PACE User Guide

Navigating the Program of All-Inclusive Care (PACE) Portal

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Table 1: Revision History

Revision History			
Version	**Date**	**Additions/Modifications**	**Prepared By**
1.0	8/20/2021	ALPHA/Initial Draft	Briljent/Kristin Riley
2.0	9/8/2021	BETA Draft	Briljent/Kristin Riley
3.0	9/13/2021	BETA Draft with impact of SIT changes noted	Briljent/Kristin Riley
4.0	9/27/21	GOLD Draft for Pilot Testing	Briljent/Kristin Riley
5.0	12/14/21	Final	Briljent/Kristin Riley

HIPAA

All users of the electronic Program of All-Inclusive Care for the Elderly (PACE) assessment portal must comply with HIPAA and laws protecting personal health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule 1 provides protection for personal health information. The regulations became effective April 14, 2003. HIPAA Privacy Policies and Procedures were developed to ensure operations are compliant with the legislative mandate.

Protected health information (PHI) includes any health information – whether verbal, written, or electronic that is created, received, or maintained. It is health care data, plus identifying information that allows someone using the data to tie the medical information to a particular person.

The Privacy Rule permits a covered entity to use and disclose PHI within certain limits and providing certain protections for treatment, payment, and health care operations activities. It also permits covered entities to disclose PHI without authorization for certain public health and workers' compensation purposes, and other specifically identified activities.

Protected Health Information (PHI)

PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

PACE Introduction

The electronic Program of All-Inclusive Care for the Elderly (PACE) is the web-based tool that Virginia Medicaid PACE providers use to create, submit, and search assessments for participants in their PACE program. The PACE portal is located on the Virginia Medicaid System (MES) in the Care Management Solutions (CRMS) module.

This user guide outlines the steps for navigating, creating, and managing assessments in the PACE portal in MES, including the following tasks:

- Accessing and logging in
- Navigating PACE features and functions
- Searching for existing Medicaid members and assessments
- Creating and submitting initial enrollments and annual PACE assessments
- Resolving pre- and post-submission assessment errors

The audience for the *PACE User Guide* are those conducting PACE initial enrollments and annual assessments.

System Requirements

To successfully use all MES features, ensure that your computer system meets the following minimum requirements:

- Reliable internet connection
- Latest version of your web browser
- Enabled pop-ups to view detail and attachment windows
- Adobe® Acrobat Reader

Registration and Access

Prior to accessing PACE, providers and authorized administrators must be registered for the Virginia MES Provider Portal. In this process, users will receive their MES Provider access credentials through two distinct emails.

Instructions for registration and access to the Virginia MES Provider Portal can be found on the *MES Provider Training Page*: https://vamedicaid.dmas.virginia.gov/training/provider.

PACE User Access Roles

Once registered for MES, PACE users are issued role-based access for PACE. Users only have access to the features and functionality that are associated with the role they are assigned.

The Authorized User role for providers in the PACE organization is Creator.

This role has distinct security accessibility levels associated with it to be able to perform the following tasks:

- View/Print Assessment
- Create Initial/Annual Assessment
- Cance Assessment

Logging In

Use your MES credentials to log into and access your authorized functionality in PACE.

To access PACE functions (Figure 1):

1. Navigate to the *MES Secure Log In* page at:
   https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage
2. Enter your Username.
3. Enter your Password.
4. Select the **SIGN-IN** button.

Figure 1: MES Secure Log In Page

Forgot Password

To reset a forgotten password:

1. Select the *Reset Password* link on the *MES Secure Log In* page (Figure 2).

Figure 2: MES Secure Log In Page - Reset Password Link

2. Follow the **Forgot Password** instructions (Figure 3).

Figure 3: Forgot Password

Accessing MES Modules

Once you are signed into MES, the MES landing page displays the modules available to you.

To access PACE (Figure 4):

1. Select the **Care Management** drop-down arrow.
2. Select the *CRMS* link to access PACE.

Figure 4: MES Landing Page/Care Management Tile
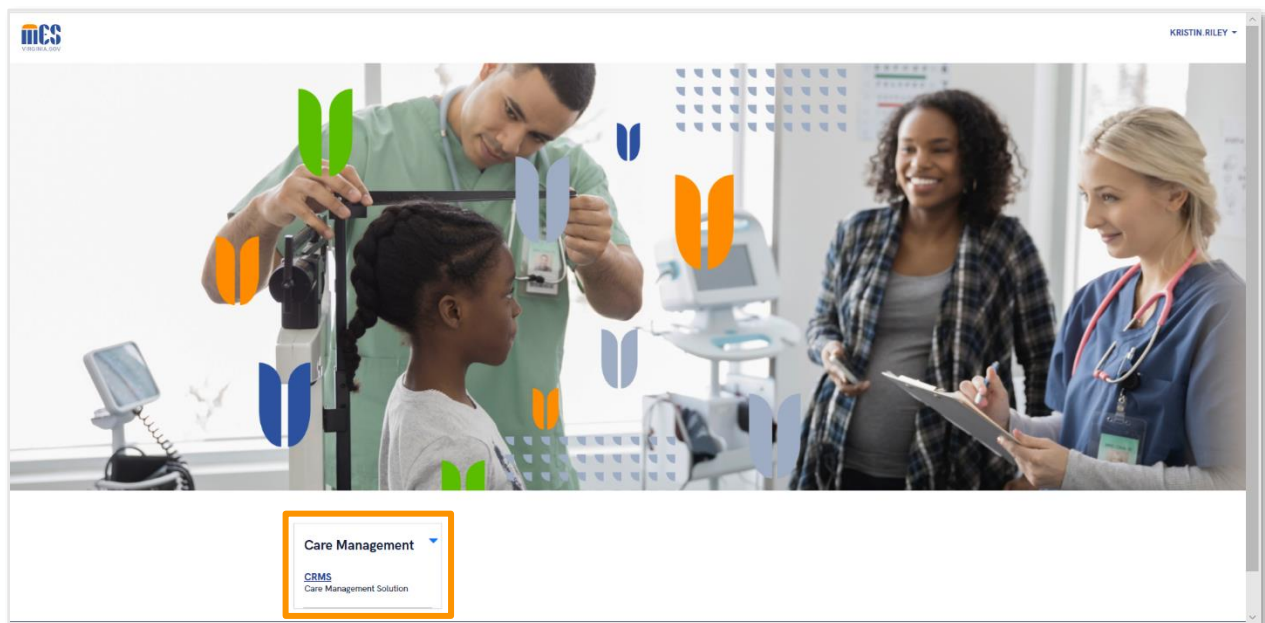
3. Select the appropriate provider from the **Select a Provider** drop-down list (Figure 5).
4. Select the **Submit** button to log in on behalf of the selected provider.

Figure 5: Select a Provider
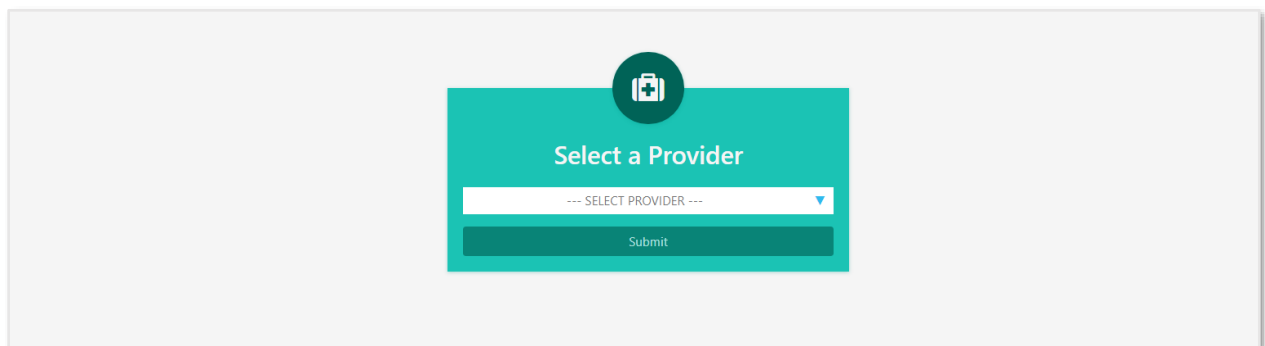
General Navigation and Functions

When you log into and access the Care Management Solution (CRMS) portal, you will always start on the *CRMS* Home page, also known as the *Dashboard* page (Figure 6).

