

Welcome  
August!

Screeners,  
we appreciate all of  
your hard work!





**CardinalCare**  
Virginia's Medicaid Program

# Screening Connections

**Hospital Screening Teams**

***August 8, 2023***

*Presented by the*

**Office of Community Living (OCL)**



VIRGINIA'S MEDICAID PROGRAM

**DMAS**



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Supervisor



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DMAS Office of Community Living (OCL)  
LTSS Screening Program Staff



# Logistics



Post your questions for today's session in the **Chat box**.

Click the "Chat" bubble icon at the top of the screen to maximize the Chat feature.

# Today's Agenda:



**Important Updates and Reminders**



**Frequent Questions from Screening Assistance**



**Question and Answer Period**





**CardinalCare**  
Virginia's Medicaid Program



*Slides*

*Ramona Schaeffer*



*Questions*

*Dena Schall*



VIRGINIA'S MEDICAID PROGRAM

**DMAS**



**CardinalCare**  
Virginia's Medicaid Program

# REMINDERS



VIRGINIA'S MEDICAID PROGRAM



[ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov)



**ALL LTSS Screening Questions go to  
Screening Assistance**

**Please Do Not call or send questions to  
individual staff members**



# Reminder:

## Record and Retention Law for LTSS Screenings



Screening Teams must retain and be willing to **provide screening information** for providers upon request. Records are to be kept for:

- 10 years for Adults
- Age 28 for a Child

If your facility conducted the Screening, then your staff is responsible for retrieving copies from **your** archives for anything prior to 2016 or pull from eMLS for those 2016 to current.

Your facility **MUST provide a results letter** using the DMAS approved boilerplate language, especially important for Denial letters and providing Appeal Rights to people screened.

If **YOU** are not the person to send **RESULT** letters or copies, please **communicate this requirement** to the staff that is assigned this duty.

# Reminder:



**2023 General Assembly updated the Code of Virginia, § 32.1-330. Long-term services and supports screening required.**

- **The new section became law July 1, 2023. DMAS will be sending out a Medicaid Bulletin/Memo soon with more information for NFs.**

*G. If an individual is admitted to a skilled nursing facility for skilled nursing services and such individual was not screened but is subsequently determined to have been required to be screened prior to admission to the skilled nursing facility, then the qualified staff designated in subsection F may conduct a screening after admission. Coverage of institutional long-term services and supports under this subsection by the Commonwealth's program of medical assistance services indicated by the screening shall not begin until six months after the initial admission to the skilled nursing facility. During this six-month period, the nursing home in which the individual resides shall be responsible for all costs indicated for institutional long-term services and supports that would otherwise have been covered by the Commonwealth's program of medical assistance services, without accessing patient funds. Six months after the date of admission to the skilled nursing facility, and as indicated through the eligibility determination, the Commonwealth's program of medical assistance services shall assume coverage of such services. To the extent that sufficient evidence is provided to indicate that the admission without screening was of no fault of the skilled nursing facility, the Department shall begin coverage of institutional long-term services and supports under this subsection by the Commonwealth's program of medical assistance services immediately upon the completion of the functional screening indicating nursing facility level of care pending the financial eligibility determination.*

**If the Hospital does not screen individuals who are Medicaid Members or applying for Medicaid, it has negative consequences for Nursing Facility Payments and ultimately for the individual.**

# Changes to Member Information- Correction Form and Submissions to the Enrollment Division

# Changes to Member Information Correction Form - Enrollment Corrections

Used for **Corrections to demographics** in a screening that auto-populates wrong, OR to correct mistakes made by screeners in the demographic area.



**DMAS** Virginia Department of Medical Assistance Services (DMAS)

**DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM**

Member enrollment change requests are made when there is an **auto-fill error** in eMLS of one of the following key demographic items: **NAME, SSN, MEDICAID ID, DOB, GENDER or RACE**. Or when the screener makes an error in one of the fields (**NAME, SSN, MEDICAID ID, DOB, GENDER or RACE**) and processed the screening through the system and the screening is now in an "ACCEPTED" status.

For all persons one (1) year old and above, this form **MUST** be submitted by the LTSS Screener to: [enrollment@dmass.virginia.gov](mailto:enrollment@dmass.virginia.gov)

For all persons under one (1) year old, this form **MUST** be submitted by the LTSS Screener to: [Newborn@dmass.virginia.gov](mailto:Newborn@dmass.virginia.gov)

**Allow at least 14 days for all corrections.**

Changes to the Medicaid record must be researched and confirmed to be appropriate. This process can take up to two weeks with an additional 48 hours to be reflected in the eMLS system once the change is made.

