Community Pre-Admission Screenings

Process Enhancements in Collaboration Among the Virginia Departments of:

Health (VDH)
Medicaid Assistance Services (DMAS)
Aging and Rehabilitative Services (DARS)

March 20, 2015

VDH VIRGINIA DEPARTMENT OF HEALTH

Today's Agenda:

Welcome/Agenda	Bill Edmunds (VDH)
Review of Web-X Rules	Michelle Watts (DMAS)
PAS Trends & Next Steps	Terry Smith (DMAS)
ePAS Demonstration	Michaella (Mickey) Ortiz (XEROX)
DARS in PAS/No Wrong Door	Paige McCleary (DARS)
Business Process for PAS	Bill Edmunds (VDH)
PAS Success Factors	Various Local PAS
Final Thoughts/Wrap up	Bill Edmunds (VDH)

WebEx Instructions

To ask a question there are 2 options

- **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
- **By Phone (if time permits):**
  - Press the hand icon on the participant's panel
  - The presenter will see this and call on you to un-mute your phone by pressing #6
  - Press the hand icon again after you have answered and mute your phone by pressing *6
- **To end the session:**
  - select File-end training session from the toolbar pull down

Presentation to Community Pre-admission Screening Teams

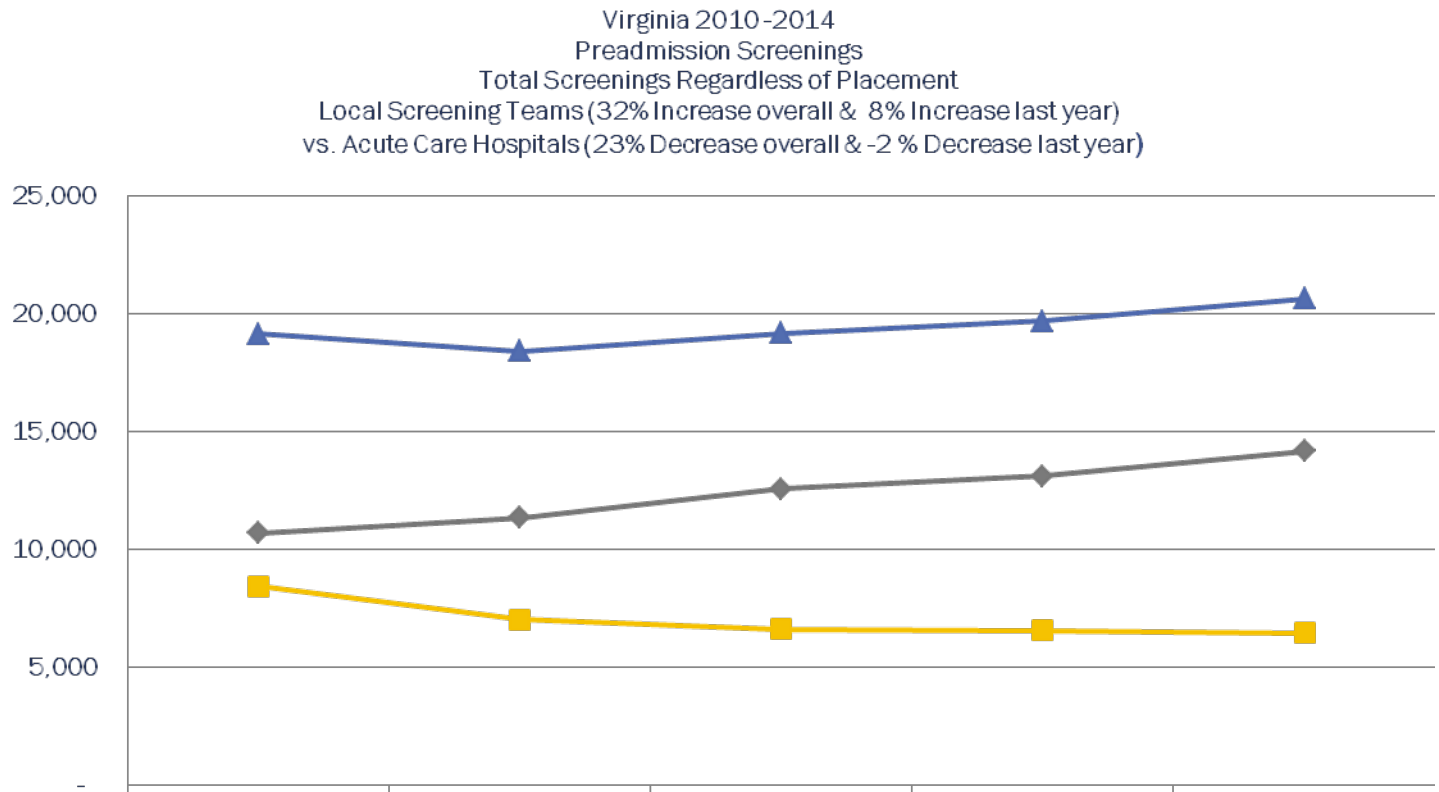
March 20, 2015

Terry A. Smith, Director
Division of Long-Term Care

PAS Trends – Hospital and Community

Background:

- PAS is the gateway to Virginia's Medicaid funded long-term care services and supports (LTSS);
- In response to House Bill 702 (Session 2014), VDH, DARS and DMAS collected and analyzed PAS data to learn current trends;
- While the statewide number of preadmission screenings has remained constant for the past three years, there have been significant differences between hospital and community screenings.