This page consists of:

1. **Collapsible Menu** – used to access functions when not on the *Dashboard* page.
2. **Mailbox Link** – used to access messages within your CRMS mailbox.
3. **User Profile Link** – used to see for which provider's behalf you are currently working.
4. **Logout Function** – used to log out of the CRMS portal.
5. **Assessment Function Tiles** – used to access the assessment functions.

> **IMPORTANT:** Only applicable navigation tiles display, based on your assessment role permissions.

Figure 6: CRMS Home (Dashboard) Page
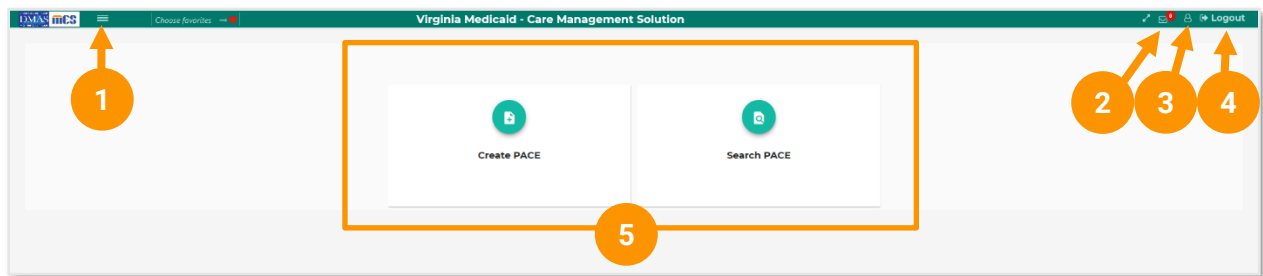
Accessing the Collapsible Menu Bar

When you are on any page other than the *Dashboard* page, you can access the *Dashboard* page, assessment functions, provider selection, and Mailbox from the collapsible menu.

To access these items:

1. Select the **menu** icon (Figure 7).

Figure 7: Collapsible Menu Bar – Hidden
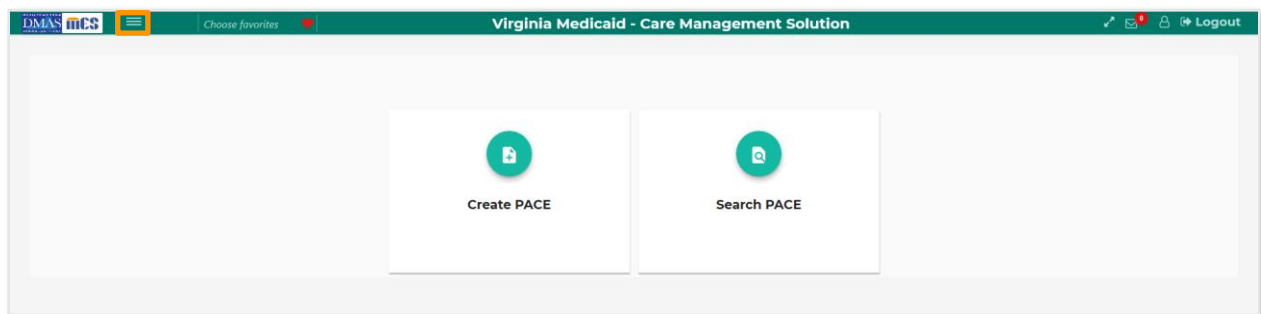
2. Select an item to display the function or select an option by using the drop-down arrow when applicable (Figure 8).

Figure 8: Collapsible Menu Bar – Expanded
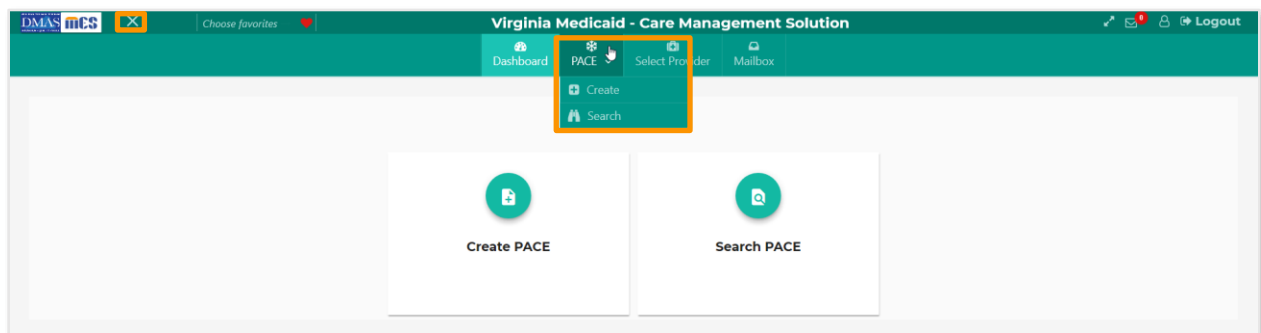
NOTE: When the collapsible menu bar is expanded, the **menu** icon changes from three horizontal lines to an "X." Select the "X" to hide the collapsible menu bar.

Accessing Assessment Functions

You will have access to both of these assessment functions:

- **Create PACE** – used to create a new assessment.
- **Search PACE** – used to search for PACE assessments based on search criteria.

These functions can be accessed from the tiles on the *Dashboard* page (Figure 9) or the collapsible menu options.

Figure 9: Dashboard Page – Assessment Function Tiles
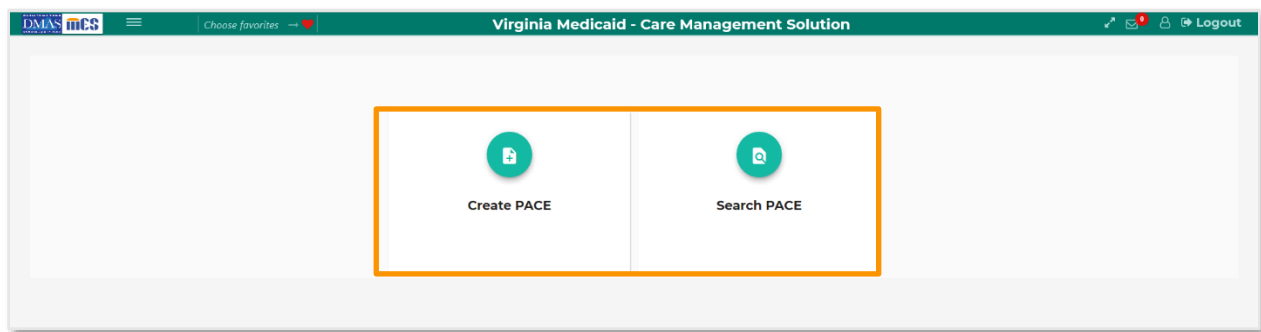
Figure 10: Collapsible Menu Bar – Assessment Functions
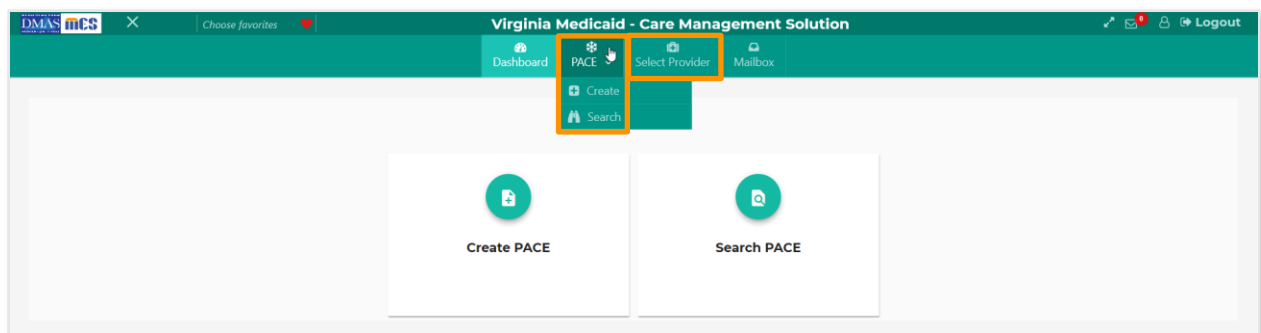
Searching for Existing Assessments

