Required Screening for Nursing Facility Placement and Use of the LTC Portal

Presented for
Nursing Facilities &
CCC Plus Health Plans

June 20, 2019
1-2PM

Todays Topics

❑ Changes Effective July 1ˢᵗ

❑ Purpose of LTC Portal

❑ Two systems to confirm NF Enrollments

❑ Helpful Hints for Providers

❑ Questions

JULY 1st 2019 is Important

DMAS will enforce
Screening before Placement
for
Initial Nursing Facility Admissions

All Nursing Facility enrollment &
disenrollments are to be entered via
the LTC portal

MEDICAID BULLETIN

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Richmond, Virginia 23219

http://www.dmas.virginia.gov

TO: Medicaid Long-Term Services and Supports (LTSS) Providers –Commonwealth Coordinated Care (CCC Plus) Waiver Providers and Nursing Facilities and LTSS Screening Entities (Community-Based and Hospital Teams)

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

DATE: 4/12/2019

SUBJECT: Screening Prior to Nursing Facility Admission or No Medicaid Reimbursement and Implementation of Verification of Screening- Effective July 1, 2019

This bulletin relates to the longstanding requirement for a Medicaid Long-Term Services and Supports (LTSS) Screening (also known as "Screening" or "Preadmission Screening" or "PAS") prior to the admi... providers of the... screening before...

Clarification of...

The Code of Vir... will be eligible... Virginia State Pl... Facility Services... of all individuals... defined in § 32.1... following admiss...

Per 12 VAC 30-60-308, prior to an individual's admission to a nursing facility, the nursing facility shall review the completed screening packet to ensure that NF criteria have been met, documented, and submitted via ePAS. Additionally, in accordance with 12VAC30-60-302, an individual's need for LTSS shall meet the established criteria specified in 12VAC30-60-303, before any authorization for reimbursement by Medicaid or its designee is made for LTSS.

In accordance with longstand... reimbursement for nursing fac... prior to an individual's admis... Appendix C, Page 8, states tha...

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In accordance with longstanding policy, neither DMAS nor CCC Plus MCOs will provide reimbursement for nursing facility admission and services unless a valid Screening is completed prior to an individual's admission to a nursing facility.

Who Enters Information in the Portal?
Enrollments and Disenrollments

PROGRAM	ENROLLMENT	DISENROLLMENT	WHO ENTERS IN PORTAL	
			CCC Plus Member	FFS Member
Nursing Center	√	√	Care Coordinator	NC Staff
Skilled Nursing to Intermediate/Custodial Care or	√	√	Care Coordinator	NC Staff
Intermediate/Custodial Care to Skilled Nursing	√	√	Care Coordinator	NC Staff
Hospice	√	√	Care Coordinator	NC Staff/Provider
CCC Plus Waiver	√	DMAS*	Care Coordinator/DMAS	Provider /DMAS

*

4.7.9.4 CCC references
  4.7.1 LTSS Screening Requirements
• The Contractor/ Plan shall not enter CCC Plus Waiver disenrollments into the Virginia Medicaid Web Portal (AE&D).

The Purpose of the LTC Portal?

✓ Expedites enrollment

✓ Provides an electronic means for providers to directly enroll and disenroll individuals in Nursing Facility's, Hospice, and enroll in CCC Plus Waiver.

✓ Available 24 /7

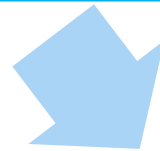# Two Systems Needed to Confirm Enrollment