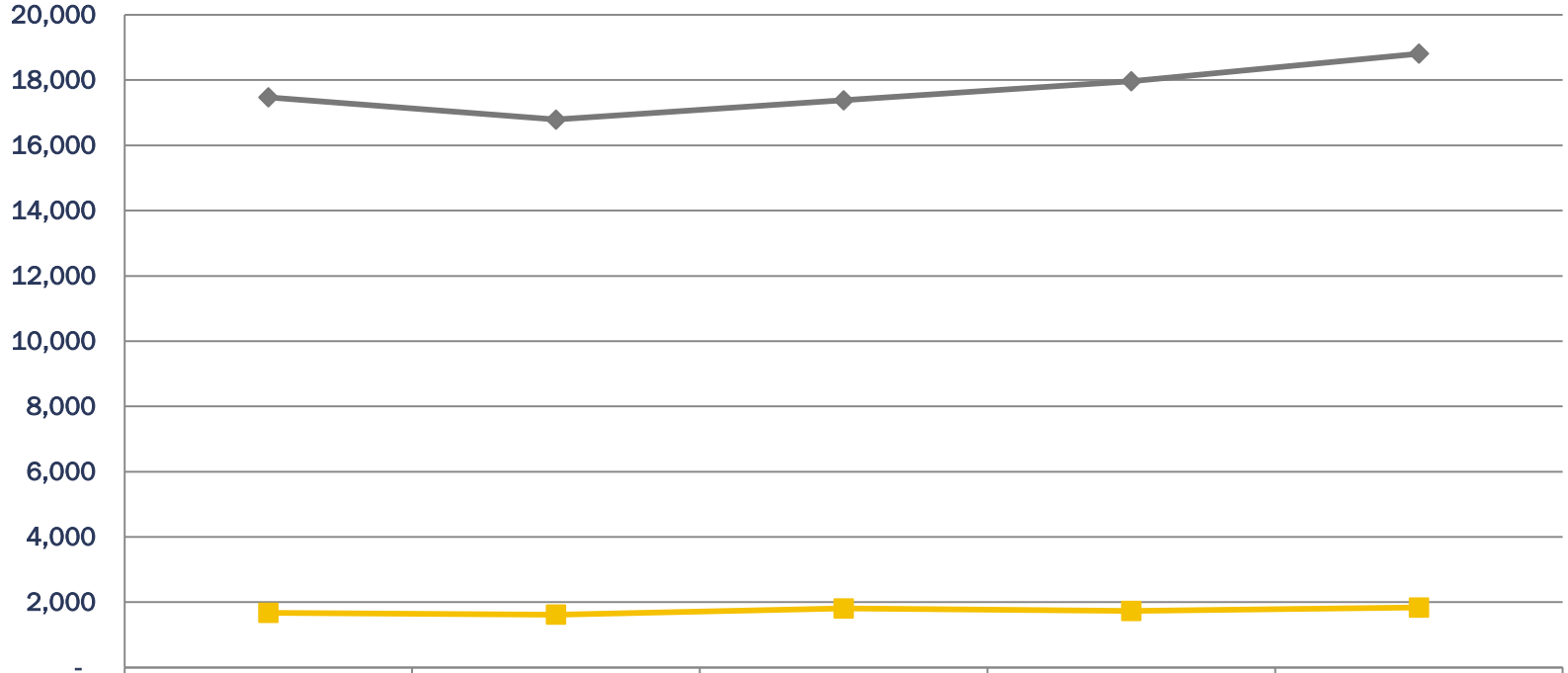


	2010	2011	2012	2013	2014
Total Acute Hospital	8,437	7,044	6,621	6,582	6,469
Total Local Preadmission Screening	10,710	11,365	12,567	13,116	14,179
Grand Total	19,147	18,409	19,188	19,698	20,648

Location

- Gradual increases are seen in community screenings and gradual decreases are seen in hospital screenings

Virginia 2010-2014
Preadmission Screenings
Adult vs. Children Screenings Regardless of Placement
Increases : Adults Overall 10 % & Last Year 5% Children Overall 8% Last Year 6%



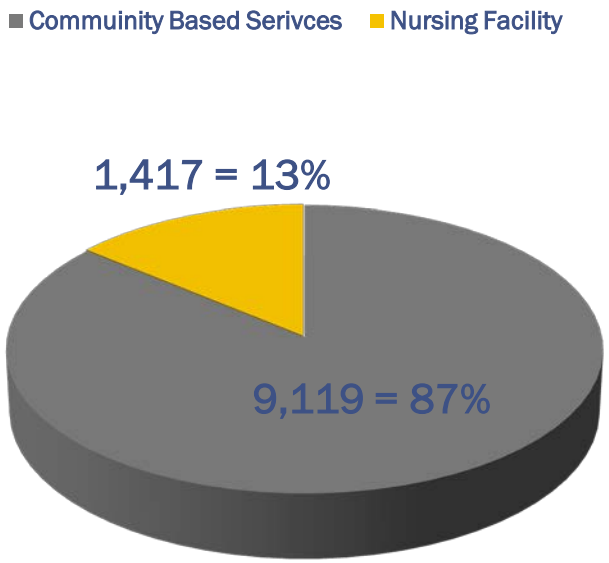
	2010	2011	2012	2013	2014
Adults	17,472	16,788	17,380	17,965	18,812
Children	1,675	1,621	1,808	1,733	1,836

Number of Screenings

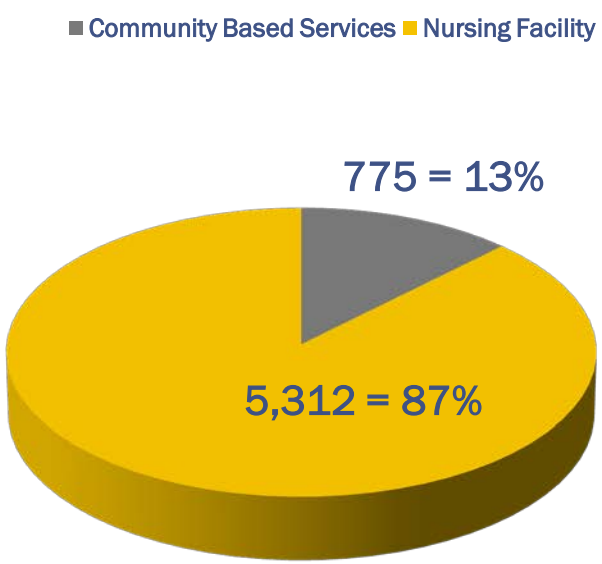
Over the past three years, overall screenings have remained constant, for both adults and children

Virginia 2014
Preadmission Screenings with Either Community Based Services or Nursing Facilities Placements by Source

2014 Local Screenings Resulting in Recommended Placements



2014 Acute Care Hospitals Screening Resulting in Recommended Placements



State level interagency coordination

Under the direction of the Office of the Secretary of Health and Human Resources (OSHHR), the following goals are identified to enhance the PAS process:

- Reduce PAS processing time (from request to claims payment);
- Make business process changes soon to support above;
- Work within current law; and,
- Remain budget neutral.

An interagency oversight group is now in place to coordinate activities to meet the Secretary's goals.

PAS Immediate, Short-Term Initiatives

e-Preadmission Screening (ePAS) Process

April 30, 2015 - DMAS will complete the following enhancements to the no cost ePAS data and claims processing system, now referred to as "ePAS" recommended by stakeholders during the November 21, 2014 demonstration session:

- Track timeframe from initial request to physician "sign-off";
- An electronic physician attestation;
- Add capacity to upload documents (fillable format) into DMAS provider portal;
- Enable multiple users to access the same case (instructions will be forthcoming via Medicaid Memo);

PAS Immediate, Short-Term Initiatives

ePAS Process cont'd

Additional enhancements not yet completed include:

- Group agencies within a health district under one access code (mapping);
- Transfer a "case" from one locality to another; and,
- Track transfer of a record from VDH to the local DSS and vice versa (touch points).

Open ePAS to voluntary data entry and claims processing *April 30 through June 30, 2015*

July 1, 2015 - DMAS will require all hospital and community screenings to be submitted electronically via ePAS

Response to 2015 General Assembly

Summary of New Requirements for DMAS:

Budget Item 301 #11c directs the Department to:

- Contract PAS for children;
- Track and monitor all requests for PAS;
- Report screenings not completed within 30 days;
- Establish tracking and reimbursement mechanisms;
- Requires PAS teams and contractors to use the tracking and reimbursement mechanisms established by DMAS;
- Report progress by *December 1, 2015* to the Chairmen of the Senate Finance and House Appropriations Committees;
- Promulgate necessary regulations; and,
- May implement changes prior to the promulgation of regulations

Longer-Term Actions Planned

Process improvements, actions that are part of the Division's work plan, in collaboration with VDH and DARS, to meet the legislative requirements include:

- Defining essential terms through guidance and in regulations for successful PAS tracking – terms such as "request for screening", "transfers", etc.;
- Providing periodic training on new and existing requirements; and,
- Analyzing data and providing agencies with feedback on performance.

Next Steps – Coordination at All Levels

DMAS will, in coordination with our state and local partners:

- Continue the work begun by the 2014 General Assembly through House Bill 702;
- Support the direction of the OSHHR to DMAS, VDH and DARS, to accomplish the four goals identified earlier;
- Develop a collaborative plan to accomplish the directives of Item 301 #11 c;
- Solicit input from PAS teams beginning with this meeting and demonstration; and
- Provide ongoing feedback, in coordination with VDH and DARS, of the progress made toward accomplishing the goals of the Secretary and implementing the budget directive.