You can search for PACE assessments that are in any status.

NOTE: You can only view assessments that you have access to through your provider number.

To search for an existing assessment:

1. Select the **Search PACE** tile from the *Dashboard* page (Figure 11).

   NOTE: You can also access this function from the collapsible menu bar by selecting "Search" from the **PACE** drop-down list.

Figure 11: Dashboard Page
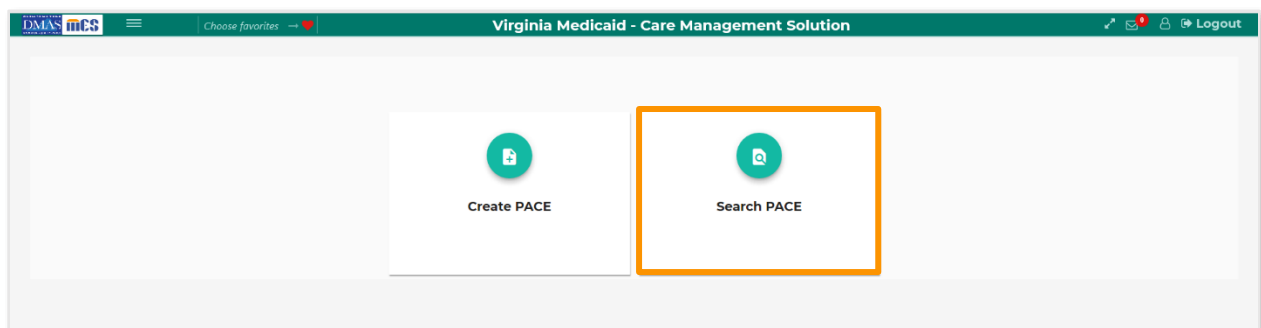
2. Select one or more criteria (Table 2) to narrow the search results (Figure 12).
3. Select the **Search** button.

Figure 12: Assessment Search Criteria Page

Table 2: Assessment Search Criteria Fields

Field Name	Field Details
Last Name	Participant's last name **NOTE:** Search results include partial matches. For example, if you enter Smith, participants with the last name of Smithfield will also be included.
First Name	Participant's first name. **NOTE:** Search results include partial matches. For example, if you enter John, participants with the first name of Johnathan will also be included.
Date of Birth	Participant's date of birth
Gender	Participant's gender Gender options include: • Male • Female • Unknown
SSN	The participant's 9-digit social security number **NOTE:** This can enter in XXXXXXXXX or XXX-XX-XXXX format.
Medicaid ID	The participant's Medicaid ID
Screening ID	A unique identifier for an assessment generated by PACE.
Status	The status of the assessment currently. Status options include: • Approved • Cancelled • Deemed • Disenrolled • DMAS Review • In Correction • In Progress • Not Eligible • Waived • Void
Enrollment Type	Enrollment type selection options include: • Initial Enrollment • Annual Assessment • Disenrollment

4. Refine the search results by entering additional details in the text box filter (Figure 13).
5. Locate the PACE assessment record.

> **NOTE:** Use the page navigation that appears at the bottom of the page when multiple pages of results are displayed after refining the search results.

> **NOTE:** Select the **Download Report** button to download the search results into an Excel file.

Figure 13: Example Search Results

6. Review the information on the PACE assessment card you located (Figure 14).

> **NOTE:** This side of the assessment card includes the participant's first and last name, date of birth, SSN, Medicaid ID; the Provider's NPI; and assessment status.

7. Select the assessment status (Figure 14) to view additional details for the assessment.

> **NOTE:** A red **lock** icon next to an NPI indicates you do not have permissions to view the assessment based on the permissions assigned to your provider role.

Figure 14: Search Result Assessment Card - Front Side

8. Examine the additional details (Figure 15) to verify this is the assessment you want to view.

> **NOTE:** This side of the assessment card includes the assessment date, last updated by, last updated at, locked by, and assessment status.

> **NOTE:** To return to the other side of the card, select the "X" in the place where the status was displayed on the front of the card.

Figure 15: Search Result Assessment Card - Back Side

9. Select the **View** button (Figure 15) on the assessment card to view the assessment forms (Figure 16).

Figure 16: Assessment Forms

Viewing Assessment Summaries

To view the *Summary* page of the assessment, select the **Summary** tab (Figure 17).

Figure 17: Assessment Summary

Printing Assessments

To print an assessment:

1. Select the **gear** icon (Figure 18).

Figure 18: Gear Icon
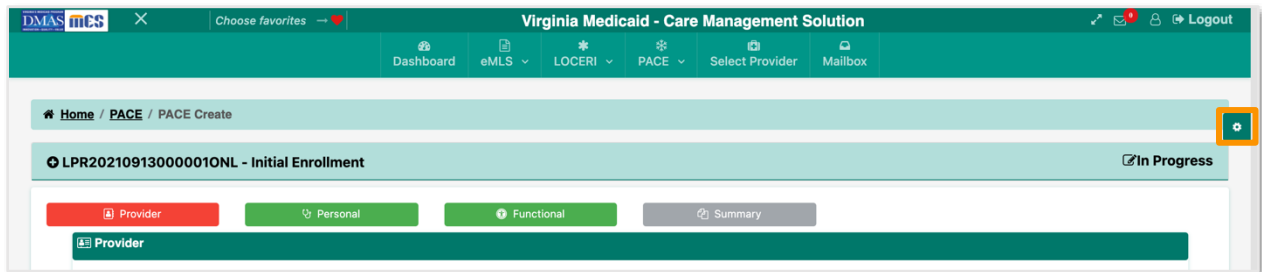
2. Select the **Print** button (Figure 19).

> **NOTE:** Your browser will download a PDF file of the assessment that you can open and print from your computer.

Figure 19: Gear Icon Pop-up Box
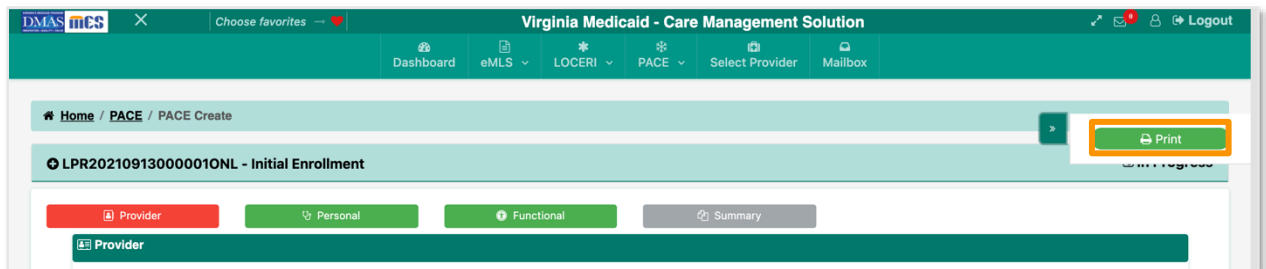
Navigating the Assessment Pages

The layout of the PACE interface makes it easy to complete the necessary information.