E-PAS

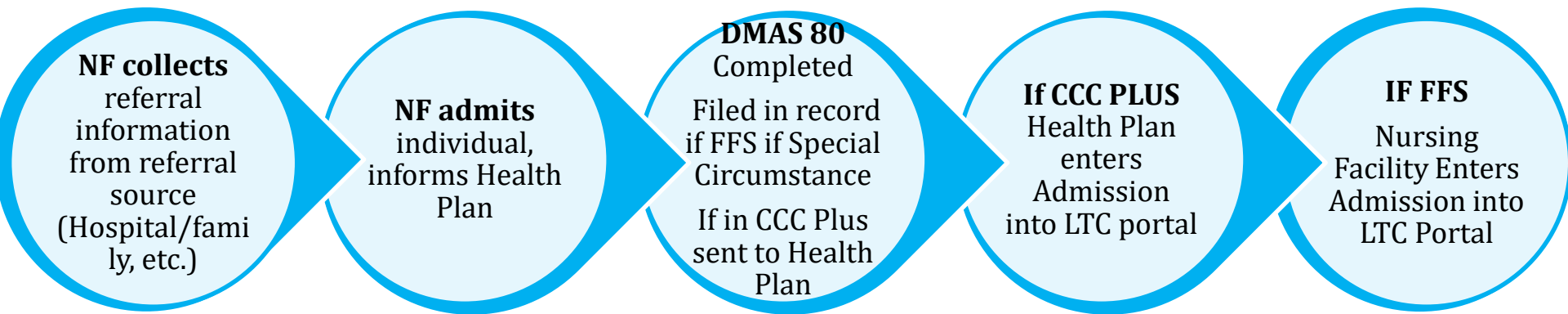Collects and stores required screenings for NF & waiver individuals

LTC

Validates individual has screening

MMIS

Receives information for payment of screening and confirmation of meeting level of care criteria

Typical Flow for NF Admission

NF collects referral information from referral source (Hospital/family, etc.)

NF admits individual, informs Health Plan

DMAS 80 Completed

Filed in record if FFS if Special Circumstance

If in CCC Plus sent to Health Plan

If CCC PLUS Health Plan enters Admission into LTC portal

IF FFS Nursing Facility Enters Admission into LTC Portal

LTC Portal Screening Flow

Does the individual have a LTSS screening?

Yes

No/Not Sure

LTC Portal System will check for screening

Must meet one of six special circumstances listed in 12VAC30-60-302

Yes

Yes

No

Enrollment Permitted

Special Circumstances applies

Obtain the needed LTSS Screening and resubmit

12VAC30-60-302 Section E   Special Circumstances

DMAS' electronic systems will recognize these special circumstances and will permit submission for enrollment into a NF without a screening.
One of the following must apply:

1. Private pay individuals who will not become financially eligible for Medicaid within six months from admission to a Virginia nursing facility shall not be required to have a screening in order to be admitted to the NF.

2. Individuals who reside out of state and seek direct admission to a Virginia nursing facility shall not be required to have a screening. Individuals who need a screening for HCBS waiver or PACE programs and request the screening shall be screened by the CBT or DMAS designee, as appropriate, serving the locality in which the individual resides once the individual has relocated to the Commonwealth.

3. Individuals who are inpatients in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seek direct admission to a Virginia NF shall not be required to have a screening. Individuals who need a screening for HCBS waiver or PACE programs and request the screening shall be referred, upon discharge from one of the identified facilities, to the CBT or DMAS designee, as appropriate, serving the locality in which the individual resides once the individual has relocated to the Commonwealth.

4. Individuals who are patients or residents of a state owned or operated facility that is licensed by DBHDS and seek direct admission to a Virginia NF shall not be required to have a screening. Individuals who need a screening for HCBS waiver or PACE and request the screening shall be referred, upon discharge from the facility, to the CBT or DMAS designee, as appropriate, serving the locality in which the individual resides.

5. A screening shall not be required for enrollment in Medicaid hospice services as set out in 12VAC30-50-270 or home health services as set out in 12VAC30-50-160.

6. Wilson Workforce Rehabilitation Facility (WWRC) staff shall perform screenings of the WWRC clients

DMAS
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How do you obtain the LTSS Screening Packet?

Screeners Sends Screenings:

- For CCC Plus
  - To Nursing Facility and Health Plan
- For FFS
  - To Nursing Facility

From Screening Team to Nursing Facility in Referral Packet → From Screening Team to Health Plan → Nursing Facility into the record

Individuals should receive a copy of their results as well as a letter indicating approval or denial

How to Obtain a Copy of a LTSS Screening If Previous Provider Does not Pass it Along?