Thank You!

ePAS Demonstration

Michaella (Mickey) Ortiz

DARS

VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

Supporting Virginians' efforts to secure independence and employment

DARS & Preadmission Screening (PAS) Process

March 20, 2015

Process Improvements

DARS is committed to working with other state agencies and local partners to improve community-based PAS throughout Virginia

DARS Adult Protective Services (APS) Division

Administrative oversight of:

- APS Program
- Adult Services (AS) Program
- Auxiliary Grant Program (benefit program)

DARS
Virginia Department for Aging and Rehabilitative Services

APS Division Structure

- Commissioner
- State Home Office Staff (2 consultants)
- State Regional Staff (5 consultants)
  - Regional consultants provide technical assistance and training and monitor local departments of social services (LDSS)

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At the local level

- AS and APS Programs are implemented/ delivered by workers at LDSS
- LDSS workers are local, not state, employees

Adult Services

- AS includes:
  - Preadmission screening (PAS)
  - Provision of home-based services
  - Other supportive services (case management, assisted living facility assessments)

APS

- APS includes:
  - Receipt and investigation of APS reports
  - Arranging for protective services when appropriate
    - APS clients may need PAS

Balancing Priorities

- In some local departments, workers who are part of the PAS team are:
  - responsible for PAS and other adult programs; or
  - responsible for child welfare programs such as child protective services and child foster care in addition to PAS and adult programs; or
  - responsible for PAS only

DARS is also. . .

- Lead agency for Virginia's No Wrong Door (NWD)
  - NWD is a **virtual** single entry point system for accessing Long Term Services and Supports (LTSS) for older adults and individuals with disabilities

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NWD and ePAS

- Future plans include enhancing ePAS to allow the UAI entered into that system to be sent to the NWD System as well, as a part of establishing one integrated system for LTSS in Virginia.

Thank You!

- For questions related to:
  - DARS, PAS and LDSS, and NWD

Please contact paige.mccleary@dars.virginia.gov

Business Process for PAS:

March 20, 2015

Bill Edmunds, CHS Director of Process & Evaluation

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Pre-admission Screenings

Major Stakeholders:

- Individuals
- Families
- Health Care Providers
- State (DARS, DMAS, VDH)
- Local DSS

PAS Overall Goal:

- **Work Together to Improve the quality & timeliness of PNHS by:**
  - **Promote Consistency of Process Statewide**
  - **Use Automation to the fullest**
  - **Metrics to Track:**
    - # of Days from Request to Submittal
    - % Screens Performed < 30 Days
    - $$ Revenue Generated
    - % Denial Rate
    - Customer Satisfaction

VDH and Preliminary PAS Tracking

Background:

- December 2014, VDH designed a tracking system to support prompt responses (within 30 days) of requests for preadmission screenings.
- Each local health office (120 statewide) began “tracking” requests for PAS in their jurisdictions.
- Data collected by each local health office is being analyzed at VDH to create a local “PAS Dashboard.”

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Tracking PAS

DSS/VDH Nursing Home Screening Data for Sample District

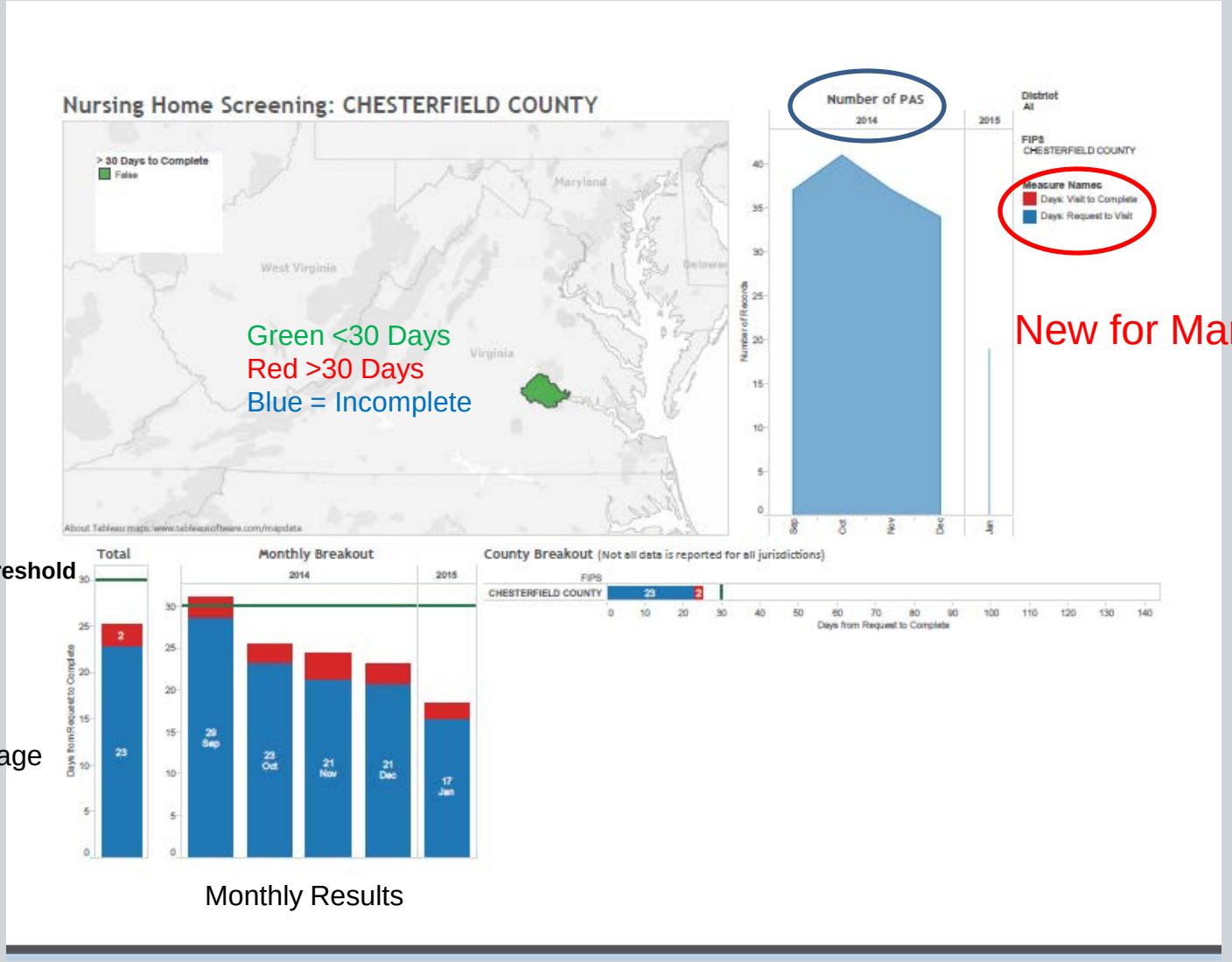
Encounter Date	District Name	FIPS Name	WebVision ID	Last Name	First Name	Initial Request Date	Date Screening Home Visit Occurred (Assumes Joint Visit)	Date Completed Screening Package Mailed	Number of Days Between Request and Home Visit	Number of Days Between Home Visit and Completed Package Mailed	Number of Days Between Request and Completed Package Mailed
9/2/2014	Sample District	Sample Jurisdiction	12345678	Doe	Jane	8/12/2014	8/26/2014	9/2/2014	14	7	21
9/4/2014	Sample District	Sample Jurisdiction	6789410	Doe	John	8/22/2014	8/26/2014	9/4/2014	4	9	13
9/5/2014	Sample District	Sample Jurisdiction	1061431	Smith	Bob	7/26/2014	8/20/2014	9/5/2014	25	16	41
								Average Days	**14**	**11**	**25**

- VDH Compiles
- Initial Request Date from Local DSS
- Spreadsheet due to VDH by 10th each month
- Screens completed that month
- Dashboards e-mailed by 15th each month

Initial Request Date

Initial Request Date: This is the date that an individual (or someone acting on the individual's behalf) makes contact by phone or in person with a local department of health or social services to request assistance to secure long-term services and supports (LTSS).