Tabs

The PACE assessment form is divided into four tabs: **Provider**, **Personal**, **Functional**, and **Summary** (Figure 20). Each tab includes specific details about the assessment.

IMPORTANT: You must complete the required information in each tab before you can move to the next tab. After you have completed a tab, you can revisit it at any point in the assessment process by selecting it.

Figure 20: Assessment Form Tabs

Pages

Within each tab, there are pages (Figure 21) to further group information related to those tabs.

IMPORTANT: You must complete the required information, indicated by a red asterisk (*), in each page before you can move to the next page or tab. Like tabs, you can revisit a page at any point in the assessment by selecting it.

Figure 21: Assessment Form Pages
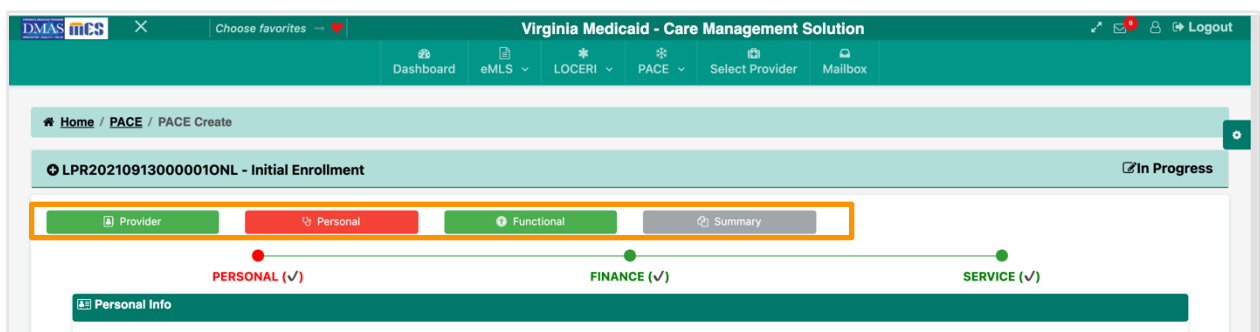
Sections

Within some pages, there are sections (Figure 22) that group similar content.

NOTE: These sections do not need to be completed in a particular order, but information you provide at the start of a section may prompt additional fields to display. Best practice is to complete the section fields in the order they are presented.

Figure 22: Assessment Form Sections

Gray tabs and pages (Figure 23) indicate areas that you have not yet viewed.

NOTE: Checkmarks are currently only present for pages, not tabs.

Figure 23: Form Completion Indicators

Required Fields

As you work through the assessment, the system indicates required fields with a red asterisk (*) to the right of the field name and red descriptive text below the field (Figure 24).

NOTE: After you enter information in a required field, the red instructional text below that field disappears.

Figure 24: Required Field Indicators

IMPORTANT: Information fields that were previously optional may now be required and vice versa. Become familiar with the updated requirements.

IMPORTANT: Some required fields are conditional. When you select certain criteria, these additional fields display.

Save and Continue

PACE allows you to save the information you have entered and resume the assessment later. On each page, when you select the **Save & Continue** button (Figure 25), the system saves the information you entered. This safeguards the information you have completed from being lost.

Figure 25: Save & Continue Button

NOTE: If your session times out, or you close the browser tab, you will be able to search for the assessment using the **Search PACE** function (Figure 26) to find the "In Progress" assessment and resume it.

Figure 26: Seach PACE

Error Messages

When criteria are not met or do not align with accepted parameters, the form displays an error message with details explaining the error.

NOTE: These errors must be corrected before you can submit the assessment. This enhancement reduces the number of errors that have historically occurred with assessment submissions.

Clearing and Resetting Data

On each page, there are two buttons: the **Clear** button and the **Reset** button (Figure 27).

Figure 27: Clear and Reset Buttons

Clearing Field Data

When you are completing information for the first time on a page, you can select the **Clear** button to clear all data from the fields on that specific page. It will not clear data from other pages you have saved.

Reverting Changes

When making corrections to a page that was already saved, select the **Reset** button to revert the data to what was saved in the fields on that specific page prior to your changes. This function does not work after you save your changes.

Assessment Criteria Snapshot

An extremely beneficial feature of PACE is the **Assessment Criteria Snapshot**, which helps quickly identify the areas where corrections are needed.

Accessing the Snapshot

Select the **plus** icon next to the assessment number (Figure 28) to display details about the assessment.

Figure 28: Assessment Criteria Snapshot - Plus Icon
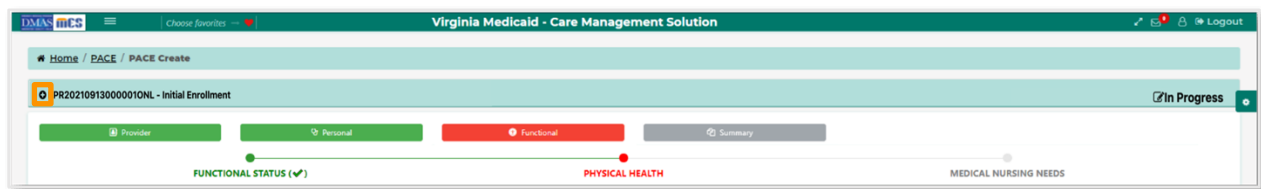
Reviewing the Assessment Criteria Snapshot

This **Assessment Criteria Snapshot** (Figure 29) provides indicators to let you know when specific criteria are met for the needs of the participant you are assessing. It updates in real-time as you enter and save new information for each page.

Figure 29: Assessment Criteria Snapshot
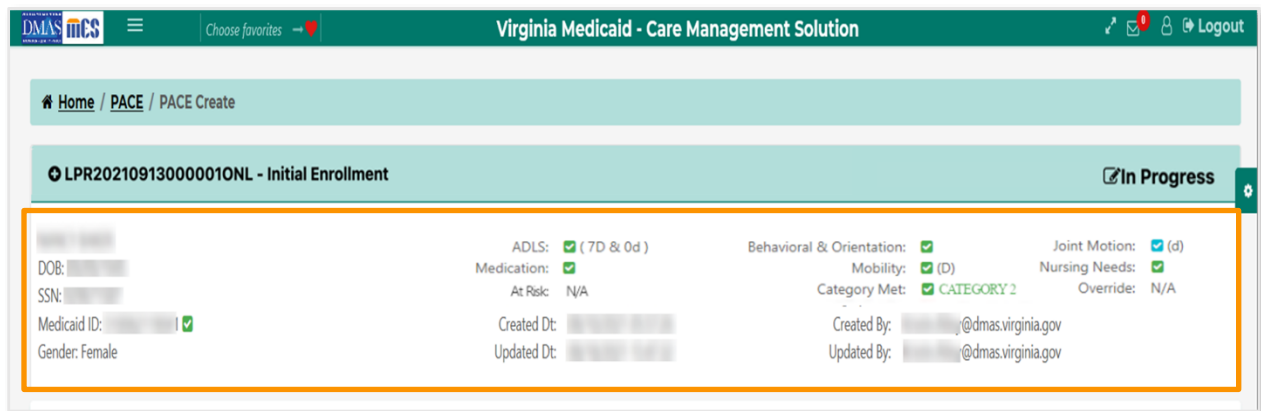
PACE Assessment

This section details how to locate and confirm a participant and create a PACE initial and annual assessment.

