

# Community Pre-Admission Screenings

Process Enhancements in Collaboration Among the  
Virginia Departments of:  
Health (VDH)  
Medicaid Assistance Services (DMAS)  
Aging and Rehabilitative Services (DARS)

May 15, 2015

# Today's Agenda

|                                       |   |
|---------------------------------------|---|
| <b>Welcome<br/>DMAS Web Resources</b> | <b>Jeanette Trestrail, DMAS</b>                           |
| <b>Web-X Instructions</b>             | <b>Michelle Watts, DMAS</b>                               |
| <b>ePAS System Demonstration</b>      | <b>Michaella (Mickey) Ortiz &amp;<br/>Kim Smid, XEROX</b> |
| <b>DARS Updates</b>                   | <b>Paige McCleary, DARS</b>                               |
| <b>VDH Best Practice Models</b>       | <b>Bill Edmunds, VDH</b>                                  |
| <b>Data Trends</b>                    | <b>Jeanette Trestrail, DMAS</b>                           |
| <b>Final Thoughts/Wrap up</b>         | <b>Terry Smith, DMAS</b>                                  |

# ePAS Live!

- ✓ DMAS Web resources

<https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/PreAdmission>

- ✓ Pre-Admission Screening FAQ
- ✓ Pre-Admission Screening User Guide
- ✓ Pre-admission Screening Tutorial



- ✓ Questions and Responses from Webinars

✓ [http://www.dmas.virginia.gov/Content\\_pgs/ltc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/ltc-home.aspx)

# WebEx Instructions

To ask a question

- **By Chat:**

- Type in a message in the chat box on the lower right side, then press the send key. All questions will be gathered and posted as FAQs on the DMAS web site.

- **To end the session:**

- select File-end training session from the toolbar pull down

# MMIS Virginia Web Portal ePAS (Pre-Admission Screening)

May 15, 2015

# ePAS Training - Agenda

- Portal Access
- Reference Material
- Instructions and Screen Help
- Security Roles
- Pre-Admission Screening Menu
- Pre-Admission Screening Assessment Screens
- Submission Screens
- Pre-Admission Status Tracking Screens
- Assessment Search
- Download Offline Forms
- Upload Assessment File
- Miscellaneous Notes
- Demo

# ePAS Training - Portal Access

- URL <https://www.viriniamedicaid.dmas.virginia.gov/wps/myportal>

The screenshot displays the Virginia Medicaid ePAS portal. At the top left is the Virginia Medicaid logo. The top right shows the date 'Nov 19, 2014' and links for 'Home' and 'Contact Us'. A blue navigation bar contains the following menu items: Home, Provider Services, Provider Resources, EDI Support, Documentation, EHR Incentive Program, FAQ, and Provider Enrollment. Below the navigation bar is a row of five images: a hand applying a bandage, a stethoscope on a doctor's chest, a group of medical professionals, a close-up of a nurse's face, and a doctor examining a child in a hospital bed. The main content area is divided into four panels: 1. 'Welcome' panel with a message about user registration. 2. 'Physician Primary Care Increase' panel with information on increased payments for January 1, 2013, through December 31, 2014, and a list of links for various medical specialties. 3. 'Web Announcements' panel with three sections: 'Facility Crossover Claims and Edit 142', 'Electronically submitted UB-04 claims adjudication updates', and 'Claims Adjudication Updates'. 4. 'Quick Links' panel with a list of links including Provider Services, Provider Resources, EDI Support, Documentation, EHR Incentive Program, FAQ, Search for Providers, Provider Forms Search, Web Registration Reference Material, DMAS Web Site, ICD-10, and DME and Pharmacy Audits. 5. 'Login' panel with a message to log in and a list of roles: Providers and Internal Users.

# ePAS Training - Supporting Documentation

- Provider Resources Tab: Pre-Admission Screening

The screenshot displays the Virginia Medicaid ePAS website interface. At the top left is the 'Virginia Medicaid' logo. A navigation bar contains the following tabs: Home, Provider Services, Provider Resources (selected), EDI Support, Documentation, and EHR Ince. The 'Provider Resources' dropdown menu is open, listing various options. The 'Pre-Admission Screening' option is highlighted with a red box. Below the navigation bar, there are two images: one of a hand with a bandage and another of a group of healthcare professionals. The main content area includes a 'Welcome' message, a 'Physician Primary Care Increase' section, and several informational notices, including one about 'Facility Crossover Claims and Edit 142' and another about 'Electronically submitted UB-04 claims adjudication update'.

Virginia Medicaid

Home Provider Services **Provider Resources** EDI Support Documentation EHR Ince

- Provider Manuals
- Provider Links
- Provider Training
- Web Registration
- Automated Response System (ARS)
- Claims Direct Data Entry (DDE)
- Provider Maintenance
- Search For Providers
- Level of Care Review Instrument(LOCERI)
- Provider Enrollment Resources
- Provider Screening and Fee Rpt
- ICD-10
- Pre-Admission Screening**

Welcome

Welcome to the Virginia Web Portal. For log in or first time user registration, please go to the 'Login' section to the far right.

**Physician Primary Care Increase**

**Information regarding increased payments for physician primary care services effective January 1, 2013 through December 31, 2014 are below:**

- Board Certified Allergists and Immunologists

**Facility Crossover Claims and Edit 142**

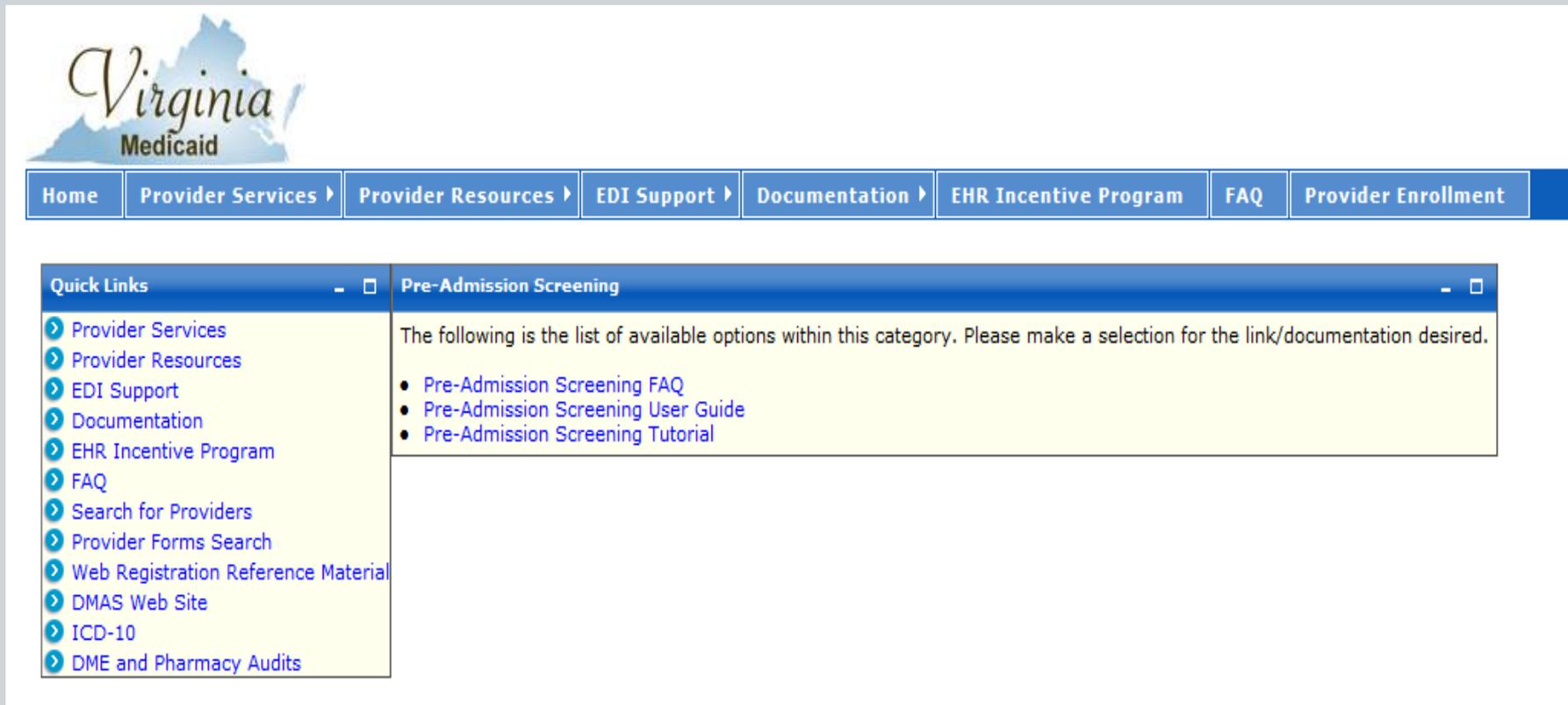
Some Medicare crossover claims submitted electronically by family may have incorrectly denied for edit 0142 (Medicare allowance invalid). DMAS is working to correct this issue. These providers return to submitting their crossovers via direct data entry (DDE) claims until further notice. DMAS apologizes for this inconvenience and anticipates correcting this issue as soon as possible.

**Electronically submitted UB-04 claims adjudication update:**

For providers submitting fee for service (FFS) claims in which Medicare is the primary payer, the November 14th and 21st remittances include claims incorrectly identified as crossover and therefore denied. These claims will be reprocessed with the appropriate claim type, adjudicated, and remitted to the provider on 12/15/2014.

# ePAS Training – Supporting Documentation

- Provider Resources Tab: Pre-Admission Screening



The screenshot displays the Virginia Medicaid website interface. At the top left is the Virginia Medicaid logo. A horizontal navigation bar contains the following tabs: Home, Provider Services, Provider Resources, EDI Support, Documentation, EHR Incentive Program, FAQ, and Provider Enrollment. Below this bar, a 'Quick Links' sidebar is visible on the left, listing various services. The main content area is titled 'Pre-Admission Screening' and contains a list of three links: Pre-Admission Screening FAQ, Pre-Admission Screening User Guide, and Pre-Admission Screening Tutorial.

Virginia Medicaid

Home Provider Services Provider Resources EDI Support Documentation EHR Incentive Program FAQ Provider Enrollment

Quick Links

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- EHR Incentive Program
- FAQ
- Search for Providers
- Provider Forms Search
- Web Registration Reference Material
- DMAS Web Site
- ICD-10
- DME and Pharmacy Audits

Pre-Admission Screening

The following is the list of available options within this category. Please make a selection for the link/documentation desired.

- Pre-Admission Screening FAQ
- Pre-Admission Screening User Guide
- Pre-Admission Screening Tutorial

# ePAS Training – Supporting Documentation

- Virginia Medicaid Web Support Help Desk
  - Monday – Friday 8:00AM – 5:00PM
  - 866-352-0496
- Also available on the home page ‘Contact Us’

Apr 30, 2015  
Home | [Contact Us](#)

Home | Provider Services | Provider Resources | EDI Support | Documentation | EHR Incentive Program | FAQ | Provider Enrollment

**Welcome**

Welcome to the Virginia Web Portal.  
For log in or first time user registration, please go to the 'Login' section to the far right.