PAS Dashboards



New for March 2015

30 Day Threshold

Average

Monthly Results

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E-Mail Results to Social Services

225 DSS Personnel Signed Up to Date!!

PAS Dashboard Monthly Distribution

Locality Name	Name	e-mail address	Phone # in Case of Delivery Error
City of Colonial Heights	John Smith	john.smith@dss.virginia.gov	(804) 524-1234
City of Colonial Heights	Jane Doe	jane.doe@dss.virginia.gov	(804) 524-1000

Please return your completed spreadsheet to : william.edmunds@vdh.virginia.gov

Thanks again for working with us to improve Local PAS Team performance!!

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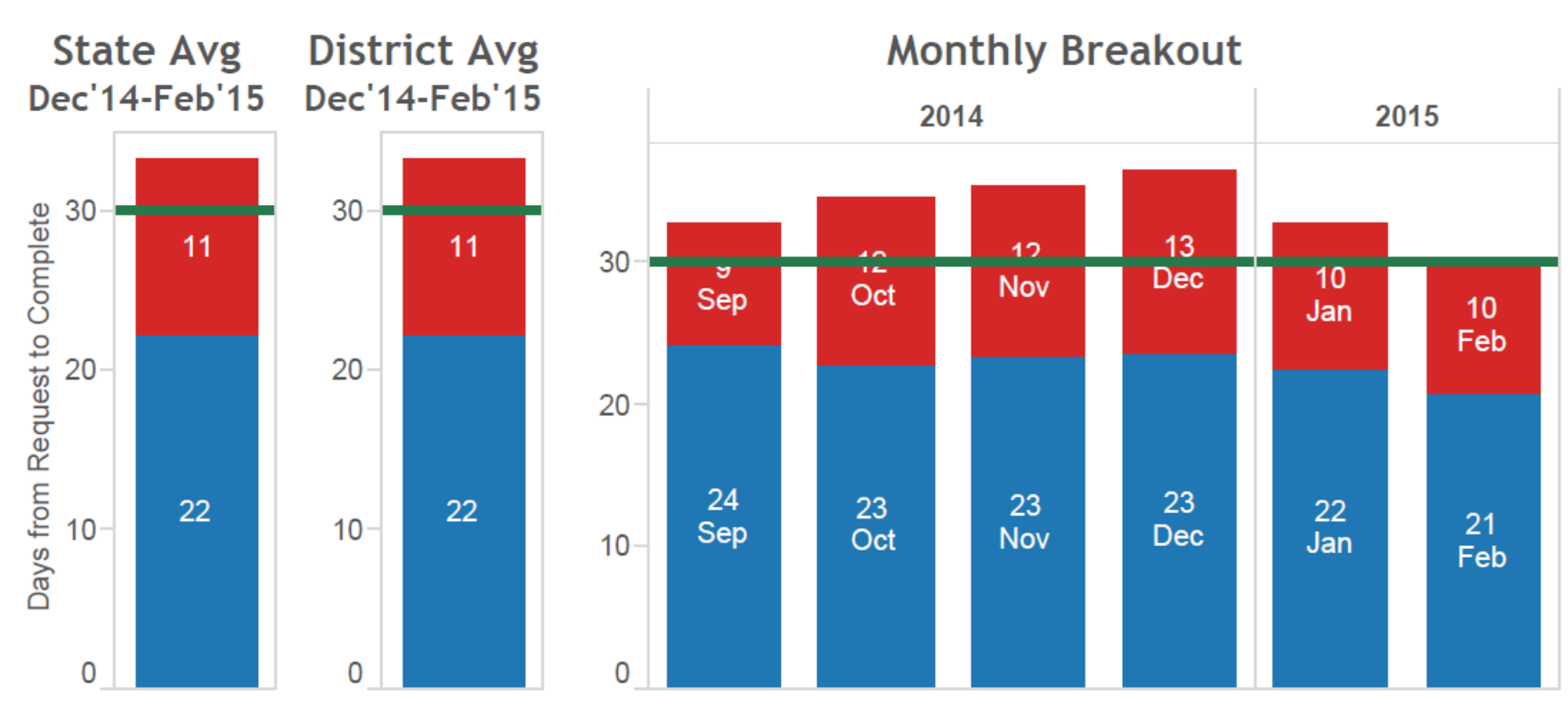
Statewide Average



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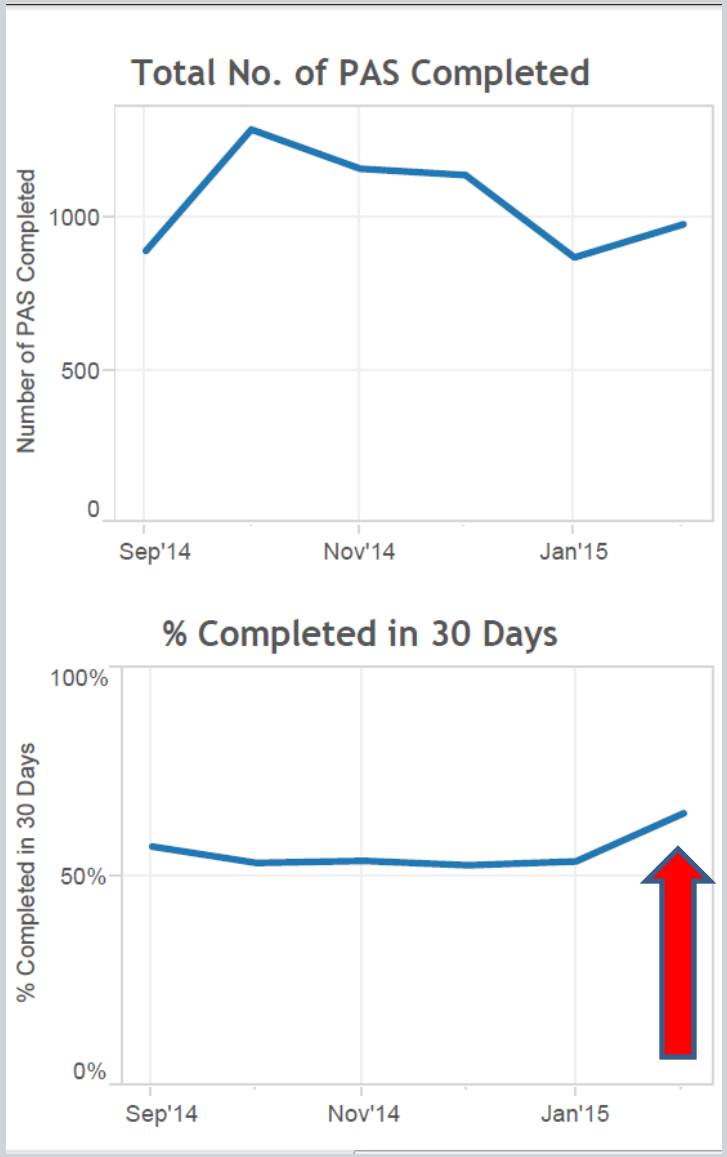
New For March 2015



Average 1,100/month

50% to 65% in 1 month!!