Within the last six (6) years

- Screening Entity (hospital, LHD, LDSS)
  Not LDSS eligibility workers

- Current Provider

Longer than six (6) years

- Provider

- **screeningassistance@dmas.Virginia.gov**

The request to DMAS must include the individual's name and either Social Security number or Medicaid number.

NOTE : After 6 years DMAS can only provide a screen shot that a screening occurred

Who Enters Information in the Portal?
Enrollments and Disenrollments

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			CCC Plus Member	FFS Member
Nursing Facility	√	√	Health Plan	NF Staff
Skilled Nursing to Intermediate/Custodial Care or	√	√	Health Plan	NF Staff
Intermediate/Custodial Care to Skilled Nursing	√	√	Health Plan	NF Staff

✓ For CCC Plus Program enrollees
- The Health Plan

✓ For Fee for Service enrollees
- The Nursing Facility

WORKING WITH MMIS AND THE LTC PORTAL

The Critical Question

Long Term Care Add New Member

NPI/API:

SSN:

Member's Medicaid ID:

Member's Last Name:

Member's First Name:

MI:

Suffix:

Level of Care (LOC) | Servicing Address | Admission Date | Discharge Date 12/31/9999 | NPI | End Reason | Change Source | **Approved Pre-Admission Screening?** ○ Yes ○ No

This must be answered to make your admission complete.
The system will validate your entry.

Submit | Return to Status Tracking | Reset

If answered YES you are attesting that you have a valid screening and have forwarded the DMAS 80 to the Plan if enrolled in a Plan. If FFS simply place DMAS 80 in record

If answered No a Special Circumstance must be checked on DMAS 80
form to have a valid admission

If No is checked

One of the Special circumstances must be checked to have a valid admission

If no approved pre-admission screening, one of the following must be selected. If none of the following apply, this member cannot be added until an approved pre-admission screening is completed:

1. Private pay individuals who will not become financially eligible for Medicaid within six months from admission to a Virginia nursing facility.
2. Individuals who reside out-of-state and seek direct admission to a Virginia nursing facility.
3. Individuals who are inpatients in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seek direct admission to a Virginia nursing facility .
4. Individuals who are patients or residents of a state owned/operated facility that is licensed by Department of Behavioral Health and Developmental Services (DBHDS) and seek direct admission to a Virginia NF.
5. A screening shall not be required for enrollment in Medicaid hospice services as set out in 12 VAC 30-50-270.
6. Wilson Workforce Rehabilitation Facility (WWRC) staff shall perform screenings of the WWRC clients.

DMAS is no longer accepting any paper submissions.

Handling Special Circumstances

✓ NF receives the initial request for admission

✓ Suggested actions:

- Obtain admission packet that includes LTSS Screening packet
- Be sure to complete Level 1 if special circumstance is met
- NF completes the DMAS-80 form and submit a copy to the Plan. Both Plan and NF retains a record to document the special circumstances
- If not in Plan; and NF decides to admit
  - NF enters the enrollment request in LTC portal
  - Print a copy of enrollment for records
  - Retains copy of DMAS 80 in record

Revised DMAS 80

Handling Special Circumstances continued

✓ If Private Pay information was incorrect at enrollment is a screening needed?

> NO
> The initial enrollment decision documentation along with the MDS information in the record will substantiate the continued need.

✓ The Level one PASRR should have been completed upon admission by the NF for all Special Circumstances

Timing of Admission and Portal Entry

✓ CCC Plus contract 4.7.9.3 stipulates " *Such admissions /discharges and change transactions shall be entered by the Contractor no later than two (2) business days of notification of Admission /discharge"*

- This assures that date of admission to Nursing facility is the admission date in MMIS

- Health Plans use submitted admission date by NF

FFS Placements
The NF should enter the admission or disenrollment in the LTC portal as soon as possible

Entry Into NF Prior to Entry into CCC PLUS Program

✓ Nursing Facilities should enter FFS admissions to their facility as soon as possible.

- Delaying the submission of admissions or discharges could complicate or delay payment

If individual admitted to Nursing Facility prior to Admission to CCC Plus Program and the Plan can only enroll the individual from date of enrollment in plan.