**Web Announcements**

**ICD-10 Testing with Providers**  
On May 1, 2015 Virginia Medicaid will begin a second phase of ICD-10 end-to-end testing with providers, clearinghouses, and other trading partners. The tests will simulate production processing as closely as possible, starting with the receipt of provider test claims, processing in the Virginia Medicaid system and the issuance of test HIPAA 835 electronic remittances to providers. All Virginia Medicaid providers are strongly encouraged to test with DMAS to ensure that your claims will be

**Quick Links**

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- EHR Incentive Program
- FAQ

**Login**

Log in to the system or register by selecting your role below:

- Providers
- Internal Users

# ePAS Training - Supporting Documentation

## - Contact Us link

| Contact Us Information  |  |
|---|--|
| Topic / Issue   | Contact Name / Number  |
| <b>Virginia Medicaid Contact Information</b>  |  |
| <b>Provider Helpline</b><br>(8am-5pm, Mon-Fri) <ul style="list-style-type: none"> <li>• Assistance with claims status and adjudication inquiries</li> <li>• Assistance with Member eligibility, covered services and limitations</li> <li>• Assistance with regulations, Memos and other communications</li> <li>• Assistance with claims and billing instructions</li> </ul>             | Virginia Medicaid Provider Helpline<br>Phone (In-State) - 800-552-8627<br>Phone (Out of State) 804-786-6273                  |
| <b>Member Helpline</b><br>(8am-5pm, Mon-Fri) <ul style="list-style-type: none"> <li>• Assistance with covered services and limitations</li> <li>• Assistance with claim/payment information</li> </ul>  | Virginia Medicaid Member Helpline<br>Phone - 804-786-6145  |
| <b>Provider Enrollment Services</b><br>(8am-5pm, Mon-Fri) <ul style="list-style-type: none"> <li>• Online application submittal</li> <li>• Paper application submittals</li> <li>• Application status tracking</li> <li>• All other Provider Enrollment inquiries</li> </ul>  | Virginia Medicaid Provider Enrollment Helpdesk<br>Phone - 804-270-5105 or 888-829-5373<br>Fax - 804-270-7027 or 888-335-8476 |
| <b>Web Systems</b><br>(8am-5pm, Mon-Fri) <ul style="list-style-type: none"> <li>• Web Registration (new and registered providers)</li> <li>• Web User Management (user maintenance - passwords, roles, etc)</li> <li>• Provider Profile Maintenance</li> <li>• Claims Direct Data Entry (DDE)</li> <li>• Web Portal technical issues</li> <li>• All other Web Portal inquiries</li> </ul> | Virginia Medicaid Web Support Helpdesk<br>Phone - 866-352-0496   |
| <b>Medicall - Automated Voice Response System</b><br>(24 hours a day x 7 days a week)<br>Automated Provider access to the following Information:  | Automated Services<br>Phone (Richmond Area) - 800-772-9996<br>Phone (USA) - 800-884-9730                                     |

# ePAS Training - Supporting Documentation

- If Help Desk is unable to resolve your issue, please contact me directly with a detailed explanation of the issue (i.e. Form, field, error message, navigation, etc.) at:
  - Mickey Ortiz [Michaella.ortiz@xerox.com](mailto:Michaella.ortiz@xerox.com)
- For VDH or DSS users, please include your email address, your locality and the ATN/Form ID you're having the issue with.
- For users that are not in a locality (i.e. hospitals, medical facilities) please include your email address, your NPI, the ATN/Form ID you're having the issue with, along with at least one of the following: the member's Medicaid ID, or SSN or the user id currently associated with the ATN.
- I'll follow up on each issue and also work with the help desk to ensure they have the resolution for future inquiries.

# ePAS Training - Secured

## Logon

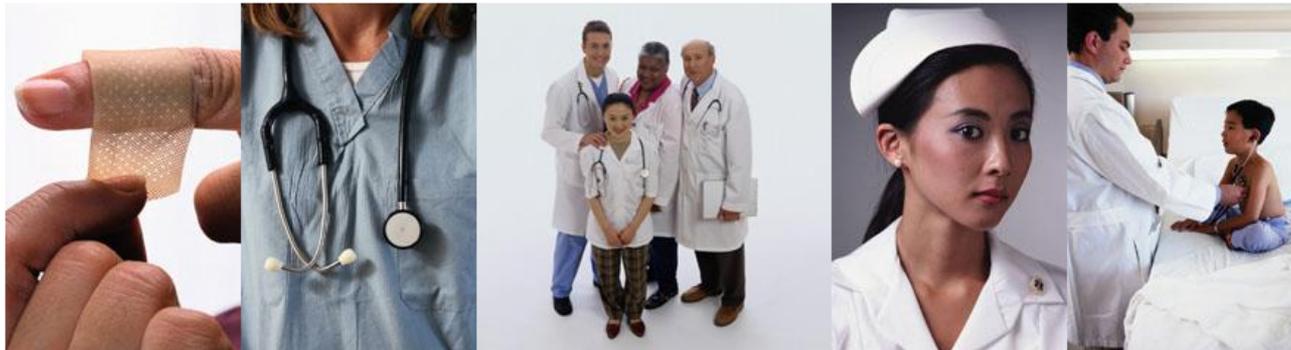
- Provider Log In

Nov 19, 2014

[Home](#) | [Contact Us](#)



- [Home](#)
- [Provider Services](#)
- [Provider Resources](#)
- [EDI Support](#)
- [Documentation](#)
- [EHR Incentive Program](#)
- [FAQ](#)
- [Provider Enrollment](#)



**Welcome**

Welcome to the Virginia Web Portal. For log in or first time user registration, please go to the 'Login' section to the far right.

**Physician Primary Care Increase**

**Information regarding increased payments for physician primary care services effective January 1, 2013 through December 31, 2014 are below:**

- Board Certified Allergists and Immunologists
- Medicaid Memo - 06/07/2013
- Medicaid Memo - 03/22/2013
- Medicaid Memo - 12/28/2012

**Web Announcements**

**Facility Crossover Claims and Edit 142**

Some Medicare crossover claims submitted electronically by facility providers may have incorrectly denied for edit 0142 (Medicare allowance missing or invalid). DMAS is working to correct this issue. These providers will have to return to submitting their crossovers via direct data entry (DDE) or paper claims until further notice. DMAS apologizes for this inconvenience and we anticipate correcting this issue as soon as possible.

**Electronically submitted UB-04 claims adjudication updates:**

For providers submitting fee for service (FFS) claims in which Medicare is the primary payer, the November 14th and 21st remittances include some FFS claims incorrectly identified as crossover and therefore denied. These claims will be reprocessed with the appropriate claim type, adjudicated as such and included on the November 21, 2014 remit. We apologize for any inconvenience this has caused.

**Claims Adjudication Updates**

- Quick Links**
- Provider Services
  - Provider Resources
  - EDI Support
  - Documentation
  - EHR Incentive Program
  - FAQ
  - Search for Providers
  - Provider Forms Search
  - Web Registration Reference Material
  - DMAS Web Site
  - ICD-10
  - DME and Pharmacy Audits

**Login**

Log in to the system or register by selecting your role below.

- Providers**
- Internal Users

# ePAS Training - Secured Logon

Nov 19, 2014  
Home | Contact Us

Virginia Medicaid

Home Provider Services Provider Resources EDI Support Documentation EHR Incentive Program FAQ Provider Enrollment

Images: A hand with a bandage, a doctor in scrubs, a group of healthcare professionals, a nurse, and a doctor examining a child.

**Welcome**

Welcome to the Virginia Medicaid Web Portal. This page allows registered provider organizations to log in. If you need to register, you can do so by clicking on the 'Web Registration' link in the 'First Time User Registration' box.

If you have any issues with registering or logging in, please see the Web Registration Reference Material (located through the Quick Links to the right) or contact the Virginia Medicaid Web Support Help Desk (toll free) at 866-352-0496.

**First Time User Registration**

By registering you will be designated as the Primary Account Holder for your organization. As the designated Primary Account Holder, you can add, delete or modify user access.

If you are currently a user supporting an organization associated with a Medicaid provider enrolled with the Department of Medical Assistance Services, then as a new Primary Account Holder registrant, you must complete the following steps:

1. Establish a User ID, Password and security profile
2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider

If you are a user supporting an organization associated with a provider who is registering in order to submit a Medicaid enrollment application, then as a new Primary Account Holder registrant, you need only complete the following step:

1. Establish a User ID, Password and security profile

After the enrollment application is approved, you must then complete the remaining registration steps noted below:

2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider

If you are not the Primary Account Holder for your organization then you should not register. If your organization already has a Primary Account Holder, please see them for your User ID and Password to log in.

[Web Registration](#)

**Quick Links**

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- EHR Incentive Program
- FAQ
- Search for Providers
- Provider Forms Search
- Web Registration Reference Material
- DMAS Web Site
- ICD-10
- DME and Pharmacy Audits

**Existing User Login**

To access secure areas of the portal, please log in by entering your User ID and Password.

\* User ID:

\* Password:

[Forgot User ID?](#)  
[Forgot Password?](#)

# ePAS Training – Pre-Admission Screening Menu

- Navigation Tab: Pre-Admission Screening
- Drop Down Option: UAI – Part A



# ePAS Training - Instructions

- Accessing Instruction Manuals

UAI-A Print | Help

**Virginia Uniform Assessment Instrument  
Part A**

**For instructions, please click here: [VA Uniform Assessment Instrument \(UAI\) User's Manual](#)**

**Dates:** Screen Date (MM/DD/YYYY) \*        Assessment Date (MM/DD/YYYY) \*        Re-Assessment Date (MM/DD/YYYY) \*

**Identification/Background**

**Member Name & Vital Information**

|   |  |                             |                           |
|---|--|-----------------------------|---------------------------|
| Last Name* <input type="text"/>           | First Name* <input type="text"/>   | MI <input type="text"/>     | SSN* <input type="text"/> |
| Address* <input type="text"/>             | City* <input type="text"/>   | State* <input type="text"/> | Zip* <input type="text"/> |
| Phone* <input type="text"/>               | City/Country Code <input type="text"/> <input type="text"/> <input type="text"/> |                             |                           |
| Directions to House* <input type="text"/> |  |                             |                           |

250 Chapter Services

# ePAS Training - Required Fields/ Information Icons

- Required/ Optional fields
- Information Icons

DMAS-96 Print | Help

**MEDICAID FUNDED LONG-TERM CARE SERVICE AUTHORIZATION FORM**

For instructions, please click here: [Medicaid Funded Long-Term Care Service Authorization Form Instructions](#)

**Member Information**

|                      |                      |                            |
|----------------------|----------------------|----------------------------|
| Last Name* ?         | First Name* ?        | Birth Date (MM/DD/YYYY)* ? |
| <input type="text"/> | <input type="text"/> | <input type="text"/>       |
| Social Security* ?   | Medicaid ID ?        | Sex* ?                     |
| <input type="text"/> | <input type="text"/> | <input type="text"/>       |

**Medicaid Eligibility Information**

|   |  |
|---|--|
| Is Individual currently Medicaid eligible?* ? | Is Individual currently Auxiliary Grant eligible?* ? |
| <input type="text"/>                          | <input type="text"/>                                 |
|   | Dept of Social Services: ?                           |
|   | Eligibility Responsibility <input type="text"/>      |
|   | Services Responsibility <input type="text"/>         |

# ePAS Training – UAI – Forms

- Information Icons – opens instructions in another window session for the providers to reference

The screenshot displays the 'MEDICAID FUNDED LONG-TERM CARE SERVICE AUTHORIZATION FORM' in a web browser. The form is divided into sections: 'Member Information' and 'Medicaid Eligibility Information'. In the 'Member Information' section, the 'Last Name' field has a small question mark icon next to it. A red box highlights this icon, and a red arrow points from it to a separate help window. The help window, titled 'Help Dmas96 - Windows Internet Explorer', contains a list of instructions for the form fields. The first instruction, '1. Last Name: Enter the member's last name (required).', is also highlighted with a red box. Below this, instructions for 'First Name', 'Date of Birth', 'Social Security', and 'Medicaid ID' are listed. The 'Medicaid Eligibility Information' section includes a question about current Medicaid eligibility and a note about anticipated admission.

DMAS-96 Print | Help

**MEDICAID FUNDED LONG-TERM CARE SERVICE AUTHORIZATION FORM**

For instructions, please click here: [Medicaid Funded Long-Term Care Service Authorization Form Instructions](#)

**Member Information**

Last Name ?

Social Security\* ?

**Medicaid Eligibility Information**

Is Individual currently Medicaid eligible?\* ?

Help Dmas96 - Windows Internet Explorer

https://tvammsidlowas.sls.acs-inc.com:10035/VAProviderPreAdmissionScreeningHelp/VAProviderPreA Certificate error

1. **Last Name:** Enter the member's last name (required).
2. **First Name:** Enter the member's first name (required).
3. **Date of Birth:** Enter the member's date of birth in the format MM/DD/YYYY (required).
4. **Social Security:** Enter the member's 9 digit social security number.
5. **Medicaid ID:** Enter the member's 12-digit Medicaid ID number.
6. **Sex:** Select the appropriate response from the drop down list (required).

**II. Medicaid Eligibility Information**

1. **Is Individual currently Medicaid eligible?:**Select the appropriate response from the drop down list (required).