PLEASE DO NOT send multiple change requests for the same person or repeatedly email the enrollment office or screening assistance. Each time you submit an email for the same correction, the time it takes to resolve the issue "resets" from the beginning.

The Enrollment office can only address changes in the key demographic information. They are not able to respond to questions about MES, MMIS, CRMS, eMLS or screening policies and procedures. Do NOT send any other type of question to DMAS Enrollment.

It is essential you fully and accurately complete this form, as applicable, for all Medicaid record change requests.

Date of Submission of this Form to Enrollment: \_\_\_\_\_

**LTSS SCREENER INFORMATION:**

Name: \_\_\_\_\_ Contact information (phone and email): \_\_\_\_\_

Full Name of Agency, Hospital, or Nursing Facility (please do not use initials): \_\_\_\_\_

**REQUIRED INFORMATION FOR THE INDIVIDUAL:**

Correct Name \_\_\_\_\_ Correct DOB \_\_\_\_\_

Correct SSN \_\_\_\_\_ Correct Medicaid ID \_\_\_\_\_

Screening Number \_\_\_\_\_ Date of Screening \_\_\_\_\_

Please Check One: Auto-Fill is Incorrect \_\_\_\_\_ Error Made During LTSS Screening \_\_\_\_\_

<input type="checkbox"/> Incorrect Name	<input type="checkbox"/> Incorrect Date of Birth	<input type="checkbox"/> Incorrect Gender
<input type="checkbox"/> Incorrect Social Security Number	<input type="checkbox"/> Incorrect Date of Death	<input type="checkbox"/> Race:

Revised 6.21.2022 Page 1

**DMAS** Virginia Department of Medical Assistance Services (DMAS)

**\*How have you verified the correct information (ex. social security card, driver's license, etc.)? This area MUST be completed.**

Please note that ALL name changes **MUST** match with the individual's Social Security card. No other source can be used for name changes. If the SS card is wrong the individual **MUST** contact the SS Administration before any Medicaid record can be corrected.

For Items needing correction: (Please list the wrong information auto-filled and the correction.)

Name of Individual	Wrong:	Correct:
Date of Birth	Wrong:	Correct:
Gender	Wrong:	Correct:
Race:	Wrong:	Correct:
Social Security Number:	Wrong:	Correct:
Medicaid Number:	Wrong:	Correct:

Return this Form as an Attachment to DMAS Enrollment  
 One (1) year old and above, [enrollment@dmass.virginia.gov](mailto:enrollment@dmass.virginia.gov)  
 Under one (1) year old, [Newborn@dmass.virginia.gov](mailto:Newborn@dmass.virginia.gov)

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# Changes to Member Information Correction Form - Enrollment Corrections

## Enrollment Correction Forms

- Use the **CURRENT** “Change to Member Information Correction Form” found on the MES Homepage under CRMS tab at:

<https://vamedicaid.dmas.virginia.gov/crms>

MES Public Portal - Department of Medical Assistance Services  
An official website of the Commonwealth of Virginia [Here's how you know](#)

**MES** Appeals **CRMS** EDI EPS MES Training Providers SEARCH

### Provider Menu

- PROVIDER HOME
- MCO Provider
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- EPS Resources
- Login/Password Help

## Care Management CRMS

Care Management, called CRMS, streamlines and standardizes the information exchange among MCOs and DMAS business areas through Member Transition Records.

CRMS maintains a comprehensive set of health records, created and maintained for behavioral health and Long Term Care using eMLS, PACE and LOCERI web applications.

Looking for CRMS training? Check out our [new CRMS training area](#), where you can learn the latest about LOCERI, PACE and eMLS.

**Search the MES Public Portal:**

ENHANCED BY Google

**Downloadable forms and documents:**

[DMAS LTSS Screeners Change to Member Information Correction Form \(PDF\)](#)

**Updated eMLS Offline Screening Upload Form to be Used After October 13, 2022**

*Make sure you have the most recent form! Go to this page to download your form each time you prepare to use it!*

# Changes to Member Information Correction Form - Enrollment Corrections

MUST be filled out completely or your request will be sent back.



