

Technical Assistance for Hospital Preadmission Screeners

Introduction

Section 32.1-330 of the Code of Virginia addresses requirements for Preadmission Screenings (PAS). This document provides technical assistance to hospital screeners who are responsible for responding to individuals' requests for PAS and completing and submitting screenings. The document is not meant to replace the requirements in the Department of Medical Assistance Services (DMAS) PAS Provider Manual located at: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>

Helpdesk/PAS Support

Hospital PAS staff should call 1-866-352-0496 if they are having difficulty accessing or using the ePAS system.

If the Helpdesk is unable to provide assistance, Mickey Ortiz with Xerox may be contacted via email at michaella.ortiz@xerox.com. DMAS should be contacted for general questions regarding the preadmission screening process.

The ePAS User's Guide is available on the DMAS portal at: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>. Select the "Preadmission Screening" option in the drop down window under "Provider Resources."

UAI Training

Hospital screeners, who need training on how to complete the UAI, may register for the two-day classroom course **ADS 5011 Uniform Assessment Instrument (UAI)**. The course is offered by the Virginia Department of Social Services (VDSS) in collaboration with the Department for Aging and Rehabilitative Services (DARS). The free training occurs periodically statewide.

Hospitals staff who are interested in taking **ADS 5011** need to register with the VDSS Knowledge Center if they have not already completed the registration process. To register as a Knowledge Center user, visit the Knowledge Center [webpage](#).

The UAI User's Manual was revised in December 2015 and is available at: <http://www.dss.virginia.gov/family/as/servtoadult.cgi>. Once on this page click [+] Manuals, then look for the header "Uniform Assessment Instrument."

PAS Process

A PAS request is a request for an evaluation of an individual to determine if he or she meets the functional criteria to receive Medicaid-funded long term services or supports (LTSS).

Medicaid-funded LTSS include Elderly and Disabled with Consumer Direction (EDCD) Waiver, Program for All Inclusive Care for the Elderly (PACE), Technology Assisted Waiver, the Alzheimer's Assisted Living (AAL) Waiver or nursing facility placement.

Consent Forms: The patient or family member usually signs consent forms, consenting to the screening and the sharing of the UAI with LTSS providers. Consent forms are not part of the ePAS system. Hospitals PAS teams should follow their hospital consent protocol and use hospital-approved consent forms in order to obtain patient consent.

Screening Request

A "request for screening" occurs when the patient or the patient's representative requests Medicaid-funded LTSS upon discharge or the physician's order indicates that the patient needs these supports upon discharge. The patient or his representative making the request may not use the term "screening" but instead may use another term or phrase including but not limited to "needing an assessment," "needing to go to a nursing home," or "needing to receive in-home supports or personal care."

The date of the request is the date that the individual or individual's representative makes the request for PAS.

Key Point: The date of the request must be entered in the "Initial Request Date" box at the top of the UAI (Part A).

Recommended Best Practice (Screening Request):

- If the patient or the patient's representative requests Medicaid-funded LTSS, the patient must be screened. A screener who refuses to conduct a screening visit, because the screener believes the patient may not meet functional criteria must provide the patient with a decision letter that contains appropriate appeal rights. See Medicaid memo, "Preadmission Screening Guidance" dated October 25, 2013.
- Discharging a patient to a nursing facility (NF) under Medicare skilled days does not negate the need for a PAS. (DMAS PAS Provider Manual, Chapter IV, page 8).

Key Point: The date the hospital screener conducts the screening, is the date that should be entered in the "Assessment Date" box at the top of the UAI (Part A). For purposes of hospital-based screenings, the "Screen Date" and "Assessment Date" are usually the same date.

Key Point: A date should never be entered in the "Reassessment Date" box at the top of the UAI. The "Reassessment Date" does not refer to a "re-screening" of an individual who did not previously meet criteria for LTSS and requests another screening.

Starting the Process

Hospital staff must decide whether to access ePAS online via the internet, download the Excel forms that will be uploaded once the screening is complete, or complete a paper UAI and then enter the information directly into ePAS after the screening is complete. The hospital staff may use a combination of these methods. For example, screeners in one area or unit in the hospital may use the direct access method, while other screeners in another part of the hospital may prefer to use the Excel forms.