If either "Not currently Medicaid eligible, anticipated within 180 days of nursing facility admission OR within 45 days of application or when personal care begins " OR "Not currently Medicaid eligible,not anticipated within 180 days of nursing facility admission" is selected from the drop down the following question will display:

# ePAS Training - UAI - Part A

Nov 19, 2014

[Home](#) | [Contact Us](#) | [Log out](#)



- Home
- Claims ▾
- Member ▾
- Service Authorization ▾
- Payment History
- EHR Incentive Program
- Provider Maintenance
- Provider Enrollment
- RA Messages
- Level of Care Review ▾
- Pre-Admission Screening ▾

**UAI-A**

**Virginia Uniform Assessment Instrument Part A**

For instructions, please click here: [VA Uniform Assessment Instrument \(UAI\) User's Manual](#)

**Dates:** Screen Date (MM/DD/YYYY) \*  Assessment Date (MM/DD/YYYY) \*  Re-Assessment Date (MM/DD/YYYY) \*  Initail Request Date (MM/DD/YYYY) \*

**Identification/Background**

**Member Name & Vital Information**

Last Name\*  First Name\*  MI  SSN\*

Address\*  City\*  State\*  Zip\*

Phone\*  City/County Code\*

Directions to House

250 Characters Remaining

Pets?

# ePAS Training – UAI – Part A

- Route to UAI – Part B

**Outcome: Is this a short assessment? \***

No, Continue with the long assessment

Yes, Ready for Submission

Yes, Forms need to be added/reviewed to complete this assessment

UAI-Part B

Save Submit Reset Cancel

# ePAS Training - UAI - Part A

- Ready for submission

**Outcome: Is this a short assessment? \***

No, Continue with the long assessment

Yes, Ready for Submission

Yes, Forms need to be added/reviewed to complete this assessment

Save Submit Reset Cancel

# ePAS Training - UAI - Part A

- Route to all other forms

Outcome: Is this a short assessment? \*

No, Continue with the long assessment

Yes, Ready for Submission

Yes, Forms need to be added/reviewed to complete this assessment

Re-Assessment

Public-Pay-Short

DMAS-95 MI/MR/RC

DMAS-95 MI/MR/SUPL

DMAS-96

DMAS-97

Save

Submit

Reset

Cancel

# ePAS Training – Form Navigation

- On all forms except UAI – Part A
- Route to other forms

Additional forms are needed to complete this assessment

The assessment is ready for submission, no additional forms needed.

UAI-Part A UAI-Part B Re-Assessment Public-Pay-Short DMAS-95 MI/MR/RC DMAS-95 MI/MR/SUPL DMAS-96 DMAS-97

Submit Reset Cancel

# ePAS Training – Form Navigation

- On all forms except UAI – Part A
- Ready for submission

The screenshot displays a form navigation interface with a yellow background. At the top, there is a radio button labeled "Additional forms are needed to complete this assessment". Below it, a second radio button is selected and highlighted with a red box; it is labeled "The assessment is ready for submission, no additional forms needed." In the bottom right corner, there are three buttons: "Submit", "Reset", and "Cancel". The "Submit" button is also highlighted with a red box.

# ePAS Training - UAI - Part B

UAI-B Print | Help

**Virginia Uniform Assessment Instrument  
Part B**

[For instructions, please click here: VA Uniform Assessment Instrument \(UAI\) User's Manual](#)

**Member Information**

Last Name \*  First Name \*  MI  SSN \*

**Physical Health Assessment**

**Professional Visits/Medical Admissions**

|   | Last Name            | First Name           | MI                   | Phone                | Date of Last Visit   | Reason for Last Visit |      |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------|------|
| 1 | <input type="text"/>  | Save |

100 Characters Remaining

[Add Additional Visit/Admission](#)

Admissions: In the past 12 months, have you been admitted to a . . . for medical or rehabilitation reasons?(Check all services that apply)

Hospital

Nursing Facility

Adult Care Residence

Do you have any advanced directives such as . . . (Who has it . . . Where is it . . .)?(Check all services that apply)

Living Will

Durable Power of Attorney for Health Care

Other

# ePAS Training - DMAS95 - MI/MR/RC

DMAS95-MI-MR-RC Print | Help

**SCREENING FOR MENTAL ILLNESS, MENTAL RETARDATION/INTELLECTUAL DISABILITY, OR RELATED CONDITIONS**

For instructions, please click here: [Mental Illness, Mental Retardation/Intellectual Disability, or Related Conditions Instructions](#)

A. This section is to be completed by the Pre-admission Screening Committee. **This form applies to NF Admissions ONLY.** ?

|                       |                      |                             |
|-----------------------|----------------------|-----------------------------|
| Name *                | Date of Birth *      | Date PAS Request Received * |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>        |
| Social Security No. * | Medicaid No. *       | Responsible CSB *           |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>        |

1. Does the Individual meet nursing facility criteria? \* ?

Yes  No (If NO < see DMAS-95 MI/MR/ID/RC Instructions.)

a. Can a safe and appropriate plan of care be developed to meet all medical/nursing/custodial care needs?

Yes  No

**If 'Yes', this form must be completed AND the DMAS-96 form authorization is for Nursing Facility, this form **MUST BE COMPLETED.****

2. Does the Individual have a current serious mental illness (MI)?\* ?

Yes  No

(Check 'Yes' only if answers a, b, and c below are 'Yes'. If 'No', do not refer for assessment of active treatment needs for MI Diagnosis.)

a. Is this major mental disorder diagnosable under DSM-IV (e.g., schizophrenia, mood, paranoid, panic, or other serious anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or other mental disorder that may lead to a chronic disability)?

Yes  No

b. Has the disorder resulted in functional limitations in major life activities within the past 3-6 months, particularly with regard to interpersonal functioning; concentration, persistence, or pace; and adaptation to change?

Yes  No

c. Does the treatment history indicate that the individual has experienced psychiatric treatment more intensive than outpatient care more than once in the past 2 years or the individual has experienced within the last 2 years an episode of significant disruption to the normal living situation due to the mental disorder?

Yes  No

# ePAS Training - DMAS95 - MI/MR/SUPL

DMAS95-MI-MR-SUPL Print | Help

**Virginia Department of Medical Assistance Services**  
**MI/MR SUPPLEMENT: LEVEL II**

For instructions, please click here: [MI/MR Supplement: Level II Instructions](#)

**Name** ? Last Name \*  First Name \*  MI

**Screening Placement Recommendation** \* ?

---

**B. This section is to be completed by the Community Services Board or other entity under contract for Level H evaluation process**

**1. Evaluations required upon receipt of referral. Check evaluations submitted upon receipt of referral.** \* ?

- Neurological Evaluation
- Psychological Assessment
- Psychiatric Assessment
- Psychosocial/Functional Assessment
- History and Physical Examination
- Other

**2. Recommendation** \* ?

Specialized services are not indicated.  Specialized services are indicated.

**Comments** ?

# ePAS Training - DMAS96 - LTC SA Form

DMAS-96 Print | Help

**MEDICAID FUNDED LONG-TERM CARE SERVICE AUTHORIZATION FORM**

For instructions, please click here: [Medicaid Funded Long-Term Care Service Authorization Form Instructions](#)

**Member Information**

|  |   |  |
|--|---|--|
| Last Name*        | First Name*  | Birth Date (MM/DD/YYYY)*  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>      |
| Social Security*  | Medicaid ID  | Sex*                      |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>   |

**Medicaid Eligibility Information**

|   |  |
|---|--|
| Is Individual currently Medicaid eligible?*  | Is Individual currently Auxiliary Grant eligible?*  |
| <input type="text"/>  | <input type="text"/>   |
|   | Dept of Social Services:                            |
|   | Eligibility Responsibility <input type="text"/>  |
|   | Services Responsibility <input type="text"/>   |

**Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners)**

**Service Authorization**

# ePAS Training - DMAS97

DMAS97

Print | Help

## Virginia Department of Medical Assistance Services Individual Choice - Institutional Care or Waiver Services Form

For instructions, please click here: [DMAS-97 User's Manual](#)

Individual Being Screened:

Medicaid ID

**1. Screening Team Determination:** click [here](#) for instructions

Individual refers to the individual being screened and, if applicable, the family member, parent, legal guardian or authorized representative

**A. Individual Meets Nursing Facility Criteria** (Functional Dependency level and Medical/Nursing Needs Present):

Yes  No

**B. Deterioration in individual's health care condition or changes in available supports prevents former care arrangements from meeting needs.**

Describe\*

Evidence is available that demonstrates individual's medical and nursing needs are not being met (e.g. recent physicians documentation of instability, findings from medical/social services manager)

Describe\*

C. Individual has selected:

# ePAS Training - Public Pay Short

**PUBLIC-PAY-SHORT** Print | Help

**ATTACHMENT TO PUBLIC PAY SHORT FORM ASSESSMENT**

For instructions, please click here: [Public Pay Short Form Assessment Instructions](#)

**Client's Informations**

|                      |                      |
|----------------------|----------------------|
| Last Name* ?         | First Name* ?        |
| <input type="text"/> | <input type="text"/> |
| Social Security* ?   | Medicaid ID ?        |
| <input type="text"/> | <input type="text"/> |

**Medication Administration**

How can you take your medicine?\* ?

Describe Help / Name of Helper\* ?

**Psycho-Social Status**

Behavior Pattern\* ?

Type of Inappropriate Behavior ?

Orientation\* ?

Spheres Affected ?

# ePAS Training - Reassessment

**RE-ASSESSMENTS** Print | Help

**Virginia Department of Medical Assistance Services  
Eligibility Communication Document**

For instructions, please click here: [Eligibility Communication Document Instructions](#)

---

**?**  
To/From: Dept. of Social Services Eligibility Worker in (City/County responsible for Auxiliary Grant) \*

Address \*  City \*  State \*  Zip \*

To/From: Assisted Living Facility Assessor/Case Manager \*

Address \*  City \*  State \*  Zip \*

---

**?**  
Assessor's Provider Number \*

Resident Last Name \*  First Name \*  Social Security Number \*

ALF and Location \*  Medicaid Number \*

---

PURPOSE OF COMMUNICATION (select one): \* **?**

Annual Reassessment Completed

Resident No Longer Resides in ALF on Record

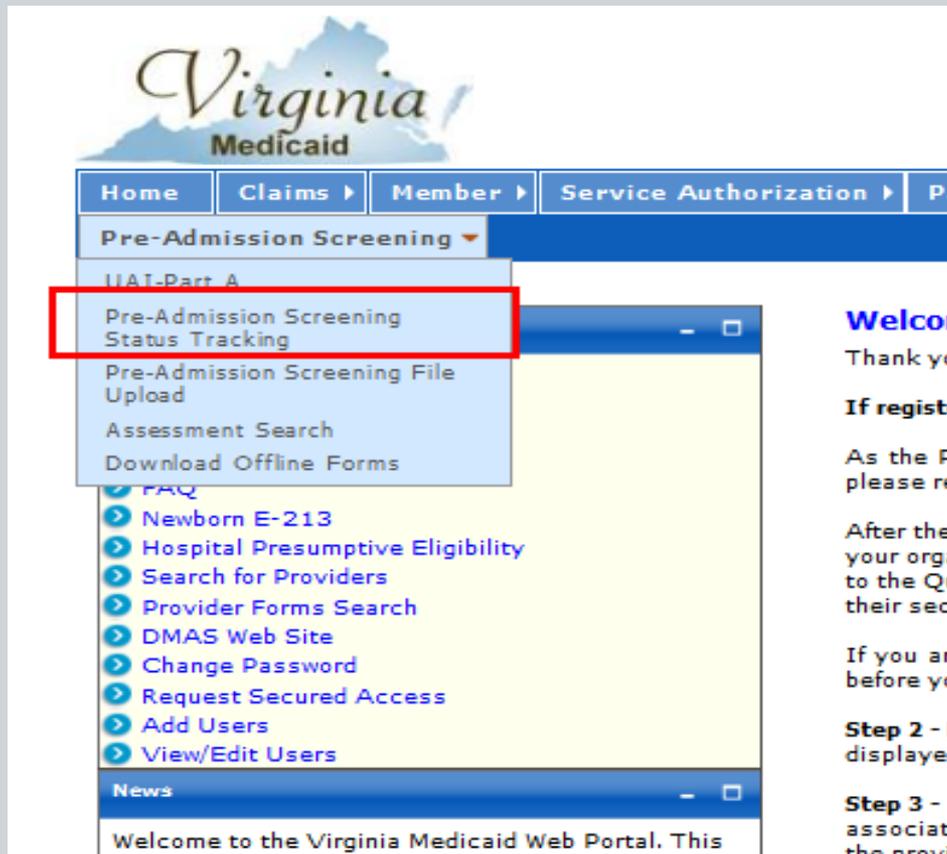
# ePAS Training – Submission Screen

- Form ID – Unique number for research/audit purposes
- List of all forms submitted as part of this assessment

The screenshot displays the Virginia Medicaid ePAS interface. At the top left is the Virginia Medicaid logo. The top right shows the date "Aug 1, 2014" and navigation links for "Home", "Contact Us", and "Log out". A blue navigation bar contains the following menu items: Home, Claims, Member, Service Authorization, Payment History, EHR Incentive Program, Provider Maintenance, Provider Enrollment, RA Messages, Level of Care Review, DME Pharmacy Audit, and Pre-Admission Screening. The main content area shows a confirmation message: "You're Pre-Screening Admission has been successfully submitted!". Below this message, the "Form ID # :2014213000006" is highlighted with a red box. Another red box highlights the text "The following forms were including in the submission : UAIA". An "Ok" button is located at the bottom left of the message box.