**LTSS SCREENER INFORMATION:**

Name: \_\_\_\_\_ Contact information (phone and email): \_\_\_\_\_

Full Name of Agency, Hospital, or Nursing Facility (please do not use initials): \_\_\_\_\_

**REQUIRED INFORMATION FOR THE INDIVIDUAL:**

Correct Name \_\_\_\_\_ Correct DOB \_\_\_\_\_

Correct SSN \_\_\_\_\_ Correct Medicaid ID \_\_\_\_\_

Screening Number \_\_\_\_\_ Date of Screening \_\_\_\_\_

Please Check One: Auto-Fill is Incorrect \_\_\_\_\_ Error Made During LTSS Screening \_\_\_\_\_

<input type="radio"/> Incorrect Name	<input type="radio"/> Incorrect Date of Birth	<input type="radio"/> Incorrect Gender
<input type="radio"/> Incorrect Social Security Number	<input type="radio"/> Incorrect Date of Death	<input type="radio"/> Race:

Revised 6.21.2022 Page 1

# Changes to Member Information Correction Form - Enrollment Corrections

**\*How have you verified the correct information (ex. social security card, driver's license, etc.)?** This area **MUST** be completed.

*Please note that ALL name changes **MUST** match with the individual's Social Security card. No other source can be used for name changes. If the SS card is wrong the individual **MUST** contact the SS Administration before any Medicaid record can be corrected.*



**For items needing correction: (Please list the wrong information auto-filled and the correction.)**

<b>Name of Individual</b>	<b>Wrong:</b>	<b>Correct:</b>
<b>Date of Birth</b>	<b>Wrong:</b>	<b>Correct:</b>
<b>Gender</b>	<b>Wrong:</b>	<b>Correct:</b>
<b>Race:</b>	<b>Wrong:</b>	<b>Correct:</b>
<b>Social Security Number:</b>	<b>Wrong:</b>	<b>Correct:</b>
<b>Medicaid Number:</b>	<b>Wrong:</b>	<b>Correct:</b>

# An additional word about enrollment corrections



## Copy of SSN card:

A copy of a SSN card is NOT required but **it is extremely helpful** if it is provided. The copy of the SSN will be used for verification of the demographic information. If you used something else to verify demographics, having a copy of that documentation sent to enrollment along with the change request form is very helpful.

Due to the laws around enrollment/eligibility, staff cannot “take your word” regarding the need for a correction. The staff must research and contact the Social Security Administration (SSA) to verify everything, and that research is expediated when a copy of the SSN card is provided.



# Changes to Member Information Correction Form - Enrollment Corrections

- Instructions for the Enrollment Correction Form instructions are written on the form.
- Use the Correct Address:
  - For all persons one (1) years of age or older, the form is sent to:  
[enrollment@dmas.virginia.gov](mailto:enrollment@dmas.virginia.gov)
  - For all persons under (1) one years of age, the form must be sent to:  
[Newborn@dmas.virginia.gov](mailto:Newborn@dmas.virginia.gov)
- EMAIL Subject Line should read:  
[LTSS Screening, Member information change](#)
- Allow at least 14 Business days for all Corrections
- Changes to the Medicaid record must be researched, checked with the SSA and confirmed for accuracy.
- Once the change has been completed by Enrollment, it can take up to 48 hours for all systems to catch up.
- YOU must **return to eMLS VOID/DELETE** the Screening and **re-enter** it with all the **same dates as the original**.



# ALWAYS Check the Screening ACCURACY Prior to giving it to Providers

- Screening must have all required forms
- Have **Accepted Authorized or Accepted Not-Authorized** status for Medicaid LTSS to begin (CCC Plus Waiver, PACE, and Long-Term Custodial NF)
- **ALL Demographic information must be correct:** Medicaid Number/Social Security Number. The Medicaid ID and Social Security Number are directly related to how the Screening is attached in the Medicaid MES System. If this is incorrect, it could cause issues with payment because the LTSS Screening will not be found in the system under correct identifying information.



## \*\*\*Note:

If Someone is screened in the Hospital/prior to SNF/Rehab admission but did NOT meet NF level of care criteria the person can still be admitted to the SNF/Rehab for care; however, Medicaid will NOT pay for care after the SNF stay.

# Screening Timelines:

- Individuals who have a screening conducted have 1 year of the date of the physician's signature to enroll in CCC Plus Waiver, PACE or Nursing Facility care (Emergency Regs: 12VAC30-60-315 D).
- Once an individual is **ENROLLED** in CCC Plus Waiver, PACE or NF, a screening does **NOT** expire or need to be updated as long as the individual **receives continuous care**.



