Provider Update

Date: September 6, 2019

LTSS Screening Requirements for Nursing Facilities

The Department of Medical Assistance (DMAS) issued a bulletin dated April 12, 2019, titled "Screening Prior to Nursing Facility Admission or No Medicaid Reimbursement and Implementation of Verification of Screening – Effective July 1, 2019." "In accordance with longstanding policy, neither DMAS nor CCCPlus 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."

*In accordance with our DMAS contract effective July 1, 2019 "*Payment shall not be made to the NF until the Contractor receives a copy of the screening. Following the Department's policy, the Contractor shall receive a copy of the UAI for members admitted to a NF on or after July 1, 2019 prior to payment to a NF for that admission. For Members in a NF prior to July 1, 2019, in the event that a UAI has not been completed, the Contractor shall accept the MDS, and may request the DMAS-80, Patient Intensity Rating System Review (PIRS) form".

We require the Nursing facilities to utilize the DMAS-80 form for notification of admission and discharge from the facility.

A new version of the DMAS-80 form is located on the DMAS website at: www.virginiamedicaid.dmas.virginia.gov under Provider Forms Search and included in this notice for your reference.

Additionally, the required documents for a valid screening packet per the Virginia Administrative Code 12VAC30-60-306 Submission of screenings are:

- *UAI*
- *DMAS-95 MI/DD/RC (and DMAS-95 MI-ID/RC Supplement Form, Level II, if applicable) for individuals who select nursing facility placement*
- *DMAS-96 (Medicaid Funded Long-Term Care Service Authorization Form)*
- *DMAS-97 (Individual Choice – Institutional Care or Waiver Services Form)*

Virginia Premier will attempt to collect a copy of the MLTSS screening packet from the screening entity (hospital, LHD, LDSS). If Virginia Premier is unable to obtain a copy of the screening packet, we will reach out to the Nursing Facility to try to obtain the required documents.

If the individual does not have a screening completed, the individual must meet one of the 6 special circumstances listed below. The special circumstance must be noted on the DMAS-80 form and sent to

Virginia Premier. Virginia Premier will enter this information into the DMAS portal in order to waive screening requirements.

Special Circumstances

NF providers and CCCPlus Health Plans enrolling individuals into NF level of care on or after July 1, 2019 without a screening must assure that the individual meets one of the special circumstances (12VAC30-60-302) listed below. DMAS' electronic systems will recognize these special circumstances and will permit submission for enrollment into a NF without a screening, if one of the following applies:

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 Center (WWRC) staff shall perform screenings of the WWRC clients.

Please notate on the DMAS-80 if the following situation occurred resulting in a Medicaid LTSS Screening not being conducted:

Change in Level of Care:

A person who was a non-Medicaid admission developed a need for Medicaid LTSS within six months. Please check if one of the following situations occurred (as indicated by the hospital staff prior to admission) resulting in an approved Medicaid LTSS Screening not being conducted:

- The LTSS screening process determined failure to meet nursing facility level of care criteria; or
- The individual refused the Medicaid LTSS Screening.

Upon request, please be prepared to present documentation of change of level of care via the MDS and physician certification.

Additional FAQs

Does Virginia Premier require an authorization for Long Term Care?

An authorization is required for specialized care, long stay hospitals or if the provider is non-par. For Long Term Care/Custodial, no authorization is required.

Does Virginia Premier require an authorization for Skilled Care?

An authorization is not required for Part A or Part B Skilled Nursing Facility Care. Virginia Premier will coordinate benefits with the primary insurer.

How can we reach a Care Coordinator?

Fax Number for Screening Documents and DMAS 80:	Care Coordination Team Phone Number:
1-800-846-4254	1-877-719-7358 follow prompts for care coordination by selecting option 2 then 4

Where can I fax my Notification to?

Virginia Premier Care Coordination fax number 1-800-846-4254.

How often can we expect to see your Care Coordinators?

- Nursing facility visits are face to face and members are required to be seen quarterly.
- The Health Risk Assessments and the Review of the Care Plan is done every 6 months at a minimum and upon a triggering event such as a hospitalization or significant change in health or functional status.
- We will work with you on an annual basis to complete the individual's level of care for continued nursing facility placement

What if a member is enrolled under Hospice in a facility?

In order to receive hospice services, an individual must be enrolled in the hospice level of care (LOC). The admission and facility information are submitted by the hospice to the MCO via a 421a hospice admission form by the hospice provider. Virginia Premier will enter hospice admissions and discharges into the Virginia Medicaid Web Portal no later than two (2) business days of notification of admission/discharge.

We must notify (L)DSS of a hospice and all nursing facility admissions and discharges via a DMAS 225. Virginia Premier will call the facility and request the RUGS score and Medicaid Per Diem (RUGS Rate) to accurately and fully complete the DMAS 225.

Beginning July 1, 2019, for members that reside in a nursing facility and are enrolled in a Medicaid approved hospice program, Virginia Premier shall pay the nursing facilities their share of payment directly rather than paying the hospice provider. Payments made to the nursing facility shall be the full amount that would be paid to the nursing facility if the member was not receiving hospice services.

What do I do if the portal does not reflect the appropriate nursing facility waiver or hospice indicator?

Prior to billing, it is a best practice to verify the nursing facility waiver line or hospice indicator has been entered into the portal (whichever is applicable) to avoid claim denials. In the event that you have notified Virginia Premier of a NF admission or Hospice enrollment and the portal is not updated, please contact the care coordination team.