# ePAS Training - Pre-Admission Screening Status Tracking

- Drop Down Option: Pre-Admission Screening Status Tracking



# ePAS Training – Assessment Status & Search – NPI Level Results


Test Environm

Home
Claims ▶
Member ▶
Service Authorization ▶
Payment History
EHR Incentive Program
Provider Maintenance
Provider Enrollment
RA Messages
Level of C

Pre-Admission Screening ▼

Pre-Admission Screening Status Summary

**Virginia Pre-Admission Screening  
Status Tracking - Summary**

| Assessment Date | Initial Request Date | Assessment Ref #              | Member's Medicaid ID | Member's SSN | User ID   | Assessment Type      | Status                   | Action  |
|-----------------|----------------------|-------------------------------|----------------------|--------------|-----------|----------------------|--------------------------|---|
| 04/05/2015      | 03/15/2015           | 2015100001026                 |                      |              | BillyBob  | UAI – Part A (short) | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 04/03/2015      | 03/17/2015           | 2015100001025                 |                      |              | peggysue  | UAI – Part A (short) | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 04/02/2015      | 03/17/2015           | 2015100001024                 |                      |              | mortiz2   | UAI – Part A (short) | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 11/01/2014      | 10/02/2014           | 2014325000716                 |                      |              | mortiz2   | UAI – Part A (short) | Submitted for Processing | <a href="#">Recall</a> <a href="#">Print</a>  |
| 10/31/2014      | 09/04/2014           | 2014325000717                 |                      |              | mortiz2   | UAI – Part A (short) | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 10/31/2014      | 09/04/2014           | 2014324000712                 |                      |              | mortiz2   | UAI – Part A (short) | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 10/31/2014      | 09/04/2014           | <a href="#">2014324000711</a> |                      |              | mortiz2   | UAI – Part A (short) | Denied                   | <a href="#">Recall</a> <a href="#">Print</a>  |
| 10/31/2014      | 09/04/2014           | <a href="#">2014324000710</a> |                      |              | mortiz2   | UAI – Part A (short) | Denied                   | <a href="#">Recall</a> <a href="#">Print</a>  |
| 10/26/2014      | 10/02/2014           | 2014325000715                 |                      |              | mortiz2   | UAI – Part A (short) | Submitted for Processing | <a href="#">Recall</a> <a href="#">Print</a>  |
| 10/10/2014      | 10/21/2014           | <a href="#">2014296000463</a> |                      |              | superuser | UAI – Part A (short) | Successfully Processed   | <a href="#">Recall</a> <a href="#">Print</a>  |

Showing 1 - 10 of 37
1 2 3 [Next](#)

Cancel

# ePAS Training – PAS Status Tracking Summary

- Assessment Reference # works as hyperlink to tracking detail

Virginia Medicaid

Test Environment | Home | Claims | Member | Service Authorization | Payment History | EHR Incentive Program | Provider Maintenance | Provider Enrollment | RA Messages | Level of Care Review

Pre-Admission Screening

### Pre-Admission Screening Status Summary

Virginia Pre-Admission Screening Status Tracking - Summary

| Assessment Date | Initial Request Date | Assessment Ref #              | Member's Medicaid ID | Member's SSN | User ID | Assessment Type      | Status                   | Action  |
|-----------------|----------------------|-------------------------------|----------------------|--------------|---------|----------------------|--------------------------|---|
| 03/23/2015      | 03/01/2015           | 2015104001053                 |                      |              |         | UAI – Part B (long)  | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 03/23/2015      | 03/01/2015           | 2015104001052                 |                      |              |         | UAI – Part B (long)  | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 03/23/2015      | 03/01/2015           | 2015103001051                 |                      |              |         | UAI – Part B (long)  | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 03/21/2015      | 01/20/2015           | <a href="#">201511001240</a>  |                      |              |         | UAI – Part B (long)  | Successfully Processed   | <a href="#">Recall</a> <a href="#">Print</a>  |
| 03/19/2015      | 03/02/2015           | 2015091000988                 |                      |              |         | UAI – Part A (short) | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 03/17/2015      | 03/01/2015           | 2015091000989                 |                      |              |         | UAI – Part A (short) | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |
| 03/15/2015      | 02/21/2015           | <a href="#">2015110001221</a> |                      |              |         | UAI – Part B (long)  | Successfully Processed   | <a href="#">Recall</a> <a href="#">Print</a>  |
| 03/14/2015      | 03/01/2015           | 2015114001345                 |                      |              |         | UAI – Part B (long)  | Submitted for Processing | <a href="#">Recall</a> <a href="#">Print</a>  |
| 03/14/2015      | 03/01/2015           | <a href="#">2015113001319</a> |                      |              |         | UAI – Part B (long)  | Denied                   | <a href="#">Recall</a> <a href="#">Print</a>  |
| 03/14/2015      | 12/20/2014           | 2015081000941                 |                      |              |         | UAI – Part A (short) | Incomplete               | <a href="#">Recall</a> <a href="#">Delete</a> |

Showing 61 - 70 of 231

[Previous](#) 6 7 8 [Next](#)

[Back to Search](#) [Cancel](#)

# ePAS Training - PAS Status Tracking Detail

Nov 19, 2014  
: | Home | Contact Us | Log out

Virginia Medicaid

Home | Claims | Member | Service Authorization | Payment History | EHR Incentive Program | Provider Maintenance | Provider Enrollment | RA Messages  
Level of Care Review | Pre-Admission Screening

Pre-Admission Screening Status Summary

Virginia Pre-Admission Screening Status Tracking - Detail

|  |   |  |
|--|---|--|
| <b>Assessment Ref #:</b><br>2014295000439      | <b>Assessment Date:</b><br>06/29/2014         | <b>Assessment Approval Code:</b><br>Denied |
| <b>Assessment Type:</b><br>UAI - Part B (long) | <b>PAS Medicaid Authorization Code:</b><br>01 |  |

**NPI(s):**  
[REDACTED]

**Member's Information**

|                                   |                           |
|-----------------------------------|---------------------------|
| <b>Medicaid ID:</b><br>[REDACTED] | <b>SSN:</b><br>[REDACTED] |
| <b>Name:</b><br>[REDACTED]        |                           |

**Error Messages:**  
FRACTURES/DISLOCATIONS CODE IS INVALID.MEDICAID AUTHORIZATION CODE IS INVALID IN CROSS EDIT VALIDATION.

Back Back to Search Cancel

# ePAS Training - PAS Denials/Issues Encountered

- Level 1 Provider is invalid
  - Most cases this is due to the Level 1 Provider information not being submitted.

**Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners)**

**Medicaid Authorization**  
Medicaid Services Authorized?\* [?](#)

Yes  No

**Level I/ALF Screening Identification?\* [?](#)**

Yes  No

Level II Assessment Determination?\* **Note: For NF Authorizations Only - Does Not Apply to Waivers** [?](#)

Yes  No

Did the individual expire after the PAS/ALF Screening decision but before services were received?\* [?](#)

Yes  No

**Screening Certification:**  
This authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member.

By checking this box and entering your name as the Level 1/ALF screener below, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member. Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.\*

Level I/ALF Screener\* [?](#)

Level I/ALF Screener Title\*

Date:

By checking this box and entering your name as the Level 1/ALF screener below, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member. Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

# ePAS Training - PAS Denials/Issues Encountered

- Level 1 Provider is invalid
  - Most cases this is due to the Level 1 Provider information not being submitted.

**Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners)**

**Medicaid Authorization**  
Medicaid Services Authorized?\* [?](#)  
 Yes  No

**Level I/ALF Screening Identification?\* [?](#)**  
 Yes  No

Name of Level I/ALF screener agency:\*  Level 1/ALF screener provider number:\*

Name of Additional Level I/ALF screener agency:  Additional Level 1/ALF screener provider number:

Level II Assessment Determination?\* **Note: For NF Authorizations Only - Does Not Apply to Waivers** [?](#)  
 Yes  No

Did the individual expire after the PAS/ALF Screening decision but before services were received?\* [?](#)  
 Yes  No

**Screening Certification:**  
This authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member.

By checking this box and entering your name as the Level 1/ALF screener below, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member. Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.\*

Level I/ALF Screener\* [?](#)  Level I/ALF Screener Title\*  Date:

# ePAS Training – PAS Denials/Issues Encountered

- Invalid Provider Type/Specialty for Level 1 Screener
  - Level 1 Screener 1 can only be one of the following provider type/specialty combinations :
    - 051/000
    - 051/032
    - 051/036
    - 053/000
    - 053/032
    - 056/036
  - Level 1 Screener 2, can only be one of following provider type/specialty combinations:
    - 073/000
    - 073/034

# ePAS Training - Assessment Search

The screenshot displays the Virginia Medicaid ePAS interface. At the top, there is a logo for Virginia Medicaid. Below the logo is a navigation menu with tabs for Home, Claims, Member, Service Authorization, and Pay. A dropdown menu is open under the Member tab, listing several options: Pre-Admission Screening, UAI-Part A, Pre-Admission Screening Status Tracking, Pre-Admission Screening File Upload, Assessment Search (highlighted with a red border), and Download Offline Forms. Below the dropdown menu, a table displays assessment data.

| Assessment Date | Initial Request Date | Assessment Ref # |
|-----------------|----------------------|------------------|
| 03/23/2015      | 03/01/2015           | 2015104001053    |
| 03/23/2015      | 03/01/2015           | 2015104001052    |
| 03/23/2015      | 03/01/2015           | 2015103001051    |

# ePAS Training - Assessment Search

Nov 20, 2014

[Home](#) | [Contact Us](#) | [Log out](#)



- Home
- Claims ▶
- Member ▶
- Service Authorization ▶
- Payment History
- EHR Incentive Program
- Provider Maintenance
- Provider Enrollment
- RA Messages
- Level of Care Review ▶
- Pre-Admission Screening ▶

## Assessment Search

### Virginia Pre-Admission Screening Assessment Search

Please enter the Member's Medicaid ID OR SSN and the Assessment Date. The Assessment Type can also be entered to further refine the search results.

Member's Medicaid ID  OR Member's SSN

Assessment Start Date   Assessment Type  Short Assessment

Assessment End Date    Long Assessment

# ePAS Training - Assessment Search Results

The screenshot displays the Virginia Medicaid ePAS interface. At the top left is the Virginia Medicaid logo. On the top right, it indicates 'Test Environment'. A navigation menu includes: Home, Claims, Member, Service Authorization, Payment History, EHR Incentive Program, Provider Maintenance, Provider Enrollment, RA Messages, and Level of Care. The 'Pre-Admission Screening' menu item is selected.

The main content area is titled 'Assessment Search Results' and contains the following table:

| Assessment Date | Initial Request Date | Assessment Ref # | Member's Medicaid ID | Member's SSN | User ID    | Assessment Type     | Status                   | Action                                       |
|-----------------|----------------------|------------------|----------------------|--------------|------------|---------------------|--------------------------|--|
| 03/14/2015      | 03/01/2015           | 2015114001345    | [REDACTED]           | [REDACTED]   | [REDACTED] | UAI - Part B (long) | Submitted for Processing | <a href="#">Recall</a> <a href="#">Print</a> |
| 03/14/2015      | 03/01/2015           | 2015113001319    | [REDACTED]           | [REDACTED]   | [REDACTED] | UAI - Part B (long) | Denied                   | <a href="#">Recall</a> <a href="#">Print</a> |

Showing 1 - 2 of 2

Buttons: Back, Cancel

## ePAS Training – Assessment Status and Search - Print functionality

- Any submitted assessment will have print capability

The screenshot displays the Virginia Medicaid ePAS interface. At the top left is the Virginia Medicaid logo. On the top right, it indicates 'Test Environment'. A navigation menu includes options like Home, Claims, Member, Service Authorization, Payment History, EHR Incentive Program, Provider Maintenance, Provider Enrollment, RA Messages, and Level of Care. Below this is a 'Pre-Admission Screening' dropdown menu.