- Individuals are allowed **30 days to transition** between providers. **After 30 days** the individual must re-apply for Medicaid LTSS and **a new screening is required**.
- If the individual is terminated because they didn't meet NF LOC requirements, then the individual would need a new LTSS Screening to reapply for Medicaid LTSS even if it is less than 30 days since the level of care review. Hospital screeners do not see this scenario as often.
- When in doubt, screen the individual.



# Pre-Admission Screening for MI, ID and RC

- MAXIMUS, as the Level II Evaluator tracks Disposition of Individuals
- Please be sure to return the Virginia PASRR Resident Tracking form back to Maximus

**maximus**

VIRGINIA PASRR  
RESIDENT TRACKING FORM

Please return this completed form to Maximus via fax at **877.431.9568**, Attn: Virginia PASRR. This form helps Maximus and the Commonwealth of Virginia track residents who have been referred for a PASRR.

Individual's Name \_\_\_\_\_  
(Last) (First) (MI)

SSN- \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Upon completion of the Pre-Admission Screening, the following outcome occurred:**

Nursing Facility Admission

Admitting Facility \_\_\_\_\_ Admitting Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone ( ) \_\_\_\_\_

Admission to Alternative Level of Care

- Assisted Living Facility \_\_\_\_\_
- Group Home \_\_\_\_\_
- State Hospital \_\_\_\_\_
- Other \_\_\_\_\_

Other Outcome

- Discharged to/Remained in current residence \_\_\_\_\_
- Deceased \_\_\_\_\_
- Other \_\_\_\_\_

# Frequently Asked Questions from SA



**Q: If an individual or family member doesn't remember the individual's Social Security Number, can I use a Pseudo Social?**

**A: No.** Also do not force the computer system to create a Pseudo Social number.

Do not select "Do not know" for the Social Security Number if the individual has a Social Security Number. You must obtain and use the real SSN if an individual has one.

It is also very important to enter the Medicaid Number if the individual is a Medicaid Member.

If someone already has a Medicaid record and you do not use their SSN or Medicaid ID # it can cause the records not to link in the Virginia Medicaid system. This affects the ability of searching and finding the screening, the ability to enroll the member in LTSS and impacts payment for the provider.

You should only select "Never Applied" or "Do not know" options when the individual DOES NOT HAVE A SSN OR MEDICAID ID # ie. newborns, undocumented individuals, individuals protected by the government.

Anytime the "computer system" creates a SSN or Medicaid ID # a NEW Medicaid record is created for the individual.

Records in the Medicaid system will only link together when the same demographic information is used.

# Frequently Asked Questions from SA



**Q: When making a correction to a LTSS Screening for a demographic error, what signature dates do we use?**

**A:** For Void/Corrections be sure to **use all original dates**. This means the request date, screening date, and all signature dates should be the same as the original Screening. It is most important that the **Physician uses the original date so that it doesn't create enrollment or payment issues.**

**Note: In an Appeal Case if the hearing officer directs you to do something different you are to follow the hearing officer's directions.**