Nursing Facility will be responsible for submitting for admission days prior to enrollment in CCC Plus Program

For Example

Sample Dates
Admitted to NF as FFS   3.25.19
Enrolled in CCC Plus Program 4.1.19

Enrollment Responsibilities
NF for FFS   3.25.19 ---3.31.19
CCC Plus Health Plan   4.1.19 …………

Nursing Facilities are strongly encouraged to submit FFS admissions in portal as soon as possible

Automation That Helps You

Automated Line segments that simplify
entering enrollments & disenrollments

✓ **Admission to Nursing Facility**
  ▪ System Auto-closes existing CCC Plus Waiver

✓ **Discharge from Nursing Facility**
  ▪ System auto closes "1" or "2" when "9 or A" is entered

✓ **Changes in Level of care in nursing Facility**
  ▪ Entering a "2" or "1"
  ▪ System Auto-closes line "1" or "2"

✓ **Changes in CCC Plus Waiver**
  ▪ Entering a "9"
  ▪ System Auto-closes line "A"

  ▪ Entering a "A"
  ▪ System Auto-closes line "9"

1 = Skilled care
2= Intermediate Care
9= CCC Plus waiver
A= Private duty
Nursing within CCC
Plus waiver

Fixing Errors Made in Portal

✓ Data errors

- Go to next line and reenter it to correct the error if possible

- Document the error and use correct code.

- Codes are available in the LTC users guide

✓ Entering incorrect Medicaid or Social Security #

- If the wrong individual appears

- Reenter the correct Social Security #

Health Plan does not have the ability to void errors

NF Changes in Level of Care

✓ Must you assure you have a screening when changing a level of care within a nursing Facility?

No

Reentry to Waiver from Nursing Facility

✓ When admitting CCC Plus Waiver individual to nursing Facility MMIS auto-closes the waiver line.

✓ If the individual is discharged from nursing Facility, the plan must reenroll the individual into the CCC Plus waiver.
- Use the date CCC Plus Waiver services start as waiver enrollment date

✓ **Screening Decision**
- If discharged from NF with CCC Plus waiver

> A new screening is NOT NEEDED If LTSS Screening has been documented. NF to waiver is continuity of services.

- If in NF with a Special Circumstance, a Medicaid LTSS Screening will be needed for enrollment in the CCC Plus waiver
- If discharged from NF without CCC Plus waiver but CCC PLUS waiver is needed later, a LTSS Screening will be needed.

> LTSS SCREENING IS NEEDED if no LTSS Screening is documented OR there is an end date of NF care with no begin date of home and community-based services

✓ This is an opportunity for the Health Plans to implement the transition services and supports associated with the CCC Plus waiver.

DO NOT PAY FOR NEW ADMISSIONS

✓ Nursing Facility's who are under

Helpful Hints

Do Not Pay for New Admits (DPNA)

✓ CMS sends notice to DMAS

✓ Integrated Care sends notices to health plans

✓ DMAS and health plans manually stop all admits to nursing Facility during DPNA period

> Any admissions made during the DPNA period
> will not be paid for by DMAS or health plan

Need Refresher on Using the LTC Portal

✓ On DMAS portal you will find

https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/LongTermCare

Reporting

❑ DMAS will have access to monitoring reports

❑ Based on these reports DMAS may be calling providers with questions

FFS Follow up

- ✓ DMAS is planning for general LTC training beyond the on line information.

- ✓ DMAS will schedule 2 webinars on how to use the LTC portal in July.
  - Invitations will be sent shortly

- ✓ FFS providers are encouraged to review the Portal training before the webinars.