The main content area is titled 'Assessment Search Results' and contains a sub-header 'Virginia Pre-Admission Screening Assessment Search'. Below this is a table with the following data:

| Assessment Date | Initial Request Date | Assessment Ref # | Member's Medicaid ID | Member's SSN | User ID    | Assessment Type     | Status                   | Action                                       |
|-----------------|----------------------|------------------|----------------------|--------------|------------|---------------------|--------------------------|--|
| 03/14/2015      | 03/01/2015           | 2015114001345    | [REDACTED]           | [REDACTED]   | [REDACTED] | UAI – Part B (long) | Submitted for Processing | <a href="#">Recall</a> <a href="#">Print</a> |
| 03/14/2015      | 03/01/2015           | 2015113001319    | [REDACTED]           | [REDACTED]   | [REDACTED] | UAI – Part B (long) | Denied                   | <a href="#">Recall</a> <a href="#">Print</a> |

At the bottom left, it says 'Showing 1 - 2 of 2'. At the bottom right, there are 'Back' and 'Cancel' buttons. The 'Print' links in the 'Action' column are highlighted with a red box.

# ePAS Training – Print functionality

– Opens in new window for saving or printing

## Virginia Uniform Assessment Instrument Part A

FORM ID: 2014324000711

### 1. Dates:

a. Screen Date:  
10/31/2014

b. Assessment Date:  
10/31/2014

c. Re-Assessment Date:

d. Initial Request Date:  
09/04/2014

---

### Identification/Background

### 2. Member Name & Vital Information

a. Last Name:  
DUCK

b. First Name:  
DAISY

c. MI:

d. SSN:  
147-85-2369

e. Address:  
789 DISNEY DRIVE

f. City:  
RICHMOND

g. State:  
VA

h. Zip:  
23219

i. Phone:  
804-555-8798

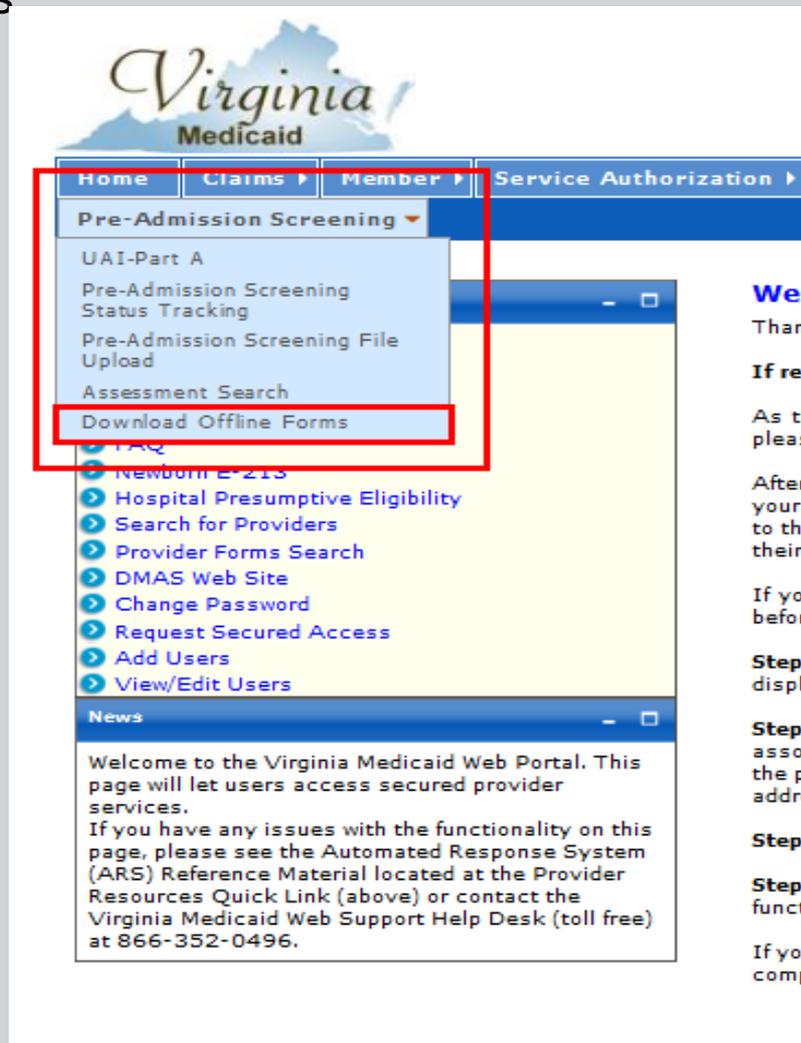
j. City/County Code:

k. Directions to House:

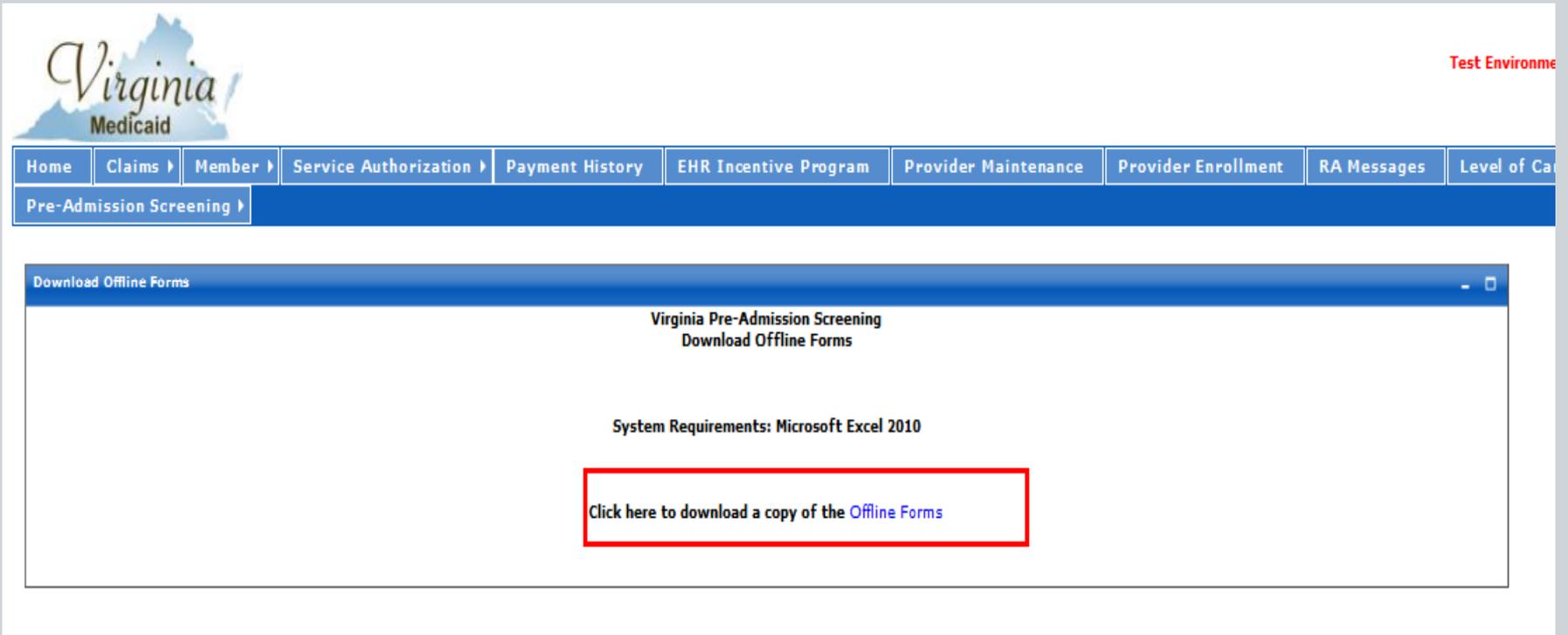
l. Pets:

# ePAS Training – Pre-Admission Screening Menu

- Navigation Tab: Pre-Admission Screening
- Drop Down Options



# ePAS Training – Offline Forms



The screenshot displays the Virginia Medicaid ePAS system interface. At the top left is the Virginia Medicaid logo. In the top right corner, the text "Test Environment" is visible. A navigation menu below the logo includes links for Home, Claims, Member, Service Authorization, Payment History, EHR Incentive Program, Provider Maintenance, Provider Enrollment, RA Messages, and Level of Care. The "Pre-Admission Screening" link is currently selected. A window titled "Download Offline Forms" is open, showing the text "Virginia Pre-Admission Screening Download Offline Forms" and "System Requirements: Microsoft Excel 2010". A red rectangular box highlights a blue hyperlink that reads "Click here to download a copy of the [Offline Forms](#)".

# ePAS Training – Forms Search – Offline Forms

Virginia Medicaid

Test Environment |

Home Claims Member Service Authorization Payment History EHR Incentive Program Provider Maintenance Provider Enrollment RA Messages Level of Care R

Pre-Admission Screening

Provider Forms Search

Search Results

| Title                              | Number/Name              | Type  | Category                |
|------------------------------------|--------------------------|---|-------------------------|
| Pre-Admission Screening Assessment | <a href="#">DMAS-P98</a> | Long Term Care-Facility and Home-Based Services | Pre-Admission Screening |

1 - 1 of 1

New Search

# ePAS Training – Offline Forms

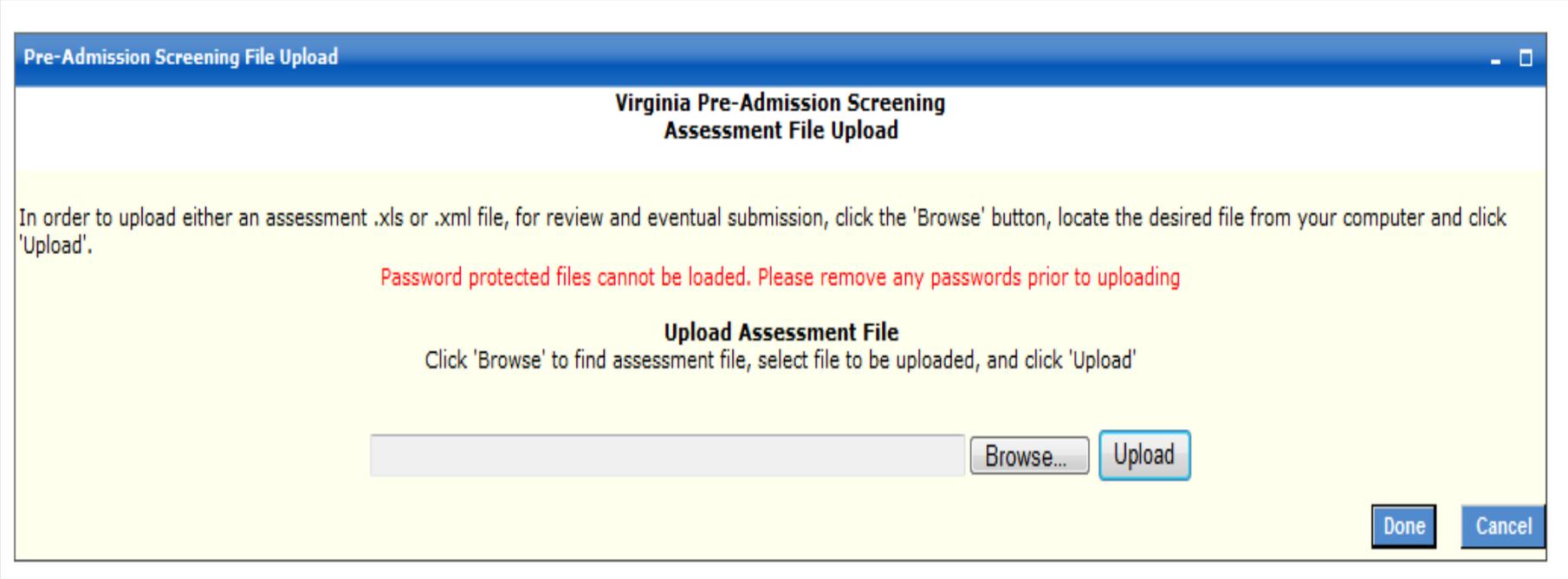
| VIRGINIA UNIFORM ASSESSMENT INSTRUMENT  |             |   |   |                    | *Required |
|---|-------------|---|---|--------------------|-----------|
| Dates   | Screening:* | Assessment:                               | Reassessment:                             | Initial Request:*  |           |
| <b>1. IDENTIFICATION/ BACKGROUND</b>  |             |   |   |                    |           |
| <b>Name &amp; Vital Information</b>   |             |   |   |                    |           |
| Member's Name: Last:*   |             | First:*                                   | MI:                                       | SSN:*              |           |
| Address: Street:*   |             | City:*                                    | State:*                                   | Zip Code:*         |           |
| Phone Number:*  |             | City/County Code:*                        |   |                    |           |
| Directions to House:  |             |   |   |                    |           |
| Pets?   |             |   |   |                    |           |
| <b>Demographics</b>   |             |   |   |                    |           |
| Member's Date of Birth:*  |             | Age:*                                     | Sex:*                                     | Hearing Impaired:* |           |
| Marital Status:*  |             | Race:*                                    | (If Race - Unknown, enter Ethnic Origin): |                    |           |
| Communication of Needs:*  |             | Other Language, Specify:                  |   |                    |           |
| Education:*   |             | (If Education - Unknown, please Specify): |   |                    |           |
| <b>Primary Caregiver</b>  |             |   |   |                    |           |
| Caregiver's Name: Last:*  |             | First:*                                   | MI:                                       | Relationship:*     |           |
| Address: Street:*   |             | City:*                                    | State:*                                   | Zip Code:*         |           |
| Phone Number* (Home):   |             | (Work):                                   |   |                    |           |
| <b>Emergency Contact</b>  |             |   |   |                    |           |
| Emergency Contact's Name: Last:*  |             | First:*                                   | MI:                                       | Relationship:*     |           |
| <span>UAI-A</span> <span>UAI-B</span> <span>Reassessment</span> <span>DMAS-95 MI-MR-RC</span> <span>DMAS-95 MI-MR-SUPL</span> <span>DMAS-96</span> <span>DMAS-97</span> <span>Public Short Pay</span> |             |   |   |                    |           |