To create a PACE assessment, participants must be at least 55 years of age and approved and authorized in eMLS, meeting Nursing Facility level of care.

IMPORTANT: It is important to include as much information as possible, even when it is not required. This additional information helps the assessment to properly process.

IMPORTANT: There are several information fields that were previously optional that are now required in PACE assessments and others that were required but are now optional. Become familiar with the updated requirements.

IMPORTANT: Remember that you are now able to save your work when completing each page. Make sure you have all required information prior to completing a page and if information is needed, you can come back later to that page to complete the assessment.

Access the Create PACE Function

To begin the process for creating an initial or annual PACE assessment, select the **Create PACE** tile (Figure 30).

Figure 30: Create PACE Tile
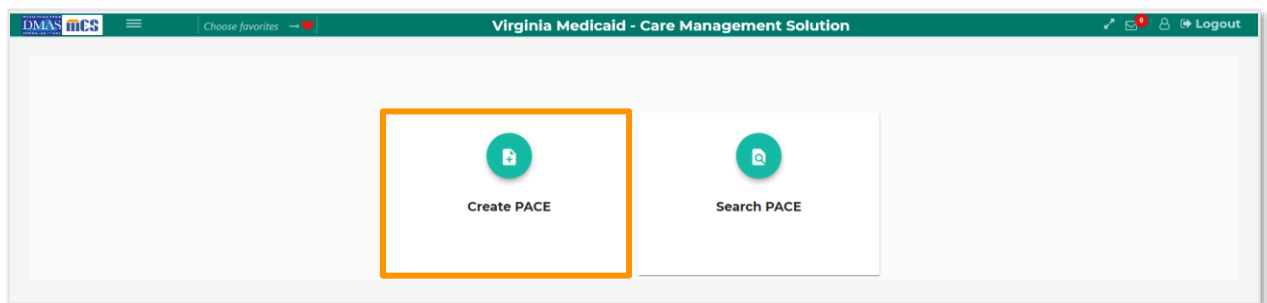
Participant Search and Verification

Before the system allows you to create a new PACE assessment record, it uses participant identification information to perform a cross-reference check against existing records to guard against duplicate records and to allow for auto-population of some existing information into a new assessment record.

- If the participant is already a member in PACE, Initial Enrollment is allowed only after completing Disenrollment.
- If the member is new to PACE, Initial Enrollment is allowed only after being authorized in eMLS and meeting Nursing Facility level of care.
- If there is a pending assessment, a new Initial Enrollment, Annual Assessment, or Disenrollment cannot be initiated without first completing the one pending in the system.

You must identify the participant by using one of the following identification criteria options:

- Medicaid ID
- Social Security Number (SSN)
- First Name, Last Name, Gender, and Date of Birth

Search and Verify by Medicaid ID

If the participant's Medicaid Number is known:

1. Select the **Yes** button in the **Do you have a Medicaid ID?** field. (Figure 31).
2. Enter the **Medicaid ID**.
3. Select **Search**.
4. Select **Continue** next to the participant's name you are assessing.

Figure 31: Person Identification Page - Medicaid ID Known

Search and Verify by SSN

When the participant's Medicaid Number is unknown, but their SSN is known:

1. Select the **No** button in the **Do you have a Medicaid ID?** field. (Figure 32).
2. Select the reason for not having Medicaid.

Figure 32: Person Identification Page - Medicaid ID Unknown

3. Select the **Yes** button if the participant's Social Security Number is known.
4. Enter the SSN for the participant.
5. Select the **Search** button.
6. Select the **Continue** button next to the participant's name you are assessing.

Search and Verify by Last Name or Gender

When the participant's Medicaid ID and SSN are unknown:

1. Select the **No** button in the **Do you have a Medicaid ID?** field.
2. Select **No** button in the **Do you have an SSN?** field?
3. Select the reason for not having SSN (Figure 33).

Figure 33: Person Identification Page - SSN Unknown

4. Include the information in the required fields (Figure 34). The portal will use the participant's date of birth as the SSN in the format 000MMDDYY.
5. Select the **Search** button.
6. Select the **Continue** button next to the participant's name you are assessing.

Figure 34: Person Identification Page - SSN Unknown Criteria

Confirm the Participant

After locating and verifying the participant you are assessing, select the **Yes** button to confirm you want to create a PACE assessment for the participant. (Figure 35).

Figure 35: PACE Participant Confirmation

> **NOTE:** Once the participant is confirmed, the system auto-populates demographic information. If there is an error in the given information. Please contact your DMAS PACE Analyst.

Complete an Initial or Annual PACE Assessment

The PACE assessment contains four tabs of information that must be completed. This section of the user guide describes how to complete each tab.

The tabs in the PACE assessment are:

- Provider
- Personal
- Functional
- Summary

NOTE: The tabs and pages of this form must be completed in sequential order.

Completing Provider Information

The **Provider** tab includes information about the organization/agency or individual provider associated with the assessment (Figure 36).

This tab includes the *Provider* page.

Figure 36: Provider Tab - Provider Page

To complete this page:
1. Include information in the required fields and other fields (Table 3).
2. Select the **Save & Continue** button.

Table 3: Provider Tab - Provider Page Fields

Field Name	Required Field	Field Details
Assessment Date	Yes	Enter or select the date of the assessment being used to complete this form in MM/DD/YYYY format. This date must be within 30 days before the enrollment date
Provider Name	Yes	Enter the provider's name.
Provider ID #	Yes	Enter the provider's ID #.
Provider Phone	Yes	Enter the phone number associated with the provider's servicing address. The phone number should be in either of the following formats: 9999999999 or 999-999-9999.
Provider's Address Line1	Yes	Enter the street address associated with the provider's servicing address.
Address Line2	Yes	Enter additional address information (if needed).
Provider's City	Yes	Enter the city associated with the provider's correspondence/service address.
Provider's State	Yes	Select the state associated with the provider's correspondence/service address.
Provider's Zip Code	Yes	Enter the zip code associated with the provider's correspondence/service address. If zip code field does not follow below ruls, a message error will appear: • First five positions must be numeric, but cannot be 00000 • Last four positions can be spaces, but if they are not, they must be numeric and cannot be 0000.
Provider's Email Address	Yes	Enter your email address.
Enrollment Type	Yes	Select the Enrollment Type from the drop-down list. Options are: • Initial Enrollment • Annual Assessment or • Disenrollment
Enrollment Agreement Signed	Yes	Enter the date the enrollment agreement was signed.
Enrollment Date	Yes	Enter date of the PACE enrollment – which can **ONLY be the first (1st) of every/any month.**
UAI Completion Date	Yes	Enter the date from the copy of the LTSS screening you have in hand

Completing Personal Information

The second tab for the PACE assessment is **Personal**.

NOTE: The **Provider** tab is now green to indicate it is complete and the **Personal** tab is now red to indicate it is active.

This tab includes the following pages:

1. Personal
2. Finance
3. Service

Personal Page

The *Personal* page (Figure 37) includes the participant's demographic information.

Figure 37: Personal Tab – Personal Page

To complete this page:

1. Include participant demographic information in the required fields and other fields (Table 4).
2. Select the **Save & Continue** button.

