hospital is responsible for conducting a LTSS Screening if the individual is already a Medicaid member, has applied for Medicaid (but has not heard results of application) or is in status known as Medicaid Pending.</p>

	screening ?I am aware that if the patient currently has Medicaid, the hospital d	
22.	What is the significance of the "Medicaid Number" that populates when you first enter a patients name into the ePass system? They are always 975 numbers. Thank you.	All individuals must have a Medicaid number. The Medicaid Information Management System (MMIS) works based on Medicaid number. All searches for information in MMIS must be via a Medicaid ID #. In order for the system to work properly the system must generate a Medicaid ID # for anyone who does not yet have a number.
23.	Hello. I am newer to this role. However, I was told that before, if an individual came from an out-of-state hospital, they did not require a UAI. My question is: If an individual comes from an out-of-state facility for skilled care or long term care, does the SNF need to complete a UAI now?	No. The special circumstances still apply. If an individual comes from an out of state facility or hospital DIRECTLY to a Virginia NF, a Virginia Medicaid LTSS Screening is not required.
24.	If a patient is Medicaid pending , LTSS screening done, In some cases the family insists on the packet be sent to a Medicaid Waiver aide agency, are we allowed to send the packet to the agency, even if Medicaid is pending? thank you	Yes. As part of the job responsibilities, LTSS Screeners are to provide a full copy of the LTSS Screening packet to the chosen provider AND to the individual themselves.
25.	Are the 95, 96, & 97 available in Spanish? Do they know how soon it will be available for those who cannot read English?	I am sorry, the forms are not currently available in Spanish
26.	If they have an aged waiver already noted on member eligibility how are you to determine if it is active or if a rescreening is needed?	After signing into ePAS go to the tab "Member" and select <u>Eligibility Inquiry</u> . Enter in your NPI, Individuals Medicaid ID or SSN only (do not use name as names are often misspelled), and the date range of the current month and then hit search. Information should display at the bottom. If the person is in a MCO/Health Plan, the name should display and if they are currently in the CCC Plus Waiver, the name should display as well (AGED). If you see AGED display then a screening is not needed and the individual needs to be connected with their MCO/Health Plan Care Coordinator to help them resume Medicaid LTSS Services upon discharge home. IF "AGED" is not showing, then the person would need a New LTSS Screening.

27.	If the client cannot confirm the accuracy of their SS# nor the family how do you proceed with the screening if there is a question about the accuracy of the SS#?	If an individual has been issued a social security number, the individual/family/legal representatives need to obtain/retrieve the correct number (tax records, insurance records, medical records, DMV records, SSA, DSS, etc.) in order to have the accurate number represented on the LTSS Screening. Incorrect socials or pseudo-socials can lead to Medicaid records incorrectly linking and the individual being denied services.
28.	Are you saying that we need more than the PHN and DSS social worker signature along with the client's???	No. Two people are witnesses. The LTSS Screener and someone else.
29.	What do you do if the screener does not have 2 other witnesses? Can you also go over everything that is included in the full packet that is sent to the client.	I am sorry but DMAS has not provided any other alternatives to having two witnesses. Yes, LTSS Screeners are encouraged to review the LTSS Screening packet with the individual.
30.	Can you please send the responses for any questions that were not addressed today to all who registered and attended the screening? Someone else's questions may also be helpful to the group! Thank you!!!	All questions and answers will be posted on the webpage. www.DMAS.virginia.gov/#/longtermprograms Under the Screening for LTSS tab
31.	Should we also be sending the UAI in addition to the notification letter if the client is not approved for LTSS?	We recommend providing a copy of the LTSS Screening package to the individual screened for both authorized and non-authorized services.
32.	Does the DMAS 97 need "two" witnesses in addition to the screener's signature? I was under the understanding it was a "second" witness. This wording would make me think there needs to be three signatures from the screening side?	You are correct. It is a second witness in addition to the LTSS Screener.
33.	If an individual or their family requests a LTSS screening, is it required that it be completed, even if they are not financially Medicaid eligible? We had a provider refuse to screen someone.	This is correct. Because Medicaid is a public health program paid for by taxes, ALL individuals who request a screening, whether they are financially eligible for Medicaid or not, are required to be screened.
34.	What are the official validity timeframes for UAIs? How long are they valid and when is the client required to have a new LTSS screening completed if they never accessed services?	If an individual is <u>already enrolled</u> in LTSS there is no need for a new Medicaid LTSS Screening. Once someone is dis-enrolled or loses their Medicaid eligibility financial or LTSS, then the individual must be screened as a new applicant if Medicaid LTSS is requested. If a person who receives a LTSS Screening does NOT enroll within a year of the screening, the person should be screened again.