# ePAS Training - PAS File Upload

The screenshot displays the Virginia Medicaid website interface. At the top left is the Virginia Medicaid logo. Below it is a horizontal navigation bar with tabs for Home, Claims, Member, Service Authorization, and Payment History. A dropdown menu is open under the Member tab, showing options for Level of Care Review and Pre-Admission Screening. The Pre-Admission Screening dropdown menu is further expanded, listing UAI-Part A, Pre-Admission Screening Status Tracking, Pre-Admission Screening File Upload (highlighted with a red box), and Assessment Search. On the left side, there is a Quick Links section with various service links. On the right side, there is a section titled 'to the Virginia D' with instructions for registering for access and enrolling.

# ePAS Training – File Upload

- Program determines logic path based on file extension of .xlm or .xls



The screenshot shows a dialog box titled "Pre-Admission Screening File Upload" with a subtitle "Virginia Pre-Admission Screening Assessment File Upload". The main text reads: "In order to upload either an assessment .xls or .xml file, for review and eventual submission, click the 'Browse' button, locate the desired file from your computer and click 'Upload'." Below this is a red warning message: "Password protected files cannot be loaded. Please remove any passwords prior to uploading". Underneath is the section "Upload Assessment File" with the instruction: "Click 'Browse' to find assessment file, select file to be uploaded, and click 'Upload'". At the bottom, there is a file selection field, a "Browse..." button, an "Upload" button, and "Done" and "Cancel" buttons in the bottom right corner.

# ePAS Training – Miscellaneous

- All date fields need to be in the MM/DD/YYYY format or be entered by using the calendar widget
- Recall on an incomplete/saved form open to the last page the user was on at the time of the save
- Recall on a submitted form creates a copy of the form for use as a template to submit another assessment.
- Status Tracking and Search Results reflect the user id of the last user to update the assessment. For instance if Jane creates an assessment and saves it, her id will be displayed in the user id column. If John recalls it, updates it and either saves or submits it, his id will now be displayed in the user column.

# ePAS Training - Miscellaneous

- Users can toggle between forms via the forms buttons. In order to go to a different form the current form must be completed in order to trigger form edits.
- When moving between forms, the current form is auto-saved before going to the new form.
- Offline assessments create a new Assessment Reference Number (ARN) with each upload. If multiple users need to add input to an assessment, the upload of the offline form starts the process. Once uploaded, additional users will need to add data via the online screens.
- Offline forms can not be uploaded with any additional password protection. Please be sure and remove any passwords before trying to upload.

# ePAS Training – Miscellaneous

- System automatically logs a user off after 30 minutes of inactivity (no keys clicked). There is no 'auto-save' on a time out. Best practice would be to periodically save online forms while entering/updating data.



Ready For Real Business



# DARS

VIRGINIA DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES

*Supporting Virginians' efforts  
to secure independence and employment*



## Technical Assistance, Manual Revisions and Other Updates

May 15, 2015

# Technical Assistance (TA)

- Preadmission screening TA document released May 11, 2015.
- DARS and VDH welcome feedback, comments, or suggested edits to the PAS TA document by June 1, 2015.
- Plan to reissue updated version week of June 8.



# TA, Webinar FAQs, and “Tips of the Day”

- DARS APS regional consultants have been emailing “ePAS Tips of the day” to LDSS.
- “Tips” provide quick notification to PAS teams about ePAS system or user issues.
- TA, FAQ, and Tips have been posted on SPARK at <http://spark.dss.virginia.gov/divisions/dfs/as/procedures.cgi>



# APS Division Manual

- Revised chapters 1, 3, and 4 of the APS Division Manual were released May 7, 2015.
- Changes in response to ePAS going “live” and need to ensure that LDSS procedures sync with use of ePAS and HB 702.
- Manual will be revised again in early July.



# ePAS for Assisted Living Facility Assessments

- ePAS will be used by some qualified assessors (e.g. CSBs, AAA) for public pay ALF assessments
- ePAS WILL NOT be used by LDSS assessors for public pay ALF assessments
- LDSS ALF assessors will continue to use the paper UAI or enter UAI into ASAPPS and print it



# Additionally...

- DARS is incorporating feedback from local teams and other stakeholders into a revised version of the UAI User's Manual.
- The Public Pay ALF Assessment Manual is also undergoing revisions to reflect accurate ePAS guidance.



# Thank You!

- To submit a best practice or comment about the TA document:

Please contact [paige.mccleary@dars.virginia.gov](mailto:paige.mccleary@dars.virginia.gov)



VIRGINIA DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES

# Process Enhancements in Collaboration Among the Virginia Departments of:

Health (VDH)

Medicaid Assistance Services (DMAS)

Aging and Rehabilitative Services (DARS)