Table 4: Personal Tab − Personal Page Fields

Field Name	Required Field	Field Details
Participant's Address Line1	Yes	Enter the participant's building number and street address of residence.
Address Line2	No	Enter additional address information (if needed).
City	Yes	Enter the participant's city of residence.
State	Yes	Select the state abbreviation of the participant's residence.
Zip Code	Yes	Enter the participant's five-digit zip code of residence.
Phone Number	Yes	Enter the participant's mobile phone number in 9999999999 or 999-999-9999 format.
Marital Status	Yes	Select the participant's marital status from the drop-down list: • Married • Widowed • Separated • Divorced • Single • Unknown
Race	Yes	For verified members, the auto-population of Race is based on MMIS member data; otherwise, select the participant's race from the drop-down list: • White • Black/African American • American Indian • Oriental/Asian • Alaskan Native • Unknown

Field Name	Required Field	Field Details
Housing	Yes	Select the participant's applicable residency from the drop-down list: ● ALF ● Apartment ● Live w/Family ● Nursing Facility ● Other ● Own House ● Rent House ● Rented Room
Name of Unpaid Primary Caregiver	Yes	Enter the name of the unpaid person giving care to the individual receiving services. **If there is no one, enter NA.**
Advance Directive	Yes	Select the **Yes** or **No** button to indicate whether the participant has an advance directive.
APS/CPS Referral	Yes	Select the **Yes** or **No** button to indicate whether the participant has an APS/CPS Referral.
History of Substance Abuse	Yes	Select the **Yes** or **No** button to indicate whether the participant has a history of substance abuse.

Finance Page

The *Finance* page (Figure 38) includes information about the participant's financial resources available for making payments.

> **NOTE:** An option must be selected.

Figure 38: Personal Tab − Finance Page

To complete this page:

1. Include information about the participant's financial resources available for making payments in the required fields and other fields (Table 5).
2. Select the **Save & Continue** button.

Table 5: Personal Tab − Finance Page Fields

Field Name	Required Field	Field Details
Financial Resources	Yes	Select all options that apply to the participant's health insurance. Insurance types listed include: • Medicare • Medicaid • Private Insurance • Private Pay • None **NOTE:** Depending on the option selected, there may be an additional required field to complete. • **Medicare** − Enter the participant's 10-digit Medicare ID number. • **Medicaid** - If the participant exists within MES, this data is automatically populated. • **Private Insurance**− If the participant has private insurance, enter the **Company** and **Policy #**.

Service Page

The *Service* page (Figure 39) includes information about the options that apply to the participant's service care needs.

> **NOTE:** All options that apply should be selected.

Figure 39: Personal Tab − Service Page

To complete this page:

1. Include information about the participant's service care needs (Table 6).
2. Select the **Save & Continue** button.

Table 6: Personal Tab – Service Page Fields

Field Name	Required Field	Field Details
Services	Yes	Select all options that apply to services being received by the Participant. Service options include: • Personal Care • Respite Care • Private Duty Nursing • Adult Day Care • DME • Home Delivered Meals • Personal Emergency Response System (PERS) • Home Health • Rehab At Center **NOTE:** Depending on the option selected, there may be an additional required field to complete. • **Personal Care** – Enter the number of hours per day that this service is provided. • **Respite Care** – Enter the number of hours per day that this service is provided. • **Private Duty Nursing** – Enter the number of hours per day that this service is provided. • **Adult Day Care** – Enter the number of hours per day that this service is provided. • **Home Health** – Select all Home Health services being received by the participant. • **Rehab At Center** – Select all Rehab At Center services being received by the participant.
Communication of Needs	Yes	Select all options from the drop-down list that apply to the participant's communications mechanism(s). Options include: • Select All • Unselect All • Speech • Hearing Impaired • Visually Impaired

Languages Spoken	Yes	Select the language(s) spoken by the participant. Options include: • English • Other **NOTE:** Selecting other displays an additional required field to complete where you may type the additional language.

Completing Functional Information

The third tab for the PACE assessment is **Functional**.

> **NOTE:** The **Personal** tab is now green to indicate it is complete and the **Functional** tab is now red to indicate it is active.

This tab includes the following pages:

1. Functional Status
2. Physical Health
3. Medical Nursing Needs

Functional Status Page

The *Functional* Status page (Figure 40) includes information about the participant's daily living activities.

The *Functional* page includes the following sections:

1. ADLS
2. Continence
3. Ambulation
4. IADLS

Figure 40: Functional Tab – Functional Status Page

IMPORTANT: To provide the best assessment record, complete all fields.

To complete this page:

1. Include ADLS (activities of daily living) information in the required fields from the drop-down menu (Table 7).

Table 7: Functional Tab – Functional Status Page – ADLS Fields

Field Name	Required Field	Field Details
Bathing	Yes	Select the participant's bathing level from the drop-down list: • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Performed By Others • Is Not Performed
Dressing	Yes	Select the participant's dressing level from the drop-down list: • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Performed By Others • Is Not Performed
Toileting	Yes	Select the participant's toileting level from the drop-down list: • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Performed By Others • Is Not Performed

Field Name	Required Field	Field Details
Transferring	Yes	Select the participant's transferring level from the drop-down list: • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Performed By Others • Is Not Performed
Eating/Feeding	Yes	Select the participant's eating/feeding level from the drop-down list: • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Spoon Fed • Syringe/Tube Fed • Fed by IV **NOTE:** Independent Eating/Feeding is defined as the participant being able to prepare meals (including cooking and serving) and use utensils.

2. Include Continence information in the required fields from drop-down list (Table 8).

Table 8: Functional Tab – Functional Status Page – Continence Fields

Field Name	Required Field	Field Details
Bowel	Yes	Select the participant's bowel level from the drop-down list: • Needs No Help • Incontinent – Less than weekly • External Device/Indwelling/Ostomy (Self Care) • Incontinent – Weekly or More • Ostomy (Not Self Care)
Bladder	Yes	Select the participant's bladder level from the drop-down list: • Needs No Help • Incontinent – Less than weekly • External Device/Indwelling/Ostomy (Self Care) • Incontinent – Weekly or More • External Device (Not Self Care) • Indwelling Catheter Not Self Care • Ostomy (Not Self Care)

3. Include Ambulation information in the required fields from the drop-down list. (Table 9).

Table 9: Functional Tab − Functional Status Page − Ambulation Fields

Field Name	Required Field	Field Details
Walking	Yes	Select the participant's walking level from the drop-down list: ● Needs No Help ● Mechanical Help Only ● Human Help − Supervision ● Human Help − Physical Assistance ● MH & HH − Supervision ● MH & HH − Physical Assistance ● Performed By Others ● Is Not Performed
Wheeling	Yes	Select the participant's wheeling level from the drop-down list: ● Needs No Help ● Mechanical Help Only ● Human Help − Supervision ● Human Help − Physical Assistance ● MH & HH − Supervision ● MH & HH − Physical Assistance ● Performed By Others ● Is Not Performed
Stair Climbing	Yes	Select the participant's stair climbing level from the drop-down list: ● Needs No Help ● Mechanical Help Only ● Human Help − Supervision ● Human Help − Physical Assistance ● MH & HH − Supervision ● MH & HH − Physical Assistance ● Performed By Others ● Is Not Performed
Mobility	Yes	Select the participant's mobility level from the drop-down list: ● Needs No Help ● Mechanical Help Only ● Human Help − Supervision ● Human Help − Physical Assistance ● MH & HH − Supervision ● MH & HH − Physical Assistance ● Confined − Moves About ● Confined − Does Not Move About

4. Include IADLS (instrumental activities of daily living) information in the fields (Table 10).

Table 10: Functional Tab − Functional Status Page − IADLS Fields

Field Name	Required Field	Field Details
Meal Preparation	Yes	Select the appropriate **Yes** or **No** button.
House Keeping	Yes	Select the appropriate **Yes** or **No** button.
Laundry	Yes	Select the appropriate **Yes** or **No** button.
Money Management	Yes	Select the appropriate **Yes** or **No** button.
Transport	Yes	Select the appropriate **Yes** or **No** button.
Shopping	Yes	Select the appropriate **Yes** or **No** button.
Using Phone	Yes	Select the appropriate **Yes** or **No** button.
Home Maintenance	Yes	Select the appropriate **Yes** or **No** button.
Comments	No	Enter any additional comments related to the participant's Instrumental activities of daily living using up to 250 characters, which can include letters, numbers, or special characters.