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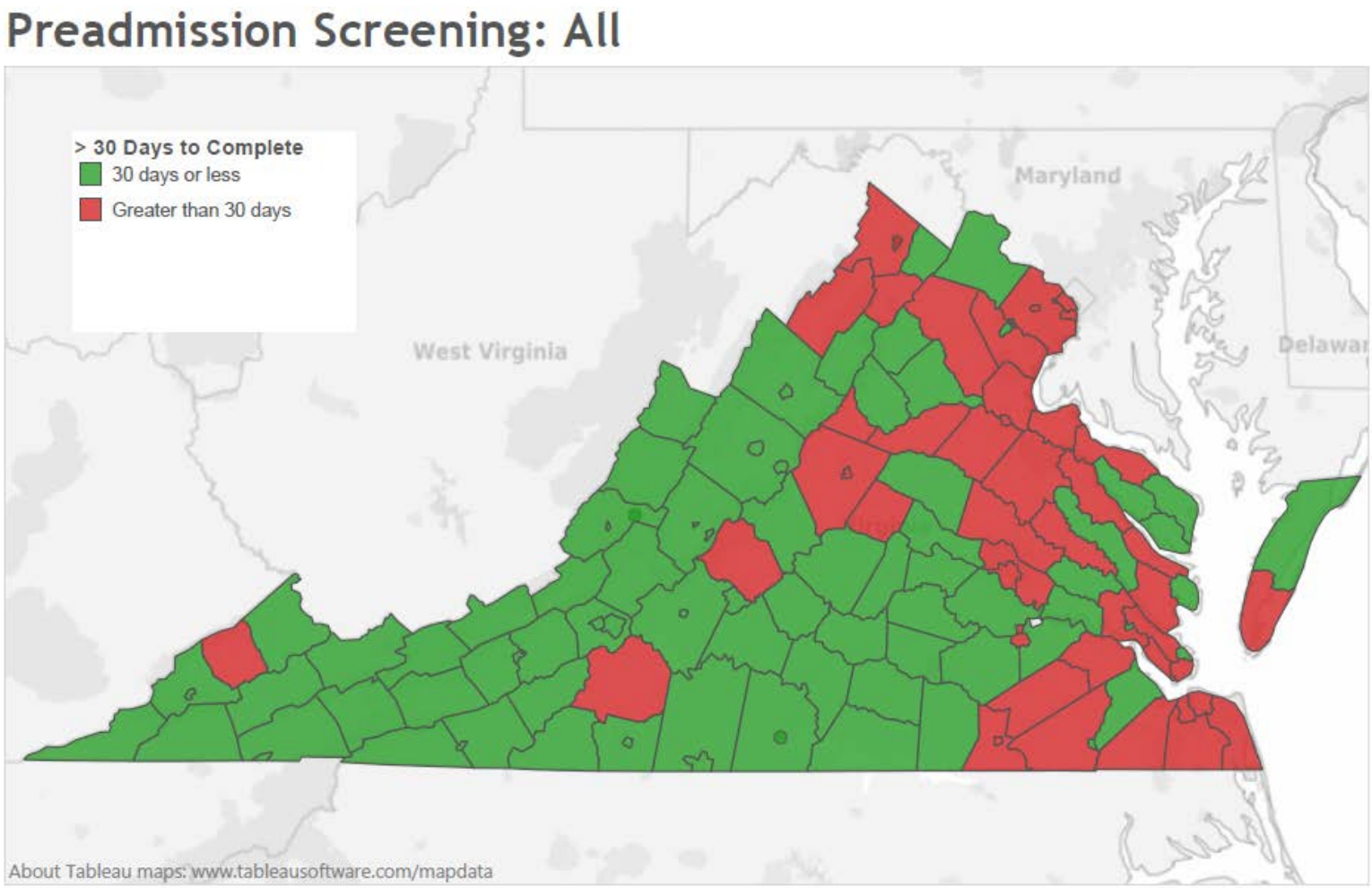
Green/Red Dashboard

3 Month Rolling Average



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PAS Process Improvement Meetings

Purpose of these Meetings:

- To learn from state agencies activities related to PAS
- To review the VDH tracking system and PAS Dashboard
- To hear from a few community PAS teams on processes that work
- Improve PAS Performance Statewide

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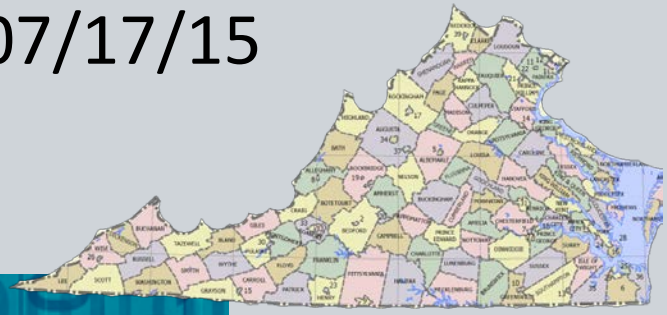
Statewide PAS Team Meetings

May	05/01/15	05/15/15
July	07/10/15	07/17/15



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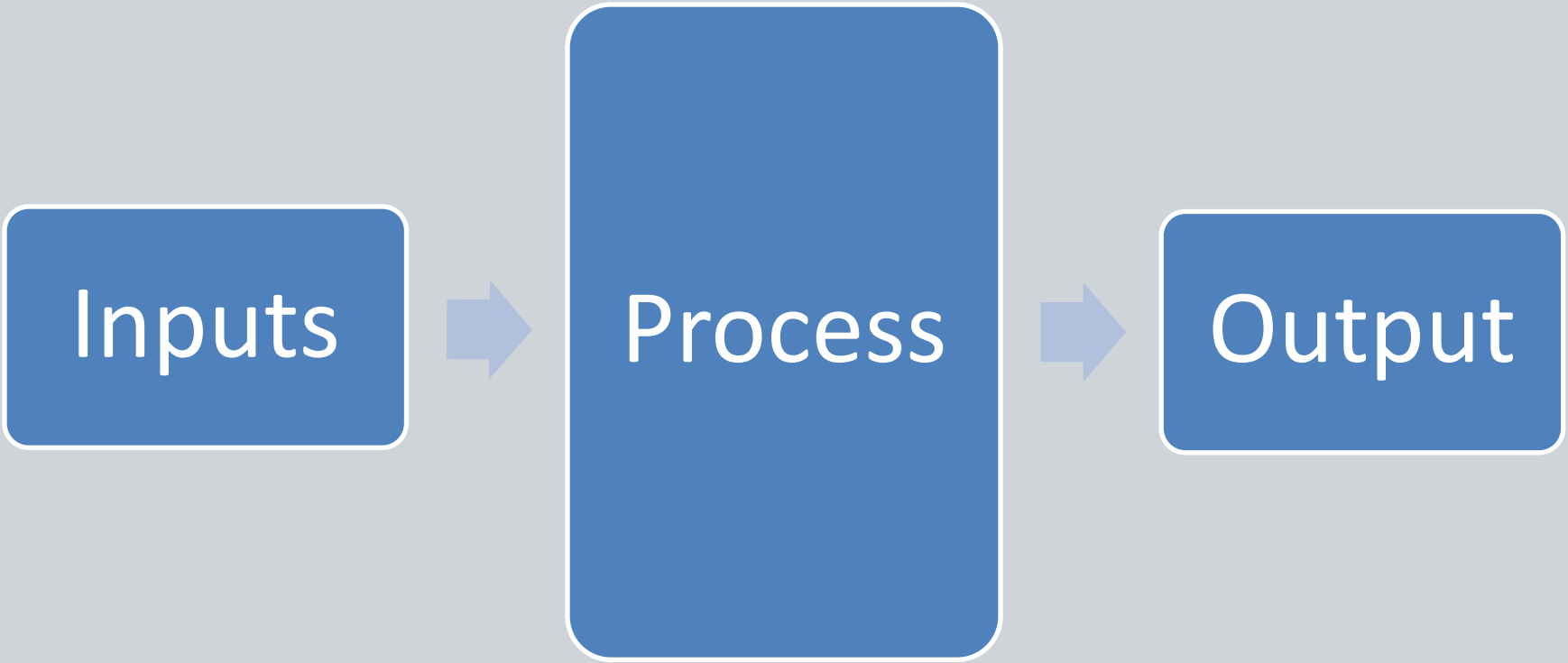
How Are We Going to Do This? "Focus" on Process