## Pre-Admission Screenings (PAS)

Initial Request Date to Completion

Voluntary Reporting

09/01/14 - 04/30/15

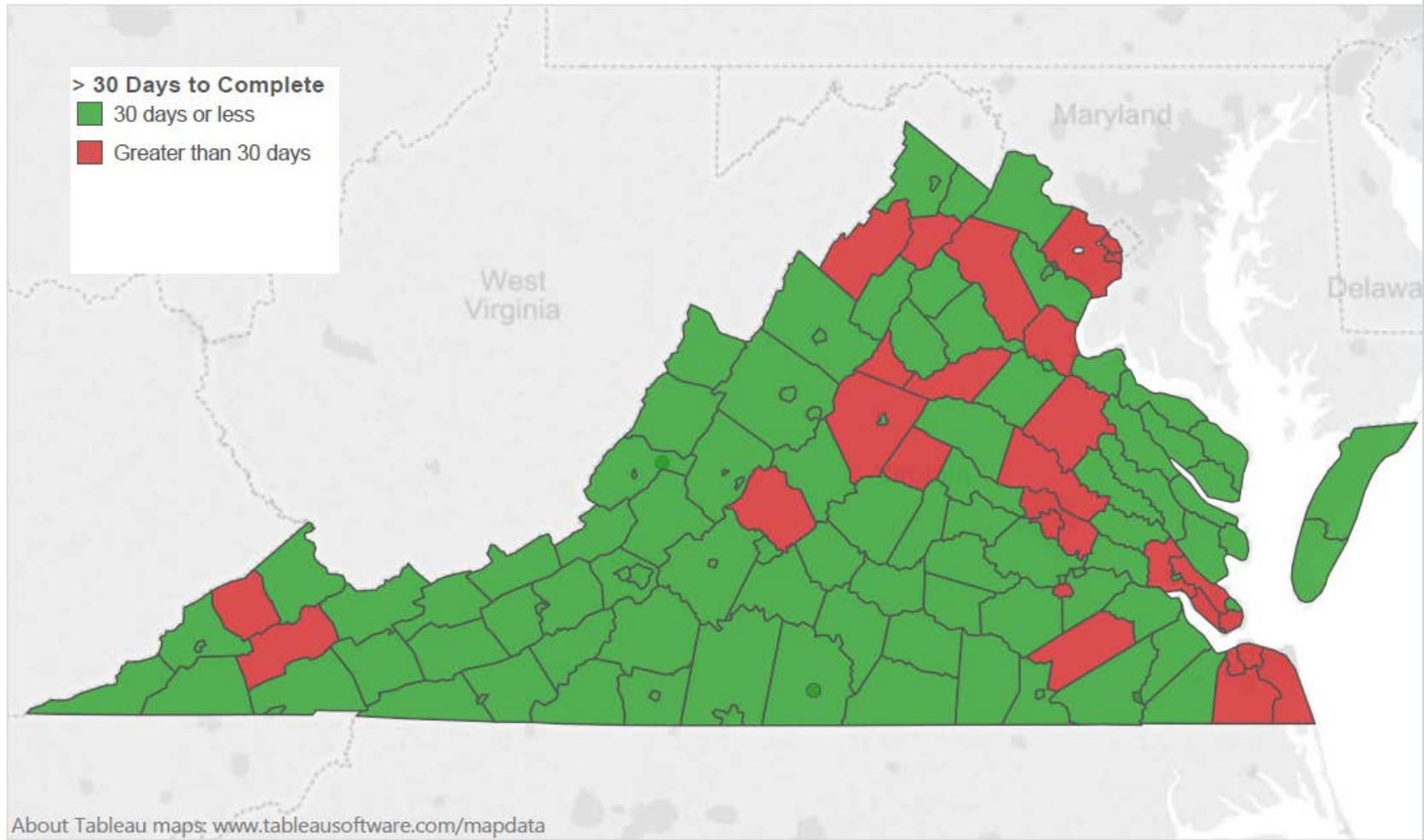
May 15, 2015

Bill Edmunds, CHS Director of Process & Evaluation

# Green/Red Dashboard

Thru 04/30/15

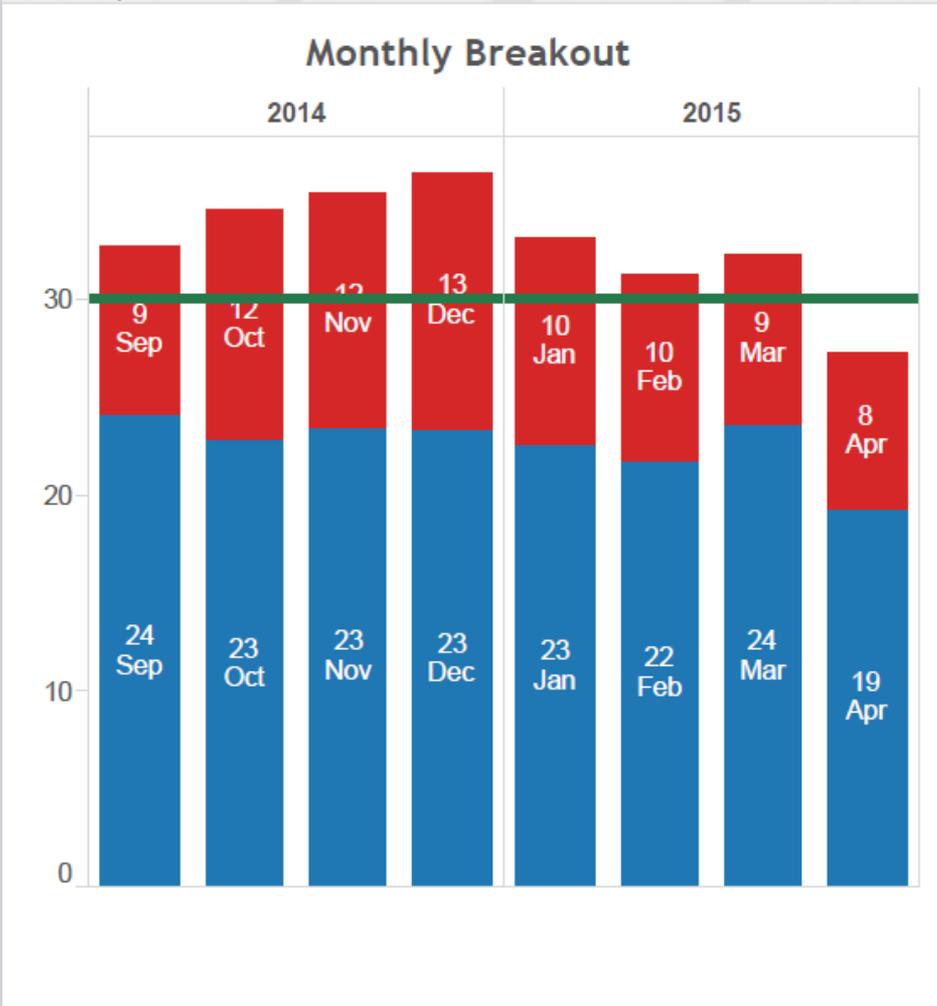
## Preadmission Screening: All



All Jurisdictions Reporting – NO Blue

# Statewide Average

Thru 04/30/15

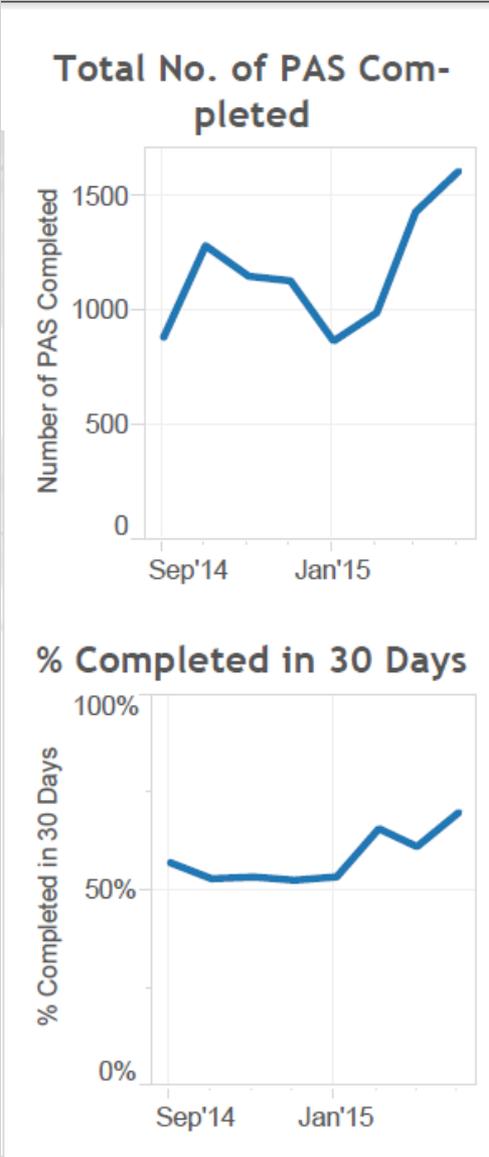


**Measure Names**

- Days: Visit to Complete
- Days: Request to Visit

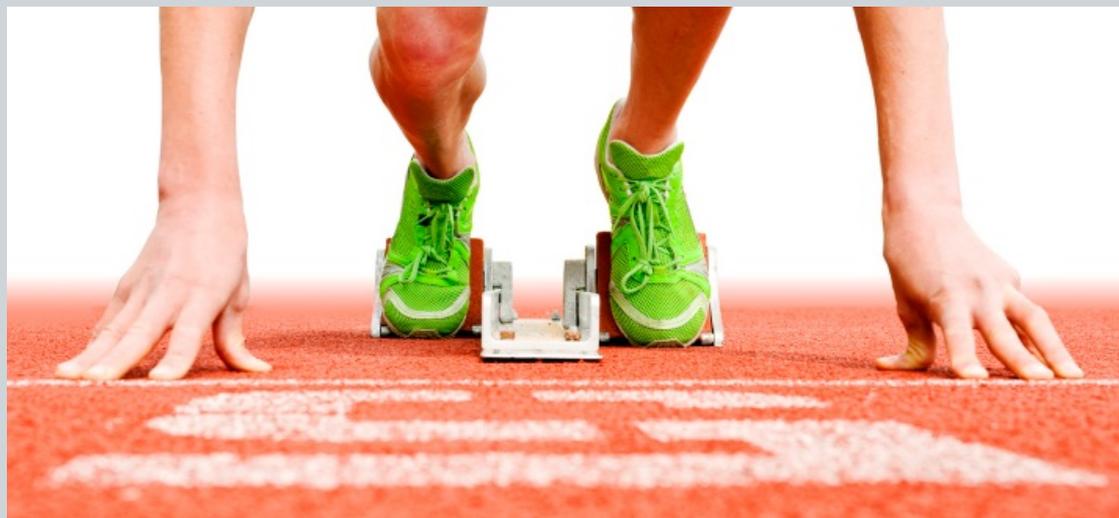
# PAS Completed/% Completed 30 Days

Thru 04/30/15



# How to Get Started with ePAS

- Confirm System Access
- Understand How ePAS Works
  - Review ePAS Manual
  - Review 3 Process Models
  - Use ePAS in Office
    - Via Internet
    - Using Excel
- VDH/LDSS Discussion
  - Laptops
  - Hot Spots
  - Encrypted E-mail



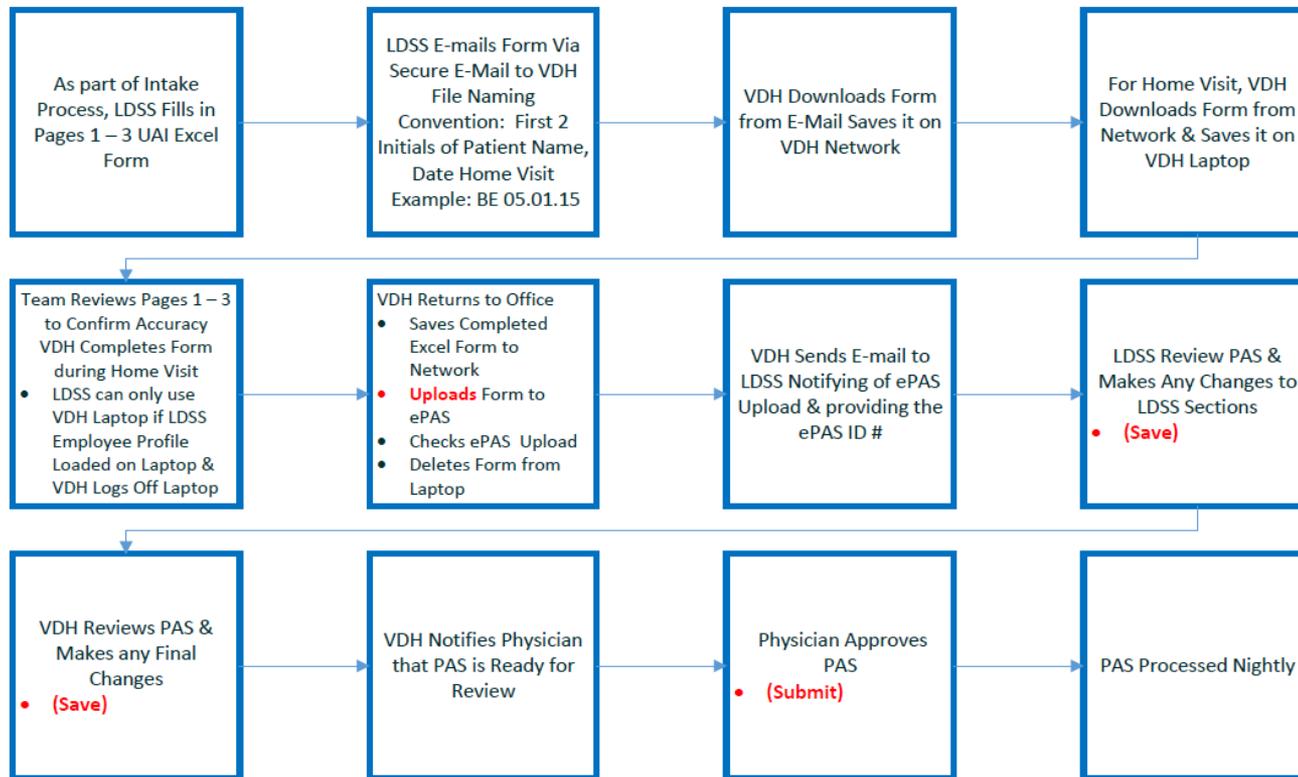
# How to Get Started with ePAS II

- Team Decide How to Move Forward
- Have Teams “Test” in Field
- Workout:
  - Office Procedures
  - Team Communications
- Physician Approval
- Claims Follow up
- Use 05/15/15 – 06/30/15 to Determine How ePAS works Best for YOUR Team