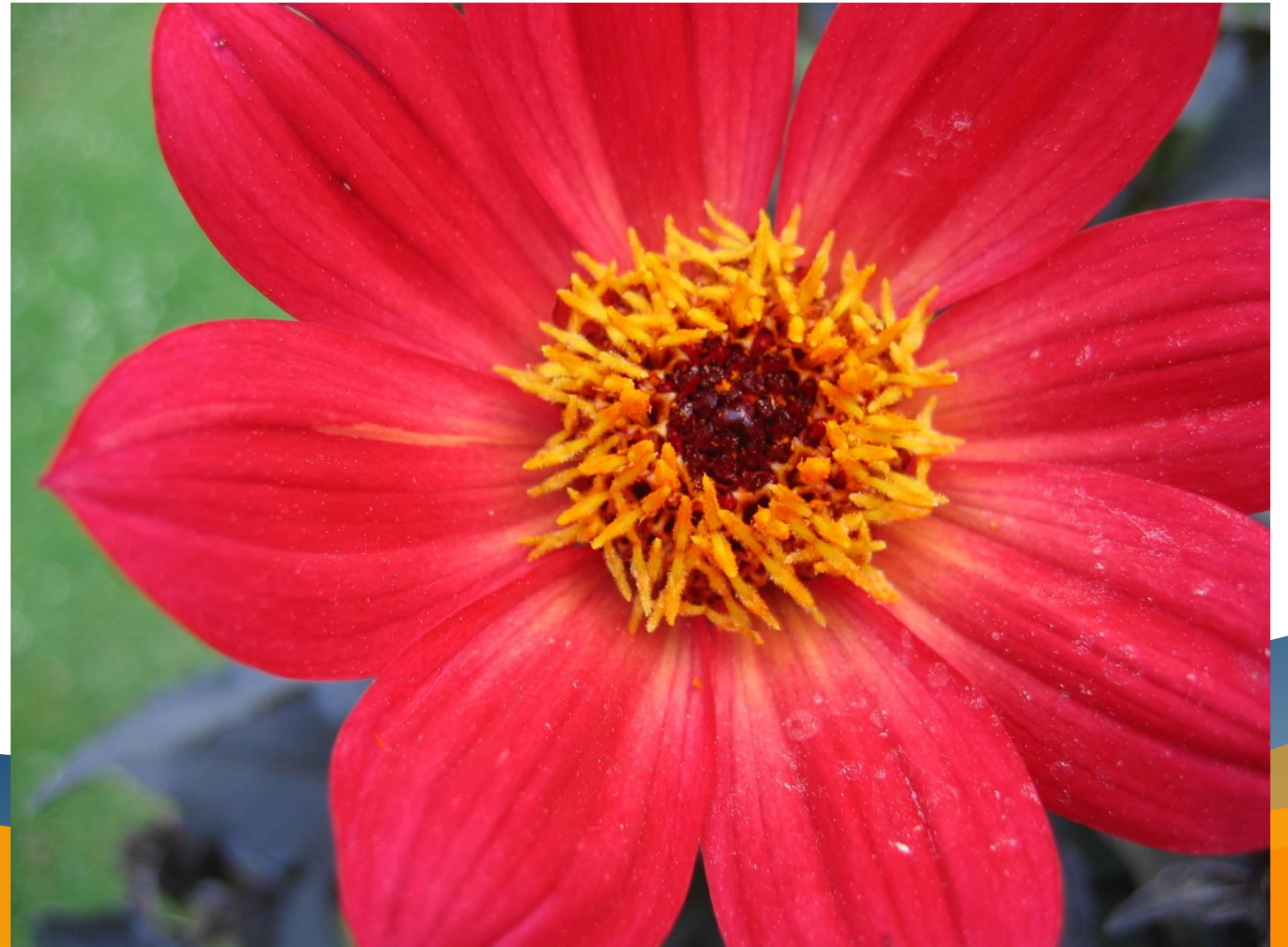
# Frequently Asked Questions from SA

**Q: Do we have to provide copies of LTSS Screenings when we receive a request for it?**

**A: You are required to provide LTSS Screening copies to the individual, the Health Plans, and Medicaid Providers who request a copy of the LTSS Screening.**

Note: An earlier slide noted the record and retention laws for LTSS Screenings.

# Resources





# CRMS Training Resources | MES (virginia.gov)

<https://vamedicaid.dmas.virginia.gov/training/crms>

CRMS Training Module 106:  
Learn how to troubleshoot and resolve eMLS screening errors after submission.

The screenshot shows the course page for 'eMLS: Resolving Screening Errors'. The page features the DMAS logo, the eMLS logo, and a 'START' button. A note indicates that the course contains audio and includes fictitious scenarios with mock data. The course title is 'Resolving Screening Errors' and the description states: 'Welcome! In this course, you will learn how to troubleshoot and resolve eMLS screening errors before and after physician approval.'

<https://vamedicaid.dmas.virginia.gov/training/crms#gsc.tab=0>

### How to Perform Screenings in eMLS

Course Number	Course Name	Course Description	Link
CRMS-101	Introduction to eMLS	Learn about the exciting enhancements and benefits of the eMLS portal to help you save time and streamline your screening process.	<a href="#">CRMS-101 Interactive Course</a>
CRMS-103	eMLS: Login and Navigation	Learn how to log into and navigate eMLS and how to search for, view, and print LTSS screenings.	<a href="#">CRMS-103 Interactive Course</a>
CRMS-104	eMLS: Create a New Screening	Learn how to create, save, and submit a new LTSS screening in the portal.	<a href="#">CRMS-104 Interactive Course</a>
CRMS-106	eMLS: Create a New Screening	Learn how to troubleshoot and resolve eMLS screening errors after submission.	<a href="#">CRMS-106 Interactive Course</a>
eMLS User Guide	eMLS User Guide	Learn how to use eMLS. Downloadable User Guide.	<a href="#">User Guide (PDF)</a>