Key Point: Hospital PAS staff cannot start a PAS using direct data entry into ePAS and then upload excel forms on the same patient. Using these two methods will result in two ePAS case records on one patient. However, the excel forms may be uploaded on a patient and then the screener may access the record in ePAS after the upload to finalize the UAI before submission.

Key Point: There may be instances when the ePAS system is not available due to a temporary technical problem. If ePAS is temporarily unavailable, staff may complete the excel forms or complete a paper UAI and then enter the information into ePAS when it becomes available.

Accessing Downloaded Forms

The Excel UAI and associated forms are available at the following link www.virginiamedicaid.dmas.virginia.gov. Click “Provider Form Search” under “Provider Resources” and search for DMAS-P98. ePAS users should periodically download a new Excel UAI form to ensure that the most current version is used. The date of the form appears at the bottom of the UAI-A.

The form also may be downloaded from the web portal after the user signs in.

Completing the UAI

Character spaces are significantly limited in many areas of the ePAS UAI. Therefore, screeners should use abbreviations whenever possible. Additionally exact dates are required throughout the ePAS UAI. If the patient can't remember the exact date of an appointment or hospitalization, the screener should prompt the patient to help him remember the dates. If prompting does not help the patient, the screener should estimate the best date possible and note that the date is an estimate in the Client Summary section on the last page of the UAI. For example, if the patient thinks his last hearing test was “Spring 2013” and further prompting does not determine the exact month, the screener should note that “4/1/3013 is an estimated date for the most recent hearing test” in the Client Summary section.

It is important to save information frequently in ePAS. ePAS will time out once the screener stops keying in information for 30 minutes.

Signatures on PAS forms

Currently ePAS does not have a signature pad feature which would allow the screener and the patient to manually sign the UAI and related documents. All necessary signatures should be typed into the UAI and associated forms pursuant to guidance in DMAS ePAS User Guide.

Hospitals shall determine the best method for the screener to obtain the MD's signature on the DMAS-96. MDs may be granted access to ePAS and type their signatures into the appropriate area in ePAS. Some screeners may review the UAI results with the MD and, with approval, type the MD's signature onto the DMAS-96. In other instances, the hospital may establish a requirement that in addition to allowing the screener to type the MD's signature into ePAS, the MD must also sign a copy of the UAI/DMAS-96 after it is printed from ePAS. Other hospitals may require the MD to sign a paper copy of the DMAS-96 and place that paper copy in the patient's record.

Key Point: Any additional requirements by hospitals to obtain a "Wet ink" MD signature on paper copies of the UAI forms do not replace the need to type the MD's signature into ePAS. All signatures must be typed in prior to submission.

Pursuant to the ePAS User Guide (page 101), a paper copy of the DMAS-97, "Individual Choice" form that includes the patient's signature must be placed in the patient's record maintained by the screening entity. Retaining the signed paper version of the DMAS-97 provides assurances that the patient had the opportunity to express his choice of services. Even though a DMAS-97 is completed on paper, the screener must also complete the DMAS-97 in ePAS. The screener shall type the patient's name onto the DMAS-97 after the patient signs the paper version.

The Level II form (if needed) must be entered by the hospital screener. The Level II contractor does not have access to ePAS case records created by the hospital. The Level II contractor will provide the hospital screener with a hard copy of the Level II screening and the screener will in turn enter the information into ePAS. The screener shall retain the hard copy of the Level II provided by the contractor.

UAI Submission

The screening completion date is the date the MD signs the screening documents and the package is submitted in ePAS.

Key Point: If the screener is using the downloaded Excel form to complete the PAS, the screener must remove any password protection that may have been added to the Excel form prior to uploading the form. The Excel form will NOT upload if the form is password protected.

Post Submission Activities

The DMAS-96 must be provided to the LDSS eligibility worker who is responsible for processing the individual's Medicaid application. The process may be the responsibility of the hospital screener or the provider (e.g. nursing facility, EDCD waiver provider).

The DMAS-96 may be printed from ePAS (after the PAS package has been submitted) or printed from the Excel forms. If the DMAS-96 is printed from ePAS, the person who is responsible for providing the DMAS-96 to the eligibility worker should ensure that the full DMAS-96 is printed starting with the

header “Medicaid-Funded Long-Term Care Services Authorization Form” and ending with the physician’s typed signature.

The hospital screener is responsible for sending the UAI package to the provider. Providers do not have access to the ePAS system.

