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MEDICAID BULLETIN

Last Updated: 07/13/2022

Implementation of Medicaid Long Term Services and Supports (LTSS) Screening Conducted by Nursing Facilities

The purpose of this bulletin is to remind providers of information previously sent in the Medicaid Bulletin titled, Update Regarding Mandatory Training for Screeners for Long-term Services and Supports (LTSS) Screening dated 10/20/20. The information regards the implementation of revisions in the Code of Virginia, § **32.1-330. Long-term services and supports screening required**. The Code of Virginia now permits nursing facilities to assign qualified staff to complete a Medicaid LTSS screening for individuals who apply for or request LTSS and are currently receiving skilled nursing services not covered in whole or in part by the Commonwealth's Medicaid program following discharge from an acute care hospital to skilled nursing.

In accordance with the changes in the Code of Virginia, beginning January 1, 2021, hospital staff will no longer be required to conduct LTSS screenings for those individuals who do not have a Medicaid number, are discharged directly from a hospital to a nursing facility for skilled services and whose health care is fully covered by a payment source other than Medicaid, unless request is made per 12VAC30-60-304. Beginning on January 1, 2021 nursing facilities will be permitted to admit individuals for skilled services without a LTSS screening if the skilled services are not covered in whole or partially by Virginia Medicaid. Individuals admitted for skilled nursing services who do not have a Medicaid LTSS Screening but may require Medicaid LTSS or the Program for All-inclusive Care of the Elderly (PACE) after the conclusion of their skilled (including rehab) stay shall be screened for LTSS. Individuals must be determined eligible for the Commonwealth Coordinated Care Plus (CCC Plus) Waiver, PACE or Medicaid supported nursing facility services (custodial care) prior to enrollment in these services.

The following chart identifies when a Medicaid LTSS Screening is required and who is responsible for conducting the screening in accordance with the changes in the Code of Virginia.

Funding Source	Is a LTSS Screening Required?	When is the LTSS screening completed?	Who completes the Medicaid LTSS Screening?
Private Pay*	NO	Not Applicable (NA)	NA
Medicare Only*	NO	NA	NA
Dual Medicare & Medicaid	YES	Prior to admission to SNF or ICF (LTSS)	Hospital (if inpatient) Community-based Team (community resident)

Medicaid only	YES	Prior to admission to SNF or ICF (LTSS)	Hospital (if inpatient) Community-based Team (community resident)
Private Pay or Medicare applying for Medicaid while in SNF	YES	Change of Level of Care from SNF to LTSS	Nursing Facility
REQUESTS: Any time a person requests a LTSS Screening to determine initial eligibility for LTSS, one shall be conducted, regardless of Payment Source	YES	When requested	Community-based Team, Hospital or Nursing Facility
Use of the MDS and Physician's Signature Certifying NF LOC			
Special Circumstances with direct Admissions to SNF or LTSS NF i.e. from veterans facility, from DBHDS facility, out of state	NO LTSS Screening	MDS and Physician signature certifies NF Level of Care (LOC)	Nursing Facility
Private Pay becomes financially eligible for Medicaid while in NF LTSS (also known as ICF or custodial care)	NO LTSS Screening	MDS and Physician signature certifies NF LOC	Nursing Facility
NF Admissions Made during COVID-19	NO LTSS Screening	MDS and Physician signature certifies NF LOC	Nursing Facility

**Community-Based Teams are continuing to conduct ALL screenings as requested and*

referred.

** *ALL individuals, regardless of payment source, who are being considered for admission to a Medicaid-certified NF (SNF or LTSS NF) SHALL be screened for mental illness, intellectual disability or related conditions, PRIOR to NF admission. This is referred to as the PreAdmission Screening and Resident Review (PASRR) process. COVID-19 Flexibility applies.*

DMAS requires qualified staff of the skilled nursing facility and the certifying physician conduct the LTSS screening in accordance with the requirements established by the Department prior to the enrollment and initiation of LTSS. Nursing facility LTSS screening staff must include at least one registered nurse and a certifying physician. The authorization or denial for Medicaid LTSS (DMAS-96 form) must be signed and attested to by the screener(s) and a physician.

To support compliance with screening requirements, Virginia regulation **12VAC30-60-310. Competency Training and Testing Requirements**, directs each person conducting screenings and providing authorization for approval of Medicaid LTSS complete required training and pass competency tests. Authorizing screeners are those individuals who sign and attest to the DMAS-96, Medicaid LTSS Authorization Form, including nurses, social workers and physicians. Others may register and take the training as a guest. Authorizing Screeners must take a refresher training every three years with a passing score of at least 80%. Failure to complete this required training and competency tests may result in the retraction of Medicaid payments for conducted screenings. Specific information regarding registration and the web accessible link for the training is posted on the DMAS website located under Long Term Care in the Screening for LTSS tab. The link for long term care programs is: http://www.dmas.virginia.gov/#/longtermprograms

For LTSS Screening Questions contact: ScreeningAssistance@dmas.virginia.gov

Statutory Authority

§ 32.1-325 of the Code of Virginia; 42 USC § 1396 et seq.

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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
Aetna Better Health of Virginia	aetnabetterhealth.com/virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	Uhccommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711)