35.	How often are new screening required. I have heard several different things.	<p>If an individual is <u>already enrolled</u> in LTSS there is no need for a new Medicaid LTSS Screening. Once someone is dis-enrolled or loses their Medicaid financial eligibility or LTSS program enrollment, then the individual must be screened as a new applicant if Medicaid LTSS is requested.</p> <p>IF a person who receives a LTSS Screening does NOT enroll within a year of the screening, the person should be screened again.</p>
36.	If a screening has been submitted for processing and a mistake is noticed, can it be recalled before it is successfully processed?	<p>No. Once the screening has been submitted, the computer will process it.</p> <p>The only way to make corrections once the LTSS Screening is processed is to request a VOID. Once it is voided, the screening can be recalled, edited and resubmitted.</p>
37.	When doing a screening, is there a certain criteria for how long the condition is anticipated to last for us to be able to screen them at that level of care?	<p>Screenings are based on the 'long term'. You should be thinking in terms of whether this condition is likely to resolve or last much longer.</p>
38.	Our facility hasn't been informed that physician education has been completed for them to sign their own forms. Do you know when that will roll out? I am still entering the physician name and date and the LTSS screenings are still being approved/denied.	<p>Physicians (or their PAs or NPs) should be signing LTSS Screenings. Module 5 of the Medicaid LTSS Screening is the module all physicians must complete.</p> <p>www. https://medicaidltstraining.partnership.vcu.edu/secure/index.html</p>
39.	I have a question about scheduling. Would you be able to answer this question?	<p>I'm sorry, we are not 100% sure what it is that you're asking.</p> <p>Are you referring to the relationship between the LDSS intake worker and the LTSS Screeners? OR the requirement to conduct a LTSS Screening within 30 days of a request.</p> <p>If you still need assistance, we'd be happy to help if you could clarify your question.</p>
40.	I am trying to apply for Medicaid for an individual in a NF. Will a LTSS be required for Medicaid to be approved?	<p>YES. If this individual is likely to need LTSS and for Medicaid to pay, then a LTSS Screening is required.</p>
41.	When the hospital screeners are unable to complete a screening prior to an individual's admission to a NH, do the community screeners complete these?	<p>No.</p> <p>By laws, the hospital is responsible for conducting a LTSS Screening if the individual is already a Medicaid member, has applied for Medicaid or is in status known as Medicaid Pending.</p> <p>Community screeners will only complete a screening in a NF if someone was private pay (or one of the other special circumstances), entered the NF, but later decided he/she wants to use community services, i.e. CCC Plus waiver or PACE.</p>

42.	Do you offer either a one on one session for novice screeners or virtual session walking you through the completion of the LTSS process? i.e. screening packet	Please review the Medicaid LTSS Screening training. The training was developed with the intention that screeners would use it to help them navigate through the LTSS Screening process.
43.	I am a public health nurse on a CBT. We keep getting requests from agencies and insurance companies for old UAIs. Who is responsible to provide these? We do send letters and copies to all clients screened.	Per the guidance provided in the Medicaid LTSS Screening training and in the Medicaid LTSS Screening Manual, Chapter IV, you are to be able to provide copies of the LTSS Screening to the individual's chosen provider(s) for at least six year after the screening date. Please see the LTSS Screening Manual, page 75-76.
44.	Should a client apply for Medicaid at the same time they request the LTSS screening?	It is their choice. No one is required to apply for Medicaid in order to receive an LTSS Screening. Because Medicaid is a public health program paid for by taxes, ALL individuals who request a screening, whether they are financially eligible for Medicaid or not, are required to be screened.
45.	I am new to DSS and if they are approved for services like companion care and they want another service, do they have to do a new screening?	The Medicaid LTSS Screening is for the following: CCC Plus waiver, PACE and LTSS in a NF. Once approved for CCC Plus waiver, the provider (or care coordinator) will work with the individual and based on their needs determine for which services they are eligible. An individual is screened for the overall program, not based on which service or how many services are needed. Once approved, the person may be eligible for any or all of the services based on their needs.