Best Practices

- Every jurisdiction designates 1 primary (and 1 backup) for both the Social Worker & Nurse.
- Best if same people go out very week
- Best if 1 or more days a week is set aside to do home visits each week
- Teams will want to develop internal "Service Standards" within each Team
  - Segment the PAS process into a series of small steps, each of which we measure the "duration" to complete each step (a series of goals within the 30 day threshold).
    - » Examples:
    - » Team agrees that home visits will be set within 5 days of receiving Initial Request
    - » Medical Director reviews completed UAI within 48 hours of receiving completed package etc.).
- Monitor & report # on Waiting List
- Monthly Local PAS Team meetings involving representatives from Local DSS & VDH should occur each month to discuss Team results & opportunities for improvement.

Steps to a Better PAS

1. Intake
2. Scheduling Home Visit
3. Conduct Home Visit
4. VDH Complete UAI (Pages ??)
5. DSS Complete UAI (Pages ??)
6. VDH and/or DSS Quality/Supervisory Review
7. Physician Review
8. Physician Questions About UAI
9. Changes to UAI (Return to Step 4)
10. Physician Signature
11. Completed Package distribution
12. Xerox “rejection” (Return to step 4)

Local PAS Teams

Challenges & Opportunities

Chesapeake DSS

Contact: Michelle Cowling michelle.cowling@dss.virginia.gov

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DMAS – MMIS Project

Chesapeake Division of Social Services

S. Michelle Cowling,
Director
Chesapeake Department of Human Services

Where we were: 2014

- In May 2014, the Chesapeake Social Services (CDSS) and Chesapeake Health Department (CDH) began working to develop a "Best Practice" for the PAS process due to:
  - Screening Backlog
  - Delayed Service Delivery
  - Strained Departmental Partnership
    - Communication gaps
    - Cooperation
    - Conflicting Information
    - Staffing
    - Technology
    - Lack of appropriate training

Goals

- Develop a "joint" departmental plan for PAS
- Meet application processing of 45 days (DARS guidance)
- Improve customer service delivery
- Reduce backlog of screenings to no more than two weeks.
- Quickly link clients to services once screening approved.
- Expedite client request if a threat of harm or end stage of life.
- Avoid potential negative consequences caused by delays in responding to client referrals.

Goals (continued)

- Improve communication between CDSS and CHD staff.
- DSS to develop a internal Standard Operating Procedure (SOP), and adequately train staff.

Current PAS Process – Delays?

- DSS Responsibility:
  - Referrals for pre-admission screenings received through the Adult Services Unit, logged and entered into the ASAPS in pending status.
  - Family Services Specialist (FSS) schedules appointments Tuesdays, Wednesdays, and Thursdays (priority will be given to APS, hospice patients). FSS shares e-calendar with nurse.
  - Sends scheduled referrals to Public Health Nurse (PHN) weekly via fax.

Current PAS Process (continued)

- Family Services Specialist:
  - Initiates DSS portion of the DMAS 96 and forwards to the public health nurse.
  - VDSS "Service Application" completed
  - "Authorization to Use and Exchange Information" form completed
  - UAI pages 1-3 / 8-11
  - Send "Notice of Action" once entire packet received from nurse.
  - FSS enters information into ASAPS (nurses pages 4-8 and 12 of UAI)
  - Close the case in ASAPS
  - Provide list of providers (from the website: www.vda.virginia.gov)

Current PAS Process (continued)

- Public Health Nurse:
  - DMAS 96 (completes section III, Medicaid Authorization "level of care) section
  - DMAS 97
  - DMAS 95
  - Complete and send Approval /Denial Letter to family/client and copies to DMAS, DSS and one to file.
  - UAI pages 4-8 and 12
  - Obtain signature on Uniform Authorization to Use and Exchange Information for Public Health Record

Current PAS Process (continued)

- Public Health Nurse:
  - Return paper copy of completed UAI packet to DSS for final recording (FSS enters into ASAPS)
  - Send copy of completed UAI to patient's agency of choice
  - Send copy of completed UAI to DMAS
  - Scan DMAS 96 and send to Social Services after form is signed off by Screening Team
  - Completes Technical Waiver assessment if indicated
  - Performs appeal process, if applicable

PAS Stat Sampling

- From October 1 - December 31, 2014:
  - 131 screening requests
  - 94 completed
  - 37 not completed, due to:
    - Moving out of jurisdiction
    - Previously screened
    - Services already in place
    - Adult Living Facility referral

PAS Stat Sampling (continued)

- Hospital admission
- Unable to locate the client
- Refused services
- Screening packet returned due to errors
- Death
- Inaccurate information given in referral (jurisdiction, not the service they thought they were requesting, etc.)

PAS Stat Sampling (continued)

- Average time between initial requests and face-to-face screening:
  - 40 to 42 days
- Average time between initial requests and approval/denial:
  - 60 days

DMAS/MMIS and PAS Challenges

- Extensive process that currently requires volumes of paper
- Unnecessary steps
- Conflict between DSS and Health Department due to process
- Lack of DMAS community partners failing to screen appropriately. i.e. Hospital Social Workers
- Lack of staff necessary to handle the volumes of screenings
- Not having one guidance manual. i.e. There are currently four manuals that speak to PAS: DMAS, DARS, VDH, VDSS. Additionally, there are also regular mailings of DMAS Memo's. There are inconsistencies among these resources.
- Difficulty meeting the timeframe when there are holidays, inclement weather days, training days, unexpected employee absences.

DMAS/MMIS and PAS Opportunity

- Electronic “dual access” tool that can easily be completed in the field by both CDSS and CDH with the customer to include e-signature.
- Electronic submission of documents to reduce turnaround.
- CDSS and CDH PAS teams must be linked with Xerox developers to assist with active communication throughout the development stage of the tool since the developers have no experience with the PAS process (field experience).

  Example:
  - Develop a failsafe mechanism built into the tool that recognizes errors. The system will notify users of the identified error and will not all the tool to be submitted without necessary or required changes.
- CDSS and CDH must be included in developing scripts for training, testing and institute comprehensive training.

Alexandria PAS Team

JoAnn Callender joann.callender@alexandriava.gov

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Completing assessments with Limited English Speaking Clients

- Alexandria City is 15 square miles with 148,000 residents. Twenty four percent of residents are foreign born.