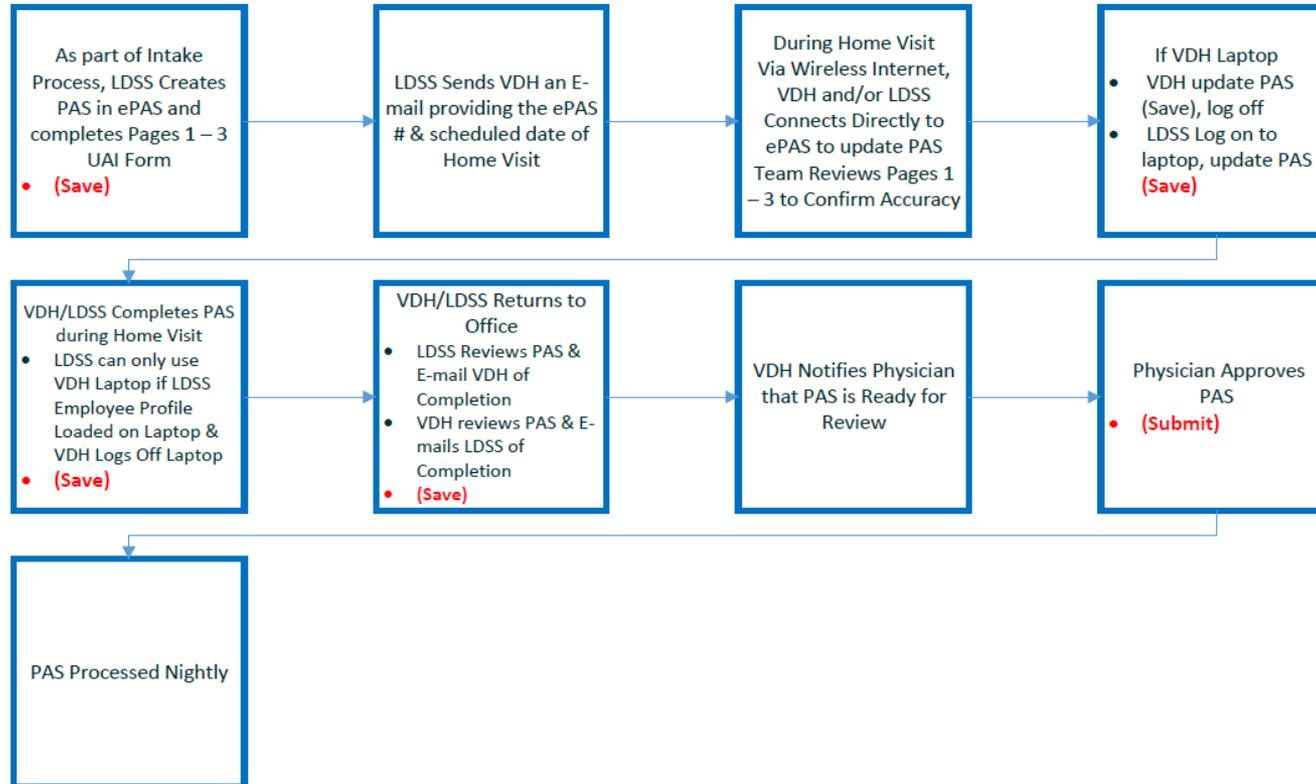
# ePAS Process Models: # 1

## ePAS Process Flow – Option 1 Excel Form



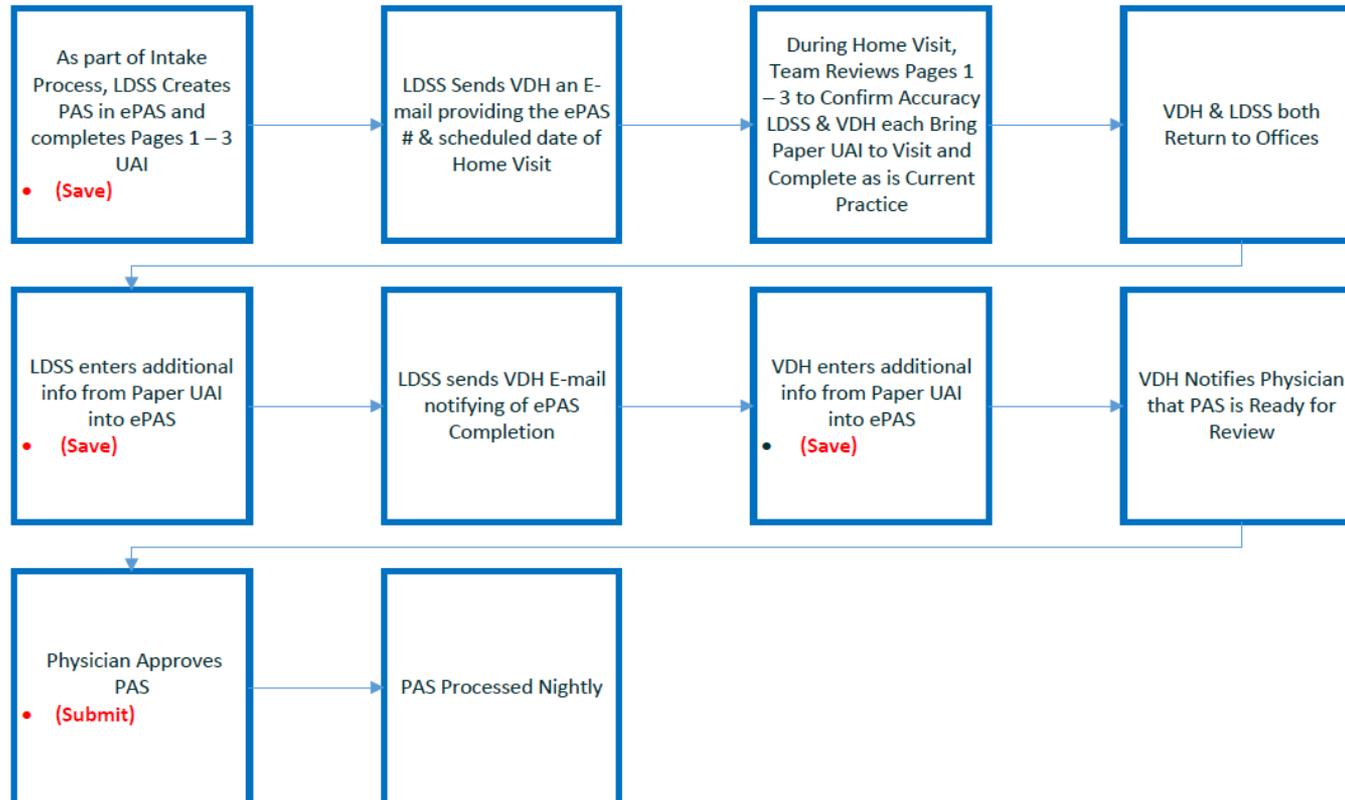
# ePAS Process Models: # 2

## ePAS Process Flow – Option 2 Wireless Internet



# ePAS Process Models: # 3

## ePAS Process Flow – Option 3 Paper UAI



# ePAS: Helpful Hints

- What if the client does not have a Medicaid ID at the time of screening, or exact dates are unknown?
  - ***ePAS accepts either the Medicaid ID number or the individual's social security number.***
- When the exact date is unknown, and prompting of the individual is not helpful in determining an exact date
  - ***the team member enters the most accurate date possible based on the individual's responses (e.g. "it was in early Spring about 2 years ago" = 04/01/2013. Then the team notes in the comments or summary section of the UAI that "the 4/1/2013 date is an estimate"***

# ePAS: Helpful Hints

- Reported Field Limitations Examples
  - Limit of ten medications
  - Number of characters in name
  - Medical/nursing need limited to 75 characters
- Complete what you can and document the rest in comments box or create an addendum to the UAI.

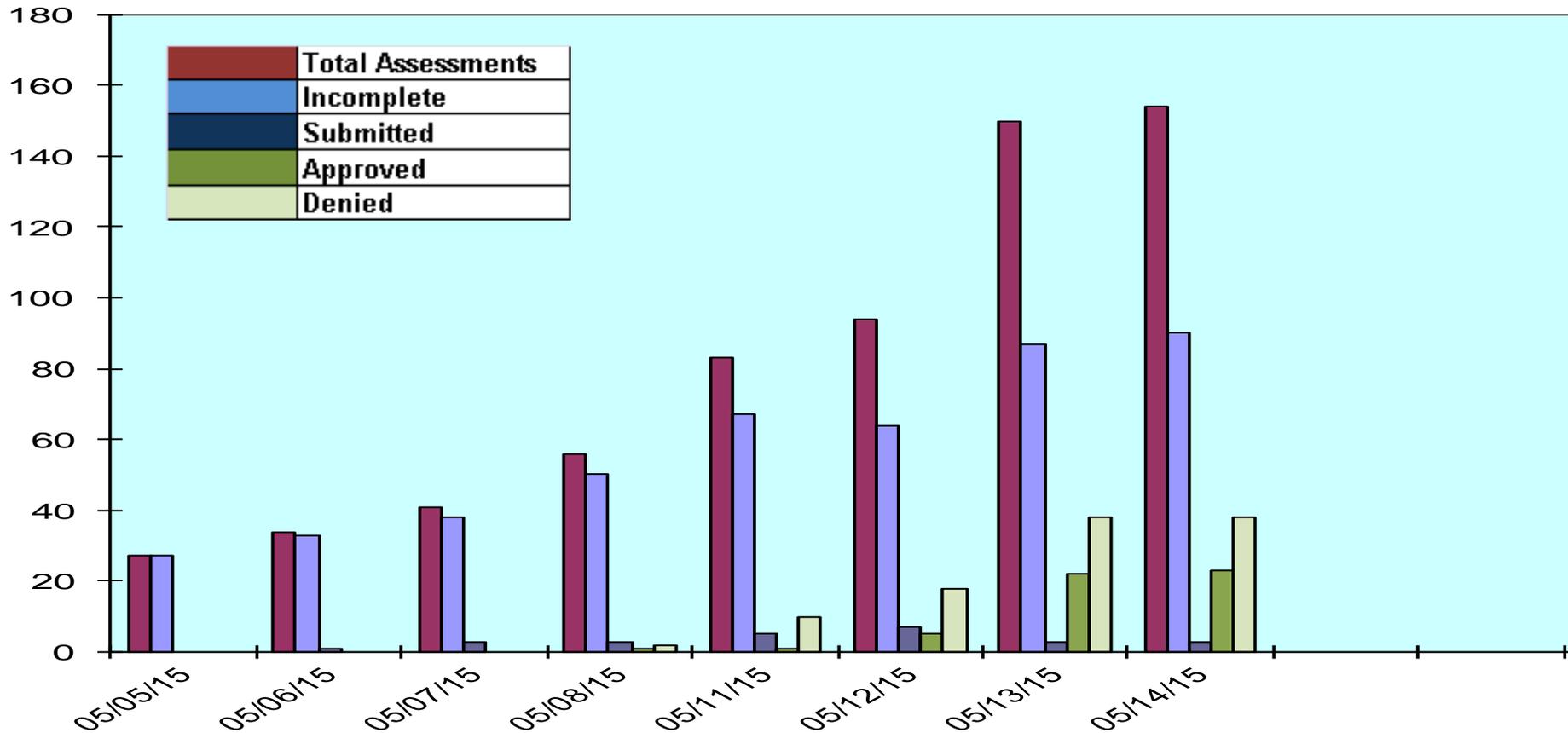
# Questions?



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(804) 864-7942



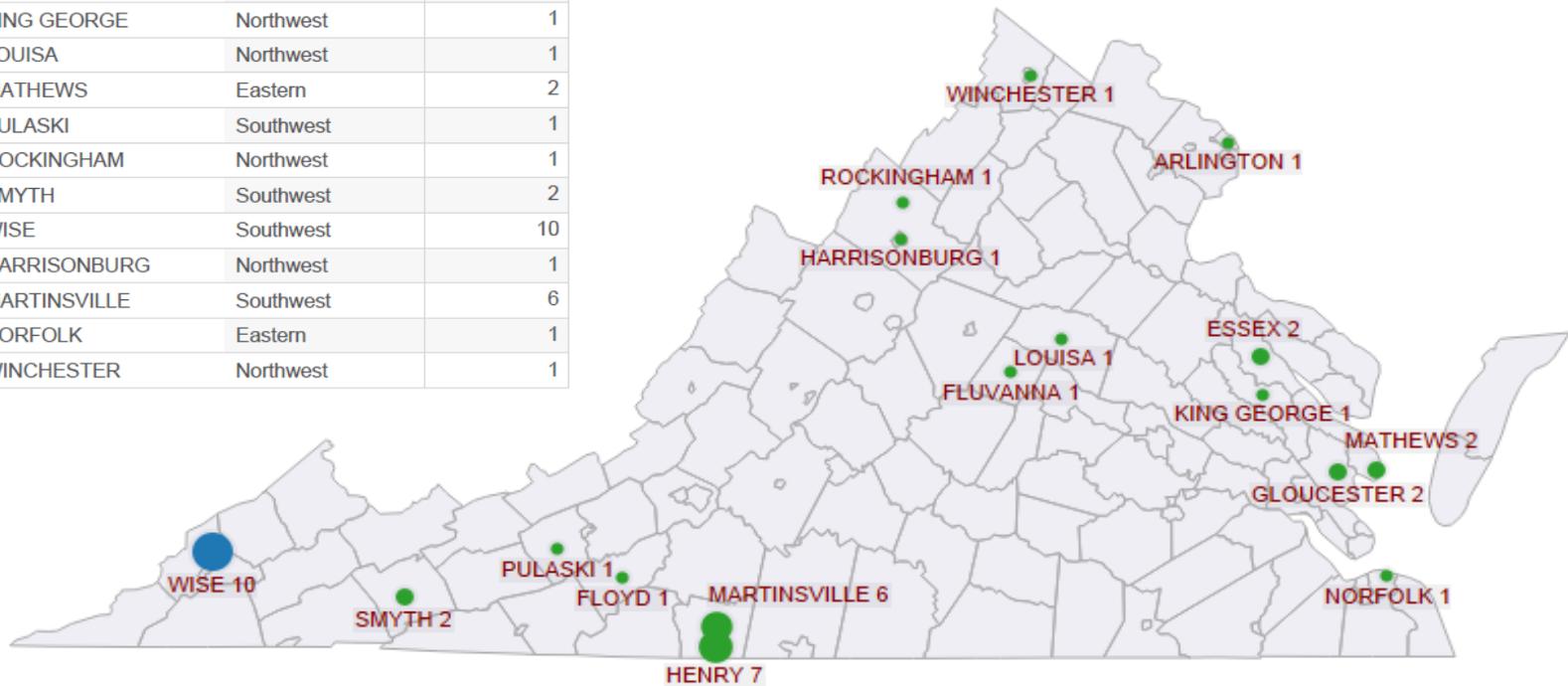
# ePAS Trending



# Current Recipients Locations

## Recipients by Locality

| Fips  | Locality     | Region    |    |
|-------|--------------|-----------|----|
| 51013 | ARLINGTON    | Northern  | 1  |
| 51057 | ESSEX        | Eastern   | 2  |
| 51063 | FLOYD        | Southwest | 1  |
| 51065 | FLUVANNA     | Northwest | 1  |
| 51073 | GLOUCESTER   | Eastern   | 2  |
| 51089 | HENRY        | Southwest | 7  |
| 51097 | KING GEORGE  | Northwest | 1  |
| 51109 | LOUISA       | Northwest | 1  |
| 51115 | MATHEWS      | Eastern   | 2  |
| 51155 | PULASKI      | Southwest | 1  |
| 51165 | ROCKINGHAM   | Northwest | 1  |
| 51173 | SMYTH        | Southwest | 2  |
| 51195 | WISE         | Southwest | 10 |
| 51660 | HARRISONBURG | Northwest | 1  |
| 51690 | MARTINSVILLE | Southwest | 6  |
| 51710 | NORFOLK      | Eastern   | 1  |
| 51840 | WINCHESTER   | Northwest | 1  |





## ePAS Live!



On behalf of DMAS, DARS, and VDH, we thank you for your attention today and we are excited about the progress you are making to strengthen the PAS process for those we serve.