Following-up on Submitted Packages

Hospitals must establish a procedure to track the status of submitted packages in ePAS. This will ensure that “denied” screening packages that contain errors will be addressed in a timely manner. Failure to correct errors in submitted package may prevent the patient from successfully accessing Medicaid LTSS.

Xerox has created a list of common error codes. The list appears on the last page of this document.

Key Point: If a package is denied due to errors, the errors must be corrected and the package resubmitted. When a denied PAS is recalled, a new Assessment Reference Number/Assessment Tracking Number (ARN/ATN) will be assigned to the resubmitted package. However, the original package with the original ARN/ATN will remain in the ePAS system and cannot be deleted.

If the patient does not meet criteria for Medicaid-funded LTSS (e.g. denied services) because he does not have enough functional dependencies or lacks a medical/nursing need, the screener should answer “No” to the question “Medicaid Services Authorized?” on the DMAS-96. A patient who is denied services because they do not qualify for these services will not show up as “denied” in the ePAS Assessment Tracking Screen if the question “Medicaid Services Authorized?” on the DMAS-96 was answered “No.”

“Denied” status on the ePAS Assessment Tracking Screen means the UAI is missing information or the UAI was incorrectly filled out. For example, if the patient did not have enough dependencies but the question “Medicaid Services Authorized?” was answered “Yes,” this would result in an error code and a denied status in ePAS. The solution is to correct the number of dependencies or to select “No” in response to the “Medicaid Services Authorized?” question on the DMAS-96.

MMIS Denial Codes

| MMIS Denial Message | Business Explanation | Possible Resolution |
|--|---|--|
| CANNOT HAVE MORE THAN ONE REIMBURSEMENT RATE CODE. | DMAS95 - Question 5, too many recommendations selected | <p>Forms: DMAS95</p> <p>Section: This section is to be completed by the Pre-admission Screening Committee</p> <p>Question: 5. Recommendation (Either 'a' or 'b' must be checked.)*</p> <p>Action: Only one of the following can be checked:</p> <ul style="list-style-type: none"> ● MI (# 2 above is checked 'Yes') ● MR or Related Condition (# 3 or # 4 is checked 'Yes') ● Dual diagnosis (MI and MR/ID or Related Condition categories are checked) <p>Note: if a patient has a MI and MR diagnosis, only check the Dual Diagnosis check box, checking it along with the MI and MR usually causes this error message.</p> |
| DUPLICATE ASSESSMENT FOUND. | Another assessment for this member/assessment date combination has submitted and approved already | <p>No further action is needed.</p> <p>If approved assessment was done in error and is invalid in some way, contact Jeanette Trestrail (Jeanette.Trestrail@dmass.virginia.gov) with the member information and assessment date so she can void the previous assessment and claim.</p> <p>Once voided (Status of the assessment will be 'Void') you can enter the assessment with the corrected information.</p> |
| INVALID FIPS CODE. | UAI - PART A - City /County Code is invalid | <p>Forms: UAI-Part A</p> <p>Section: Identification/Background Member Name & Vital Information</p> <p>Question: City/County Code*</p> <p>Action Needed: This error is usually seen with county's whose code is two digits. The preceding 0 is needed.</p> <p>Note: We've added a back end check to insert the preceding 0 so this error doesn't occur, but there may be some denials already made prior to this change.</p> |
| INVALID PROVIDER TYPE/SPECIALTY FOR LEVEL I SCREENER 2 PROVIDER. | DMAS-96 – NPI's submitted for Level 1 Screener I and Level 1 Screener II do not have the necessary valid provider type/specialty combination. | <p>Forms: DMAS96</p> <p>Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners</p> <p>Question: Level I/ALF Screening Identification?*</p> |

