Department of Medical Assistance Services
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Richmond, Virginia 23219

http://www.dmas.virginia.gov

MEDICAID MEMO

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

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

MEMO: Special

DATE: 11/19/18

SUBJECT: Preadmission Screening and Resident Review Process

The purpose of this memorandum is to provide clarification and guidance related to the federally required Preadmission Screening and Resident Review Process, specifically, Level I Screening. The Omnibus Budget Reconciliation Act (OBRA) of 1987, Part 2, Subtitle C of Title IV, added §1919 to the Social Security Act law that requires all individuals (regardless of payer source) who apply as a new admission to a Medicaid-certified nursing facility (NF) be screened for evidence of possible mental illness (MI), intellectual disability (ID), or related conditions (RC) and if needed, evaluated for special services for MI, ID or RC.

This process is conducted to ensure that individuals are placed appropriately, in the least restrictive setting possible, and that individuals receive needed services wherever they are living**.** The process involves two steps, known as Level I and Level II screening and evaluation. The use of a Level I and Level II screening and evaluation is federally known as the Preadmission Screening and Resident Review (PASRR) process.

By federal law, an individual shall not be admitted to a NF unless a Level I screening has been completed, and, if it is determined that the individual has a condition of MI/ID or RC, then the individual shall not be admitted until the Level II evaluation and determination has been completed. As a condition of approval of the Virginia Medicaid State Plan, Virginia must operate a PASRR program that meets the requirements of the Federal Code of Regulations (42 CFR § 483.100 through 483.138).

Per Virginia's Administrative Code, 12VAC30-130-150, Medicaid Long Term Services and Supports Screening Teams (Screening Teams) shall complete the Level I screening for individuals who are Medicaid eligible or expect to become Medicaid eligible within 180 calendar days. This screening occurs as a component of the overall Medicaid Long-term Services and Supports Screening process. NFs must ensure that the appropriate Level I screenings are conducted for non-Medicaid eligible applicants.

Beginning in November 2017, Virginia Department of Health (VDH) NF surveyors were required to document evidence of Level I screenings for NF residents as a part of the federal certification and state survey process. Surveyors have documented via the survey process that some nursing facilities admitted individuals without a Level I screening. This is contrary to federal requirements.

To address the concern, DMAS and VDH have been working together to assure that individuals who are residents of NFs and have not had these mandated Level I screenings have them completed as quickly as possible. Effective the date of this memo through July 1, 2019, NF staff who have medical knowledge of the resident and knowledge of the medical terminology in the Level I screening may temporarily complete these screenings for all residents in a NF who do not have a Level I screening. Any individual identified as needing a Level II evaluation and determination must be referred to the Level II evaluator as follows:

Ascend, A Maximus Company
Phone: 877-431-1388, Extension 3205
Fax: 877-431-9568
Website: www.ascendami.com

Ascend/Maximus must receive a copy of the Level I Screening form as well as a copy of the completed Uniform Assessment Instrument (UAI) for each case referred for Level II evaluation and determination.

Deficiencies will continue to be cited by VDH surveyors for individuals in a NF who have not had a Level I screening. However, the ability to utilize appropriate NF staff to complete these screenings should permit the process to move more quickly and assure that all residents in a NF have had this Level I screening.

By July 1, 2019, all residents in a NF who did not have a Level I screening shall have had one completed. Screening teams will continue to conduct the Level I screening for those individuals who are Medicaid members or will become Medicaid eligible individuals within 180 calendar days of admission.

NFs shall have policies and procedures in place to ensure Level I screenings are conducted for **non-Medicaid eligible applicants prior to NF admission**. These policies may include the use of NF staff who have medical knowledge of the individual and knowledge of the medical terminology in the Level I screenings, and, when needed, requests for Level II evaluations and determinations will be sent to the designated Level II contractor prior to admission to the NF.

Nursing facilities may use the Level I Screening for Mental Illness, Intellectual Disability, or Related Conditions forms provided on the DMAS website at:
http://www.dmas.virginia.gov/#/longtermprograms.

For additional questions, please email Brenda Hornsby, Senior Policy Analyst, at:
Brenda.Hornsby@dmas.virginia.gov.

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the managed care segment, "MED4" (Medallion 4.0), or "CCCP" (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: http://www.dmas.virginia.gov/#/medex.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or call: 1-800-424-4046
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627