### Types of Screening Errors

Some common screening errors include:

- Incorrect information entered
- Duplicate screening submitted using different dates
- New information to be added after appeal

**COMMON MISTAKES**

# Need Help?

- Return to the Medicaid LTSS Screening Training  
[Medicaid Long-Term Services and Supports \(LTSS\) Screening Training \(vcu.edu\)](https://medicaidltss.partnership.vcu.edu)  
<https://medicaidltss.partnership.vcu.edu/login>  
Log-in Using your email address and created password
- To Access the Training Modules go to helpful Links – eLearning Modules

The screenshot shows the login page for the Medicaid Long-Term Services and Supports (LTSS) Screening Training. The page has a purple header with the VCU logo and navigation links. The main content area contains a login form with the following elements:

- Navigation: Menu, Medicaid Long-Term Services and Supports (LTSS) Screening Training, Login, Register
- Breadcrumb: Dashboard / Login
- Form Fields: Email address, Password
- Checkbox: Remember me
- Buttons: Login, Forgot Your Password?

A red oval highlights the Email address and Password input fields. A yellow arrow points to the 'eLearning Modules' link in the footer.

Footer information:

- Virginia Commonwealth University  
Partnership for People with Disabilities  
School of Education  
700 East Franklin Street
- Helpful links
  - eLearning Modules
  - Partners
  - Feedback

# More Assistance

- Questions about the LTSS Screening process, policy or requests for copies of screenings go to: [ScreeningAssistance@dmas.Virginia.gov](mailto:ScreeningAssistance@dmas.Virginia.gov)
- Questions about MES (computer system issues) , CRMS, eMLS go to: [MES-Assist@dmas.Virginia.gov](mailto:MES-Assist@dmas.Virginia.gov)
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: [ppdtechhelp@vcu.edu](mailto:ppdtechhelp@vcu.edu)

# Connection Call PowerPoints

Posted on the DMAS Website Under the Provider Tab:

Long Term Care:

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/>

## SCREENING FOR LTSS

Look down the page for Screening Connection call information

The screenshot shows the Virginia Medicaid website. At the top, there is a navigation menu with tabs for 'Applications', 'Members', 'Providers', 'Appeals', 'COVID-19', 'Open Data', and 'About Us'. The 'Providers' tab is selected. Below the navigation menu is a large banner image of a man in a plaid shirt. Overlaid on the banner is the text 'Programs and Initiatives' followed by 'Electronic Visit Verification, Program of All-Inclusive Care, Civil Monetary Penalty, Screening'. A blue arrow points from the 'Providers' tab to the banner, and another blue arrow points from the banner to the 'Programs and Initiatives' text. Below the banner is a section titled 'Resources - Programs and Initiatives' which contains four cards: 'Electronic Visit Verification', 'Program of All-Inclusive Care', 'Civil Monetary Penalty', and 'Screening'. A blue arrow points from the 'Screening' card to the left.

Virginia Medicaid  
Department of Medical Assistance Services

Privacy Policy | Sitemap | MIS Portal Login

Search the site

Applications | Members | **Providers** | Appeals | COVID-19 | Open Data | About Us

**Programs and Initiatives**  
Electronic Visit Verification, Program of All-Inclusive Care, Civil Monetary Penalty, Screening

Resources - Programs and Initiatives

- Electronic Visit Verification**  
The federal 21st Century CURES Act of 2016 requires states to implement Electronic Visit Verification (EVV).
- Program of All-Inclusive Care**  
PACE helps adults ages 55+ who are living with chronic health care needs and/or disabilities to receive community-based services and support.
- Civil Monetary Penalty**  
Civil Monetary Penalty (CMP) funds help improve the quality of life for individuals residing in Nursing Facilities within the Commonwealth.
- Screening**  
Screening ensures Medicaid-eligible individuals, and those who will become eligible for Medicaid within six months, meet the required level of care criteria.

# Upcoming Connection Call Schedule and Team Focus

2023				
<u>SCREENING TEAM TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Nursing Facility				October 10
Hospitals				November 14
Community Based Teams (CBTs)			September 12	December 12



SHARE  
INFORMATION  
WITH YOUR TEAM

- **Other Screeners**
- **Supervisors**
- **Managers**

# Next Call:

**Community Based Screening Team Focus**

**September 12, 2023 at 3:30**

**Any team can join the call and listen, but the main focus will be on Community Based Team Issues**





Question and Answer Time