| MMIS Denial Message | Business Explanation | Possible Resolution |
|---|---|---|
| | | <p>Action Needed: Review Level 1/ALF Screener 1 and Screener 2. In most cases, if it's an assessment completed by the localities, the issue is the order of the screeners. Level 1 Screener 1 should be the VDH screener's NPI and the Level 1 Screener 2 should be the DSS screener or other agencies NPI. In most cases the screeners just need to be reversed.</p> <p>Note: Level 1 Screener 1, according to the MMIS, has to be one of the following provider type/specialty combinations only:</p> <ul style="list-style-type: none"> • 051/000 • 051/032 • 051/036 • 053/000 • 053/032 • 056/036 <p>Level 1 Screener2, according to the MMIS , has to be one of the following provider type/specialty combinations:</p> <ul style="list-style-type: none"> • 073/000 • 073/034 |
| JOINT MOTION DISORDER CODE IS INVALID | UAI-Part B - Physical Status - Joint Motion selection missing | <p>Forms: UAI-Part B Section: Physical Status Question: Joint Motion (drop down)</p> <p>Action Needed: Ensure one of the options in the Joint Motion drop down is selected</p> <ul style="list-style-type: none"> ● Within normal limits or instability corrected (0) ● Limited Motion (1) ● Instability uncorrected or immobile (2) |
| LEVEL 1 PROVIDER IS INVALID. | DMAS96 Level 1 Provider Information is missing | <p>Forms: DMAS96 Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners); Question: Level I/ALF Screening Identification?*</p> <p>Action Needed: Ensure response is Yes and the following two entries (at a minimum) are complete:</p> <ul style="list-style-type: none"> ● Name of Level 1/ALF screener agency: * ● Level 1/ALF screener provider number: * |
| LEVEL II SCREENER PROVIDER NUMBER IS INVALID. | DMAS96 Level II Provider Information is missing | <p>Forms: DMAS96 Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners); Question: Complete for the screener who completed the Level II for a diagnosis of MI, MR/ID, or RC:</p> |

| MMIS Denial Message | Business Explanation | Possible Resolution |
|--|--|---|
| | | <p>Action Needed: Ensure the following two entries (at a minimum) are complete:</p> <ul style="list-style-type: none"> ● Name of Level II screener :* ● Level II screener provider number:* |
| <p>MEDICAID AUTHORIZATION CODE IS INVALID IN CROSS EDIT VALIDATION.</p> | <p>Based on the DMAS96 Medicaid Authorization - Level of Care selection the data entered on the assessment is compared to the evaluation criteria.</p> | <p>Review answers on assessment for accuracy. If accurate, please see Med Auth Worksheet (Attachment A) to utilize in checking where the assessment data is failing against evaluation criteria.</p> |
| <p>REIMBURSEMENT RATE REQUIRED FOR THIS ASSESSMENT DETERMINATION CODE.</p> | <p>DMAS95 form is either missing or the appropriate recommendation was not checked.</p> | <p>Forms: DMAS96 Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners); Question: Complete for the screener who completed the Level II for a diagnosis of MI, MR/ID, or RC:</p> <ul style="list-style-type: none"> ● Name of Level II screener: [entry] ● Level II screener provider number: [entry] ● Level II Assessment: [selection] <p>Since there's an entry for a Level II Assessment and a valid Level II screener provider number for a diagnosis of MI, MR/ID or RC, the DMAS95 form is necessary. The reimbursement rate is determined from the DMAS95 form based on the response to question #5.</p> <p>Action: Be sure that the DMAS95 (and DMAS95 supplemental if necessary) are completed. This error can indicate the form is missing.</p> <p>If the DMAS95 was submitted, check question #5. Recommendation (Either 'a' or 'b' must be checked.)*</p> <p>One of the following must be checked:</p> <ul style="list-style-type: none"> ● MI (# 2 above is checked 'Yes') ● MR or Related Condition (# 3 or # 4 is checked 'Yes') ● Dual diagnosis (MI and MR/ID or Related Condition categories are checked) |
| <p>TARGET CASE MANAGEMENT CODE IS INVALID.</p> | <p>Target Case Management selection on the DMAS96 is missing</p> | <p>Forms: DMAS96 Section: Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners); Question: Targeted Case Management for ALF?*</p> <p>Action Needed: Ensure yes or no radio button selection is made</p> |

| MMIS Denial Message | Business Explanation | Possible Resolution |
|--|---|---|
| <p>Multiple Denials</p> <p>Example: MEDICAID ELIGIBILITY CODE IS INVALID.MEDICAID APPLICATION CODE MUST BE 'Y' OR 'N'.MEDICAID AUTHORIZATION CODE IS INVALID.AUXILIARY GRANT APPLIED CODE IS INVALID.PATIENT EXPIRED CODE IS INVALID.PHYSICAL AUTHORIZATION DATE IS INVALID.FIRST NAME REQUIRED.LAST NAME REQUIRED.LEVEL 1 PROVIDER IS INVALID.</p> | <p>Depending on the error messages it could mean a missing form</p> | <p>Action Needed: With multiple error messages that indicate missing or invalid selections, first look at which form those fields are typically on and then make sure that the form was completed.</p> <p>In the case of this example, all of these fields are associated with the DMAS96 form. Make sure that the form was completed.</p> <p>If the error messages are from different forms and the forms were entered then they will need to be addressed individually</p> |