Other Reminders

Helpful Hints

✓ Screening questions go to:
  screeningassistance@dmas.Virginia.gov

✓ LTC Portal questions go to:
  - For FFS AEandD@dmas.Virginia.gov

  - For CCC plus contact the appropriate Health Plan

  - Health Plan contact DMAS
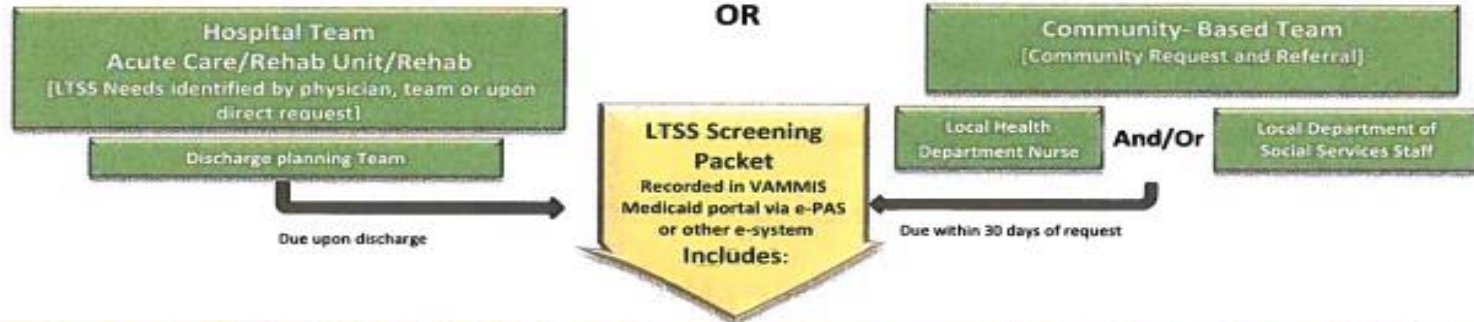   CCCPlusMCOs@dmas.Virginia.gov

Questions?

AEandD@dmas.Virginia.gov

Division for Aging and Disability Services

✓ ALL SLIDES THAT FOLLOW ARE HERE AS ADDED INFORMATION ND WILL NOT BE PART OF PRESNTATION

LTSS Screening Process
for Medicaid Members or Medicaid Financially Eligible within Six Months

Individuals with medical and support needs are identified or request a screening

OR

Hospital Team
Acute Care/Rehab Unit/Rehab
[LTSS Needs identified by physician, team or upon direct request]

Discharge planning Team

Due upon discharge

Community- Based Team
[Community Request and Referral]

Local Health Department Nurse **And/Or** Local Department of Social Services Staff

Due within 30 days of request

LTSS Screening Packet
Recorded in VAMMIS Medicaid portal via e-PAS or other e-system
Includes:

DMAS-95, PASRR Level I & II **UAI A&B** DMAS-96, Medicaid Authorization DMAS-97, Individual Choice DMAS- 108 (Adult) DMAS-109 (Child)
Nursing Facility Admissions
MI, ID and related conditions
screening
Private Duty Nursing Form

Level I/II if an individual has chosen NF services
Summarizes function, medical /nursing need and eligibility
Choice is required for all individuals requesting services
Additional 108 or 109 form is needed for individuals choosing PDN

Screening results are provided to the individual or their representative and the DMAS-96 is sent to the LDSS.

or

PACE
If the individual chooses PACE, the screening shall be sent to the PACE site

CCC Plus Waiver

Screening Team sends the Screening Packet to the health plan **via identified Health Plan fax number** or if the individual is FFS to the chosen provider:
- Medicaid Authorization Form [DMAS-96]
- UAI A&B
- Individual Choice Form [DMAS-97]
- PDN Form if applicable

Nursing Facility (NF)

Screening Team sends the Screening Packet to the health plan **via identified Health Plan fax number** or if the individual is FFS to the chosen provider:
- Medicaid Authorization Form [DMAS-96]
- UAI A&B
- Individual Choice Form [DMAS-97]
- Level I MI, ID or RC Form [DMAS-95] and Level II Information if applicable

If the individual is in a Health Plan, the Health Plan confirms individual's choice and sends the LTSS Screening Packet to the chosen provider.

Regulatory Requirements

Code of Virginia § 32.1-330

12VAC30-60-302, 1 and E and E

12VAC30-60-308

12VAC 32.1-123

Health Plan Contract Requirements

Section 4.7.9.4

Section 4.7.9.1

Section 4.7.9.3

Section 4.7.1