- The major ethnic groups are people of African descent at 21 percent of the population with one third are foreign born. Some common ethnicities are Ethiopians, Somalians, and Nigerians.

- Latinos compromise 16 percent of the City's populations. Many identified as Mexicans, Dominicans, Puerto Ricans, and Central Americans. More than half of Latinos were foreign born

- People of Asian descent compromise 6 percent of the population. Seventy-seven percent are foreign born including Koreans, Chinese, Filipinos, and Indians from India and Pakistan.

- In recent years, we have also been serving more people from Middle Eastern countries particularly Afghanistan, and Iraq.

Completing assessments with Limited English Speaking Clients

- Whenever possible use staff members that are proficient in that language:
  - DAAS currently has 2 Spanish and 1 Amharic speaking qualified bilingual staff).

- For phone or short in-person assessments use phone interpretation services:
  - DAAS uses Language Line Services at 1 (877)261-6608

- For face to face assessments schedule in-person interpreter
  - DAAS has a contract with Northern Virginian AHEC (Northern Virginia Area Health Education Center).

- If interpretation cannot be arranged using the above mentioned resources use family members to interpret (**this should be used as a last resort)**

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Chesterfield PAS Team

Jeannine Uzel Jeannine.Uzel@vdh.virginia.gov Scott Gilchrist gilchrists@chesterfield.gov

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Chesterfield Health District and Chesterfield-Colonial Heights DSS PAS COLLABORATION

March 20, 2014

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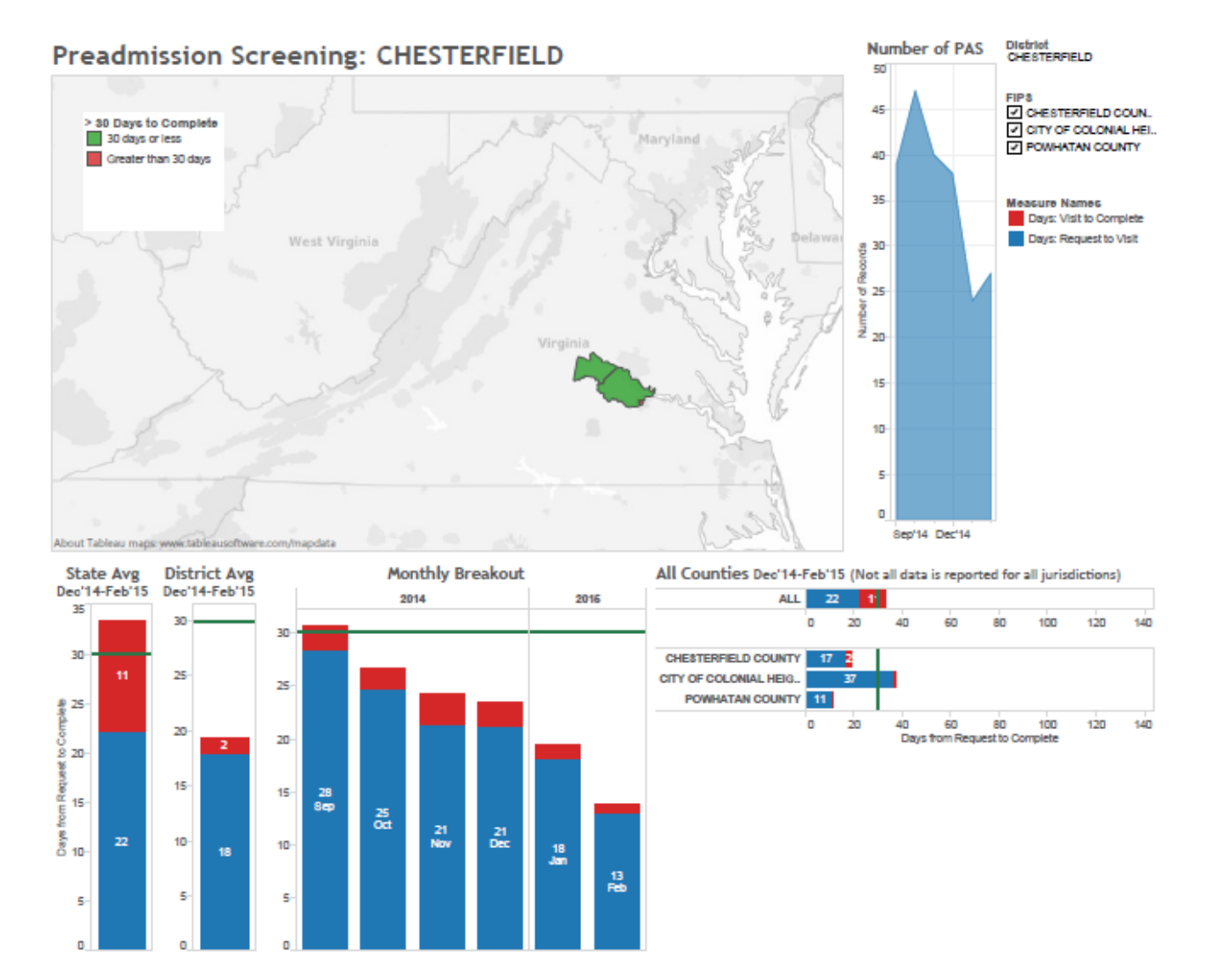
Capacity Building

- Chesterfield-Colonial Heights DSS
  - 2009: Shift of staff from Adult Services to Adult Protective Services to assist with screenings.
- Chesterfield Health District
  - 2009: Added responsibility to communicable disease nurses
  - 2012: Transferred primary responsibility to "child health" nursing; 70-80% of current practice.
  - At least 1 RN trained in each locality (Colonial Heights, Powhatan)
- Staff Redundancy
  - Eliminates problems with rescheduling due to illness, vacation, or unanticipated events.

Chesterfield Health District Dashboard



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Chesterfield Health District & Department of Social Services Collaboration

- **Regular Communication between DSS and Health Department is KEY**
  - *Scheduling*
    - Calendar template of (public health nurse) PHN availability prepared by CHD and sent to DSS for up to 2 months; If a PHN has an unexpected absence, slot is filled with another nurse and the screening does not have to be rescheduled.
    - Screenings scheduled Monday - Thursday in Chesterfield
      - Fridays available for emergency screenings.
  - *Continuous Quality Improvement*
    - Improve hand off of face-sheets
    - Pairing of PHN with Social Worker
    - Counsel clients that if admitted to hospital prior to screening to ask **hospital social worker** to complete UAI.

Staff Redundancy and Efficiency

- All PHNs able to conduct adult and pediatric screenings
- PHNs afforded time to complete write-up of assessment the morning or afternoon immediately after visit.
- District director serves as back-up to clinic physician to review and sign screenings.
- 2 Office Service Specialists trained; process screenings as soon as received from the nurse.
- Success in last 6 months - Fully staffed team

Best-Practice Tip

- **Conduct a thorough assessment**
  - Goal is not just to fill out UAI but understand why individual is calling for:
    - who sent them?
    - what financial resources do they have?
    - what they are seeking and what is a reality given their circumstances?

- Regardless of outcome of call, **direct residents to other community resources** that may be available to them.