Appendix A
Medicaid Authorization Cross Edit Validation Worksheet
Scoring Criteria UAI – Part A

| Bathing | Form UAI-A (Section 11) |
|--|-------------------------|
| 00 No | Independent |
| 10 mechanical help | Semi-dependent |
| 21 human help, supervision | Dependent |
| 22 human help, physical assistance | Dependent |
| 31 mechanical help and human help, supervision | Dependent |
| 32 mechanical help and human help, physical assistance | Dependent |
| 40 performed by others | Dependent |
| 50 Is Not Performed | Dependent |

| Dressing | Form UAI-A (Section 11) |
|------------------------------------|-------------------------|
| 00 No | Independent |
| 10 mechanical help | Semi-dependent |
| 21 human help, supervision | Dependent |
| 22 human help, physical assistance | Dependent |

| | |
|--|-----------|
| 31 mechanical help and human help, supervision | Dependent |
| 32 mechanical help and human help, physical assistance | Dependent |
| 40 performed by others | Dependent |
| 50 Is Not Performed | Dependent |

| Toileting | Form UAI-A (Section 11) |
|--|--------------------------------|
| 00 No | Independent |
| 10 mechanical help | Semi-dependent |
| 21 human help, supervision | Dependent |
| 22 human help, physical assistance | Dependent |
| 31 mechanical help and human help, supervision | Dependent |
| 32 mechanical help and human help, physical assistance | Dependent |
| 40 performed by others | Dependent |
| 50 Is Not Performed | Dependent |

| Transferring | Form UAI-A (Section 11) |
|--|--------------------------------|
| 00 No | Independent |
| 10 mechanical help | Semi-dependent |
| 21 human help, supervision | Dependent |
| 22 human help, physical assistance | Dependent |
| 31 mechanical help and human help, supervision | Dependent |
| 32 mechanical help and human help, physical assistance | Dependent |
| 40 performed by others | Dependent |
| 50 Is Not Performed | Dependent |

| Eating/Feeding | Form UAI-A (Section 11) |
|-----------------------|--------------------------------|
| 00 No | Independent |
| 10 mechanical help | Semi-dependent |

| | |
|--|-----------|
| 21 human help, supervision | Dependent |
| 22 human help, physical assistance | Dependent |
| 31 mechanical help and human help, supervision | Dependent |
| 32 mechanical help and human help, physical assistance | Dependent |
| 41 spoon fed | Dependent |
| 42 syringe/tube fed | Dependent |
| 43 fed by IV | Dependent |

| Bowel | Form UAI-A (Section 12) |
|---|--------------------------------|
| 0 No | Independent |
| 1 incontinent, less than weekly | Semi-dependent |
| 2 external device/indwelling/sotomy,self care | Semi-dependent |
| 3 incontinent, weekly or more | Dependent |
| 6 ostomy, not self care | Dependent |

| Bladder | Form UAI-A (Section 12) |
|---|--------------------------------|
| 0 No | Independent |
| 1 incontinent, less than weekly | Semi-dependent |
| 2 external device/indwelling/ostomy,self care | Semi-dependent |
| 3 incontinent, weekly or more | Dependent |
| 4 external device not self care | Dependent |
| 5 indwelling Catheter not self care | Dependent |
| 6 ostomy not self care | Dependent |

Total Dependent Count: _____

Total Semi-dependent Count: _____

| Mobility | Form UAI-A (Section 13) |
|--|--------------------------------|
| 0 No | 0 |
| 10 mechanical help | 10 |
| 21 human help, supervision | 21 |
| 22 human help, physical assistance | 22 |
| 31 mechanical help and human help, supervision | 31 |
| 32 mechanical help and human help, physical assistance | 32 |
| 40 confined, moves about | 40 |
| 50 confined, does not move about | 50 |