5. Select the **Save & Continue** button.

Physical Health Page

The *Physical Health* page (Figure 41) includes the participant's physical and nutritional information.

Figure 41: Functional Tab – Physical Health Page

IMPORTANT: To provide the best assessment record, complete all fields.

To complete this page:

1. Include joint motion, medication administration, orientation, and behavior information in the required fields and other fields from the drop-down list (Table 11).

Table 11: Functional Tab – Physical Health Page Fields

Field Name	Required Field	Field Details
Joint Motion	Yes	Select the participant's joint motion from the drop-down list: ● Within normal limits or instability corrected ● Limited Motion ● Instability uncorrected or immobile
Medicine Administration/Take Medicine	Yes	Select the participant's capability level for taking medicine from the drop-down list: ● Without Assistance ● Administered/Monitored by Lay Person ● Administered/Monitored by Professional Nursing Staff
Orientation	Yes	Select the participant's orientation level from the drop-down list: ● Oriented ● Disoriented – Some spheres, some of the time ● Disoriented – Some spheres, all of the time ● Disoriented – All spheres, some of the time ● Disoriented – All spheres, all of the time ● Semi-Comatose/Comatose
Behavior	Yes	Select the participant's behavior level from the drop-down list: ● Appropriate ● Wandering/Passive – Less than weekly ● Wandering/Passive – Weekly or more ● Abusive/Aggressive/Disruptive – Less than weekly ● Abusive/Aggressive/Disruptive – Weekly or more ● Semi-Comatose/Comatose

Medical Nursing Needs Page

The *Medical Nursing Needs* page (Figure 42) includes the participant's diagnosis, medication, and nursing needs.

Figure 42: Functional Tab – Medical Nursing Needs Page

To complete this page:

1. Include Medical Nursing Needs information in the required fields and other fields (Table 12).

<p align="center">*Table 12: Functional Tab – Medical Nursing Needs Page Fields*</p>

Field Name	Required Field	Field Details
Diagnosis	Yes	Select all options that apply to the participant's diagnoses. Diagnoses listed include: • Diabetes • COPD • Cancer • Congestive Heart Failure • Dementia • Alzheimer's • ID/DD • Mental Health • Other **NOTE:** When selecting Other, an Other Diagnosis field appears for you to enter the diagnosis.
Medications	Yes	Enter the medications currently being used by the participant.
Current Health Status/Conditions/Comments	Yes	Enter any health-related status, conditions, or comments applicable to the participant.
Current Medical Nursing Needs	Yes	Select the appropriate **Yes** or **No** button to indicate if the participant has current medical nursing needs. **NOTE:** When selecting yes, you will then need to select at least one medical nursing need option that appears. **NOTE:** When selecting Other, a field appears for you to specify the medical nursing need.

Completing Summary Information

The final tab for the PACE assessment is **Summary**. This tab includes the *Summary Info* page.

> **NOTE:** The **Functional** tab is now green to indicate it is complete, and the **Summary** tab is now red to indicate it is active.

Summary Info Page

The *Summary Info* page (Figure 43) includes information for indicating who completed the assessment as well as an acknowledgement of the validity of entries for the assessment.

Figure 43: Summary Tab – Summary Info Page

To complete this page:

1. Include summary acknowledgement information in the required fields (Table 13).
2. Select the **Submit** button to save the information and submit the assessment.

Table 13: Summary Tab - Summary Info Page Fields

Field Name	Required Field	Field Details
Completed By	Yes	Enter the name of the RN, Service Facilitator, or PACE Staff completing the form.
I acknowledge that by entering my name as the RN, Service Facilitator, Health Plan Care Coordinator or PACE Staff completing this form it will be considered an official signature attesting that all information entered is accurate and correct.	Yes	Select the checkbox to indicate you have read and acknowledge the statement.

Submitting an Assessment

Once you submit the assessment (Figure 44):

- The system displays a confirmation of the completed forms.
- The assessment status changes from "In Progress" to "DMAS Review" "Approved" when all criteria are met and "In Correction" if not all criteria are met.
- The **Print** button displays, allowing you to print the submitted assessment.
- The **Done** button displays, allowing you to close out of the assessment.

Figure 44: Form Submission Page

> **IMPORTANT:** Remember to print a copy of the assessment and scan it into the medical record.

Assessment Errors

Some common assessment errors include:

- Missing/Invalid/Incorrect Required Information
- Incorrect Participant Identified
- Duplicate Assessment Started/Submitted

Pre and Post Submission Error Resolution Actions

Each type of error is addressed based on the type of error, and whether it is before or after submission of the assessment has occurred.

Pre-submission Error Resolution Actions

There are two ways to resolve errors prior to submitting the assessment:

- Cancel the assessment if it is not needed.
- Edit the assessment in cases where information is missing, invalid, or incorrect.

Post-submission Error Resolution Actions

There are two ways to correct assessment errors after submitting the assessment to DMAS:

- Edit the assessment if it has been returned for correction by a DMAS reviewer and is in an "In Correction" status.
- Void the assessment by contacting your **DMAS PACE Analyst only**.

    NOTE: Only DMAS PACE Analyst can void assessments.

Pre-Submission Corrections

This section outlines ways you can correct an assessment prior to submitting the assessment for approval.

Cancellations

When you realize the assessment is a duplicate, was started in error, or is no longer needed, you must cancel the assessment.

NOTE: You can only cancel an assessment when it is in the "In Progress," "In Approval," or "In Correction" status.

To cancel an assessment:

1. Locate the assessment record using the Search function. See the **Searching for Existing Assessments** section in this user guide for step details.

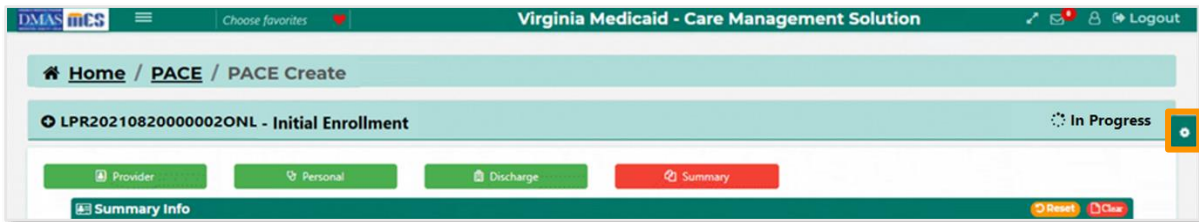   **NOTE:** To search more quickly for your assessment, use the "In Progress" option in the **Status** field to narrow search results.