Fairfax HD

Esther Walker Esther.Walker@fairfaxcounty.gov

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Nursing Home Preadmission Screening Process

Fairfax County Virginia

Fairfax County Joint Process: Department of Family Services (DFS) and Health Department (HD)

- Demand for Nursing Home Preadmission Screenings (NHPAS) increasing by an average of 9 % each year.
  - FY 2012 = 866
  - FY 2013 = 912
  - FY 2014 = 1,055
  - FY 15 on target for = 1,146
- Central intake process is used for all service requests.
  - Requests are forwarded to a social worker (SW) for follow-up.
  - Referrals assigned geographically.
  - SW typically determines type of services to offer based on a conversation with the requestor.
  - However, all persons who request a NHPAS are provided with the NHPAS assessment.
- All NHPAS assessments are done as a joint home visit with the SW and Public Health Nurse (PHN).

Fairfax County Staffing

Department of Family Services

- 50% of the workload is related to NHPAS services
- Adult and Aging Services
  - Assigned to different offices throughout County
  - 26 FTE SW positions *
  - 2 FTE PHN positions *
- Protection and Preservation Services (for children)
  - 2 FTE SW positions
  - Cover County

Health Department

- 85% of the workload is related to NHPAS services
  - 4 FTE PHN positions
  - Assigned to different offices throughout the County that may or may not be co-located with DFS

*4 SW and 2 PHN positions are funded by Virginia Division for Aging

Fairfax County NHPAS Process

1. Call from Central Intake is forwarded to SW by geographic region.
2. SW receives the referral within 1 day of intake/request:
   a) Contacts client within 24 hours of receipt of referral.
   b) Contacts PHN within 2 business days of receipt of referral.
3. PHN offers possible home visit date(s) to SW taking into account any specific needs of client/caregiver/family.
   a) Email
   b) Voice mail
4. SW confirms HV with client/caregiver/family and makes any special arrangements i.e.: interpreter etc.
5. Joint HV conducted and UAI completed.
6. SW takes completed UAI back to office to finalize screening packet.
7. Within 2 weeks of HV, DFS sends UAI screening packet to HD for review and physician signature.
8. HD PHN reviews packet on day of receipt from DFS
   a) Obtains physician signature
   b) Generates client approval/denial letter
   c) Ensure administrative staff mail completed screening packet to DMAS within 2 business days of receipt at HD

Quality Assurance Process for NHPAS in Fairfax County

- Department of Family Services QA
  - Senior level social workers in local offices review the completed screening packets before forwarding to HD.
  - Monthly reports to track screening request response time and contacts.
- Health Department QA
  - Weekly Monday morning conference calls with PHNs to determine availability for HV and shift resources accordingly.
  - Review of entire screening packet for completeness.
  - Follow up with SW or PHN if items are missing.
  - Checks monthly data against DFS data:
    - Ensure that all UAI packets have been submitted.
    - Billing and payments are being processed in a timely manner.

Lord Fairfax HD

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VDH VIRGINIA DEPARTMENT OF HEALTH

Timely Review By Health Director

- The health district uses it's central secure file server to place completed screenings in a PDF format for the health director review. They then email the director that the file is in his folder.
- The health director can then review, append his signature to the file and reply to staff, many times in the same day. The screening stays in the secure file server.

Using Adobe Reader to Sign PAS

- The health director first needs to scan their signature and save the file.

- Then after reviewing the PDF version of the PAS they will be able to attach their signature to the PAS using the tools available within the Adobe Reader XI software

Using Adobe Reader to Sign PAS

- Click on the Fill & Sign tool.
- Select: Place Signature.
- The pop up will ask you to select an option, choose: Use an Image.
- Navigate to your signature file (It will save the image for future use).
- When your signature file opens move it to the signature line.
- See screen shot on next slide.

Using Adobe Reader to Sign PAS

Edit View Window Help

Open 1 / 1 175% Tools Fill & Sign Comment

MEDICAID FUNDED LONG-TERM CARE SERVICE AUTHORIZATION FORM

I. RECIPIENT INFORMATION:

Last Name: First Name: Birth Date:

Social Security Medicaid ID Sex:

II. MEDICAID ELIGIBILITY INFORMATION:

Is Individual Currently Medicaid Eligible?
1 = Yes
2 = Not currently Medicaid eligible, anticipated within 180 days of nursing facility admission OR within 45 days of application or when personal care begins.
3 = Not currently Medicaid eligible, not anticipated within 180 days of nursing facility admission

If no, has Individual formally applied for Medicaid?
0 = No 1 = Yes

Is Individual currently Auxiliary Grant
0 = No
1 = Yes, or has applied for Au
2 = No, but is eligible for Gen

Dept of Social Services:
(Eligibility Responsibility)
(Services Responsibility)

III. PRE-ADMISSION SCREENING INFORMATION: (to be completed only by Level I, Level II, or

MEDICAID AUTHORIZATION

Level of Care
1 = Nursing Facility (NF) Services
2 = PACE
3 = AIDS/HIV Waiver Services
4 = Elderly or Disabled w/Consumer Direction (EDCD) Waiver
11 = ALF Residential Living
12 = ALF Regular Assisted Living
14 = Individual/Family Developmental Disabilities Waiver
15 = Technology Assisted Waiver

LENGTH OF STAY (If approved for
1 = Temporary (less than 3 months
2 = Temporary..(less than 6 months
3 = Continuing (more than 6 month
8 = Not Applicable

NOTE: Physicians may write progress
the length of stay for individuals movin
Facility, PACE, HIV/AIDS waiver and
The progress notes should provided to t
of social services Eligibility workers.

Fill & Sign Tools
Add Text
Add Checkmark
Place Initials
Place Signature
Send or Collect Signatures
Work with Certificates

Place Signature

How would you like to create your signature?
Type my signature
Use a webcam (New!)
Draw my signature
Use an image
Use a certificate
File: Browse...
Review Your Signature:
Accept Cancel

VDH VIRGINIA DEPARTMENT OF HEALTH

Using Adobe Reader To Enter The Date

- Select: Add Text from the Fill & Sign Tool.
- The text box opens for you to select font and size.
- Move your curser / mouse to the date field and enter the date.

Additional Information on signing PDF

- **Create a signature for signing PDFs (Reader 10.1.2 or later)**
- Sign your name in black ink on a clean, blank sheet of paper. Sign in the middle of the paper so you don't photograph or scan the edges.
- Photograph or scan your signature. If you are taking a picture of your signature, make sure the page is well lit and that no shadows fall across the signature.
- Transfer the photo or scan to your computer. Reader accepts JPG, PNG, GIF, and BMP files. Keep track of its location so you can find it when signing PDFs.
- You do not need to crop the image. Reader imports just the signature.

Link to complete instructions:

- http://help.adobe.com/en_US/reader/using/WS82af097c4236e2eb3543853d130e391c674-8000.html#WS5D3E9B80-8947-42ab-B332-96E7416B994A

Opportunities for Improvement

- "Understand" the Reasons for Performance
  - There is a "story" behind results (good or bad)
- Actively Manage Process
- "Team" in PAS Team
  - VDH & Local DSS
- DARS as Support for Local DSS
- Think Outside the "Box"
  - We have always done it that way
- Collaboration: Local DSS/VDH
- Facilitation Meetings
- Service Standards
- Intermediate Goals

Urgency

- Suggest Local Teams Meet/Discuss Results Monthly

- Statewide PAS Web-X Bi-Monthly Meetings

Suggestions?

- Have an innovative PAS Practice to share?
  - E-mail: william.edmunds@vdh.virginia.gov

- All Q's not answered will be addressed in a FAQ

- PowerPoint will be e-mailed to each host to share

Questions?