2. Select the **Edit** button (Figure 45) on the assessment card.

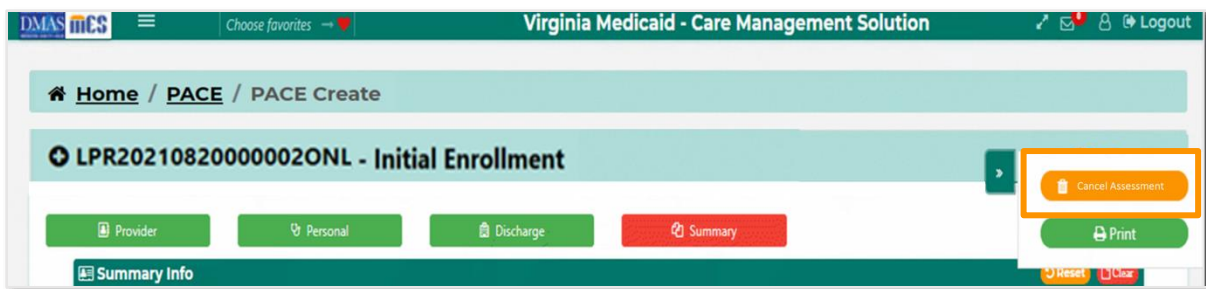*Figure 45: Search Result Card - Edit Button*

3. Select the **gear** icon (Figure 46).
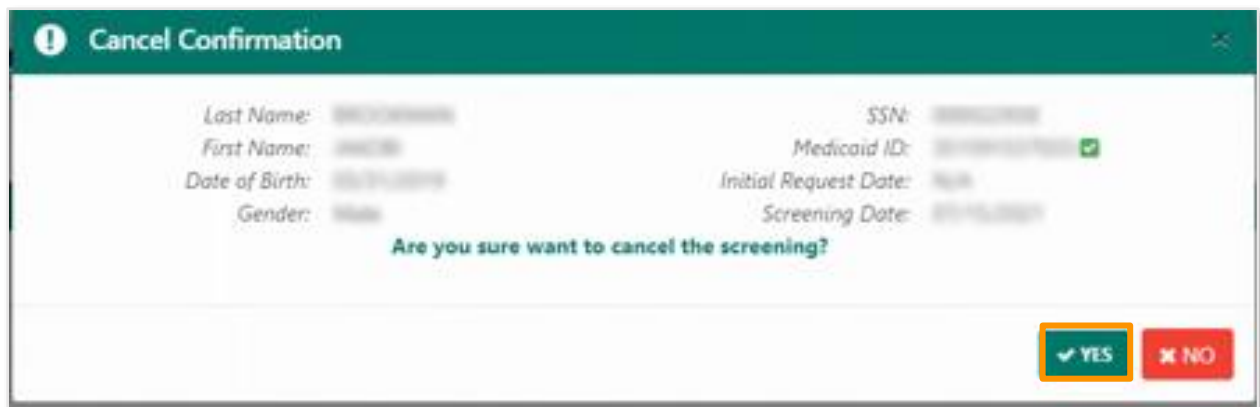
Figure 46: Gear Icon

4. Select the **Cancel Assessment** button (Figure 47) in the gear pop-up box.

Figure 47: Gear Icon Pop-up Box

5. Select the **Yes** button (Figure 48) to confirm the assessment cancellation.

Figure 48: Cancel Confirmation Box

6. Enter the reason for the cancellation in the **Comments** field (Figure 49).
7. Select the **Cancel Assessment** button.

Figure 49: Cancel Assessment Page

8. Select the **Yes** button (Figure 50) to confirm the assessment cancellation again.

> **IMPORTANT:** This action cannot be undone. After you confirm the cancellation this time, you must create a new assessment if one is needed.

Figure 50: Final Assessment Cancel Confirmation

9. A cancellation page displays, and the status is changed to "Cancelled" (Figure 51).

Figure 51: Cancellation Successful Page

Correcting Missing and Invalid Information

You can make corrections to an assessment before the assessment is submitted.

IMPORTANT: Because PACE will not allow you to submit an assessment with system-validated errors, you must include or update information you have entered to resolve the indicated error when it relates to required fields or validated information fields. Additional field corrections may be requested after you submit the assessment.

Required Fields

As you work through the various areas of the assessment, the system indicates required fields with a red asterisk (*) to the right of the field name and red descriptive text below the field (Figure 52). These empty fields are considered errors until they are completed.

Figure 52: Required Field Asterisk and Descriptive Text Indicators

IMPORTANT: You must complete all fields in each page before PACE allows you to save the information on the page and move to the next page or tab of the forms.
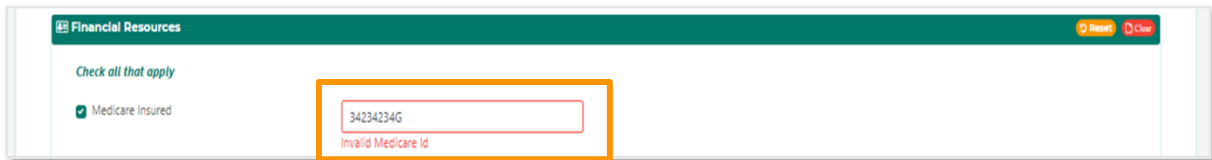
NOTE: When a required field is completed, PACE hides the red descriptive text.

Invalid Fields

PACE validates some of the information you provide in real-time with existing information in the system. When the information provided does not match existing data, an error message displays below the field (Figure 53), indicating the error that needs to be addressed.

Figure 53: Input Validity Checking

NOTE: This validation often occurs when another field automatically populates with data based on the information you provide in the field being validated, such as a **Provider Number** field.

Post-Submission Corrections

There may be times when a DMAS reviewer will require that you update an assessment before it can be approved.

To make corrections to a submitted assessment:

1. Locate the assessment record using the Search function. See the **Search for Existing Assessment** section in this user guide for step details.

    NOTE: To search more quickly for your screening, use the "In Correction" option in the **Status** field to narrow search results.

2. Select the **Edit** button on the assessment card (Figure 54).

Figure 54: Assessment Card - Edit Button

3. Make updates to the necessary fields(s).
4. Navigate to the end of the screening and select the **Submit** button to submit the updated screening.

Appendix A – Glossary of Terms

Term	Definition
ADL	Activities of Daily Living
Atypical Provider Identifier (API)	Identifier assigned by the Commonwealth of Virginia for providers who are not eligible for a National Provider Identifier (i.e., transportation providers)
DMAS	Department of Medical Assistance Services; also commonly referred to as "the department"
DOB	Date of Birth
eMLS	Virginia's new electronic Medicaid Long-Term Services and Supports (LTSS) screening tool
Long-term Services and Support (LTSS)	A variety of services that help individuals with health or personal care needs and ADLs over a period of time that can be provided in the home, the community, or nursing facilities
MES	Medicaid Enterprise System
MMIS	Medicaid Management Information System
NPI	National Provider Identifier
PACE	Program of All-Inclusive Care for the Elderly
Primary Account Holder (PAH)	The person who will perform the initial web registration and will establish the security needed to allow the access to secured provider functionality
SAA	The State Administering Agency for PACE
SSN	Social Security Number
Screening entity	The hospital screening team, community-based team (CBT), or DMAS designee contracted to perform screenings pursuant to § 32.1-330 of the Code of Virginia
Submit	The transmission of the assessment findings via the PACE Portal
Uniform Assessment Instrument (UAI)	The standardized multidimensional assessment instrument that is completed by the screening entity that assesses an individual's physical health, mental health, psycho/social and functional abilities, and medical or nursing needs to determine if the individual meets the nursing facility level of care

Appendix B – FAQs

Are there any changes to the process stages or the eligibility criteria?
No. There are no changes to the eligibility criteria nor the process stages. There is only a change in the tool that is being used; the same information is still being required.

Has the enrollment timeframe changed?
No. Initial Enrollments/Initial Assessments are the same process and will only be approved when processed/submitted between the first (1st) through the third (3rd) day of the month.

Is a screening required to enroll in the PACE Program?
Yes. The Screening for Long-Term Services and Supports (LTSS), formerly known as Pre-Admission Screening (PAS), or using the UAI document instrument is required of all individuals prior to being enrolled in PACE – verifying Nursing Facility Level of Care criteria is met.

Do I have to check the PACE Portal to verify if an assessment is approved?
No, the only time it is required for you to check is when you are contacted by a DMAS Reviewer to alert you that a correction is needed on an assessment. However, the access to the PACE Portal is there for your use on all initial and annual assessments.