



Screening Connections

Hospital Screening Team

June 11, 2025

Office of Community Living





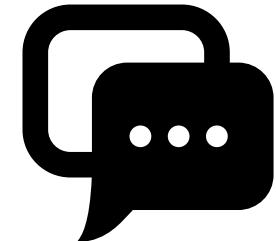
Welcome!

Thank you



LTSS Screening Connection Call

Logistics



- Post your questions for today's session in the **Q&A box**.
- Click the “Q&A” bubble icon at the top of the screen to maximize the Q&A feature.

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



Ryan Fines

Former LTSS Screening Supervisor
Currently works in a different Unit at DMAS



Nicole Braxton

Program Manager
Temporarily managing the LTSS Screening Unit

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



Nicole Braxton
Program Manager
Temporarily managing the
LTSS Screening Unit

Ivy Young
Technical Assistance for
Screening Assistance Mailbox,
Screening Connections Webex,
& Communications

Dena Schall
Technical Assistance for
Screening Assistance
Mailbox, CBTs, Hospitals,
and eMLS

Whitney Singleton
Technical Assistance for
Screening Assistance Mailbox,
Nursing Facilities, MCOs, PACE,
and PASRR

Send all LTSS Screening Questions to ScreeningAssistance@dmas.virginia.gov

Hospital Teams

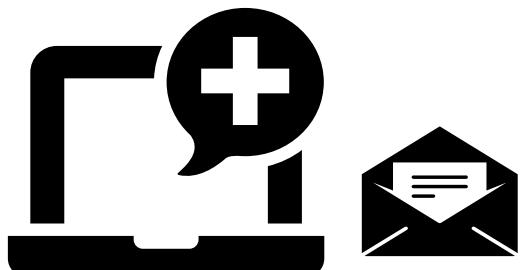


ALL QUESTIONS GO TO SCREENING ASSISTANCE EMAIL

ScreeningAssistance@dmas.virginia.gov

This is for tracking purposes and ensures that your question gets answered.

Include your name, place of employment, your contact information in addition to the individual's information so we can research and reach out to you if needed.





Hospital Teams

Health Insurance Portability and Accountability Act (HIPAA)
and Protected Health Information (PHI)

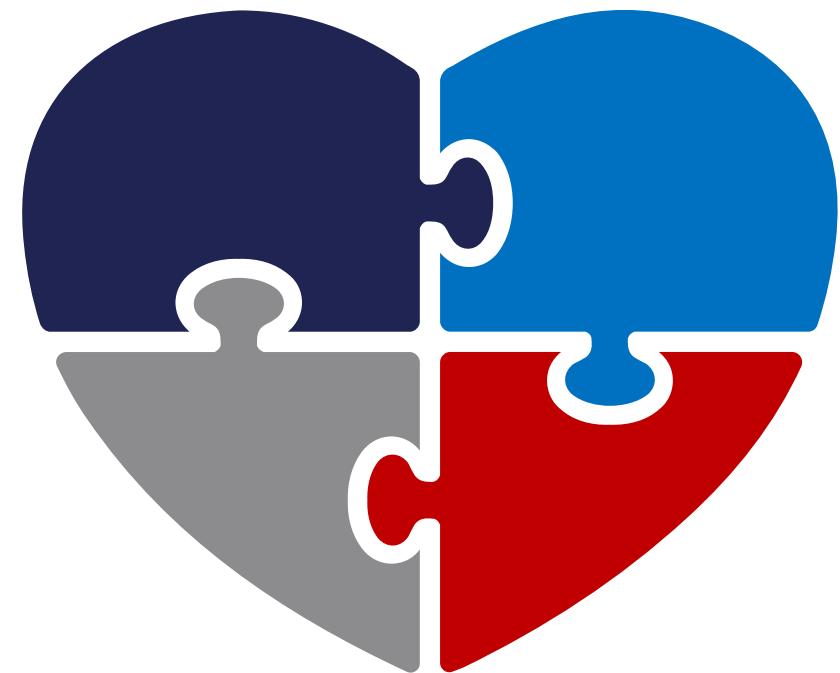
ENCRYPT your emails that contain PHI.

**DO NOT put Names, Social Security Numbers, or
Medicaid Numbers in the Subject Line!**



Todays Agenda:

- Data
- Updates and Reminders
- Special Topic
- Question and Answer Period





Todays Screening Team Focus: Hospital Teams

Presented by Dena Schall
LTSS Screening Program Specialist



Hospital Data

January-May 2025 Trend



	Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	4550	3	1117	40	105	3179	89	17
2025	4550	3	1117	40	105	3179	89	17
May	848	-	191	9	25	601	18	4
Apr	892	1	225	17	16	614	18	1
Mar	971	1	255	4	27	661	20	3
Feb	853	1	219	4	19	595	13	2
Jan	986	-	227	6	18	708	20	7

Not Authorized

LTSS Auth.

LTSS Auth.

Not Authorized

LTSS Auth.

Not Authorized

LTSS Auth.

Acute Care Hospitals in the Commonwealth



Hospital Data

January-May 2025 Trend



	Totals	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	276	181	1	3	83	5	3
2025	276	181	1	3	83	5	3
May	47	34	-	-	11	2	-
Apr	56	40	-	-	16	-	-
Mar	60	36	1	2	19	1	1
Feb	53	32	-	1	18	1	1
Jan	60	39	-	-	19	1	1

LTSS Auth.

LTSS Auth.

Not Authorized

LTSS Auth.

Not Authorized

LTSS Auth.

Rehabilitation Hospitals in the Commonwealth



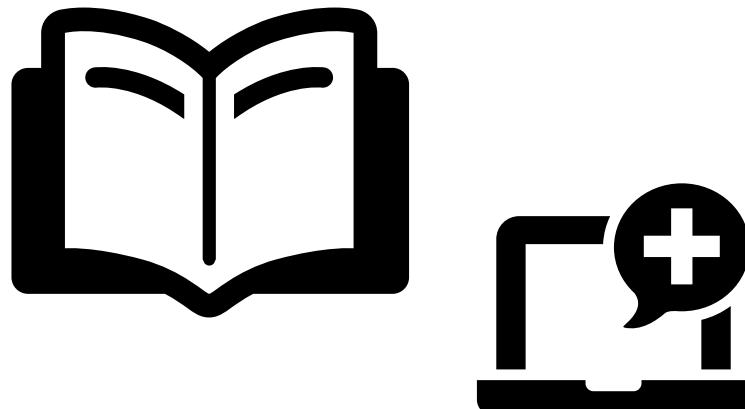
Hospital Teams

Updates Coming Soon!

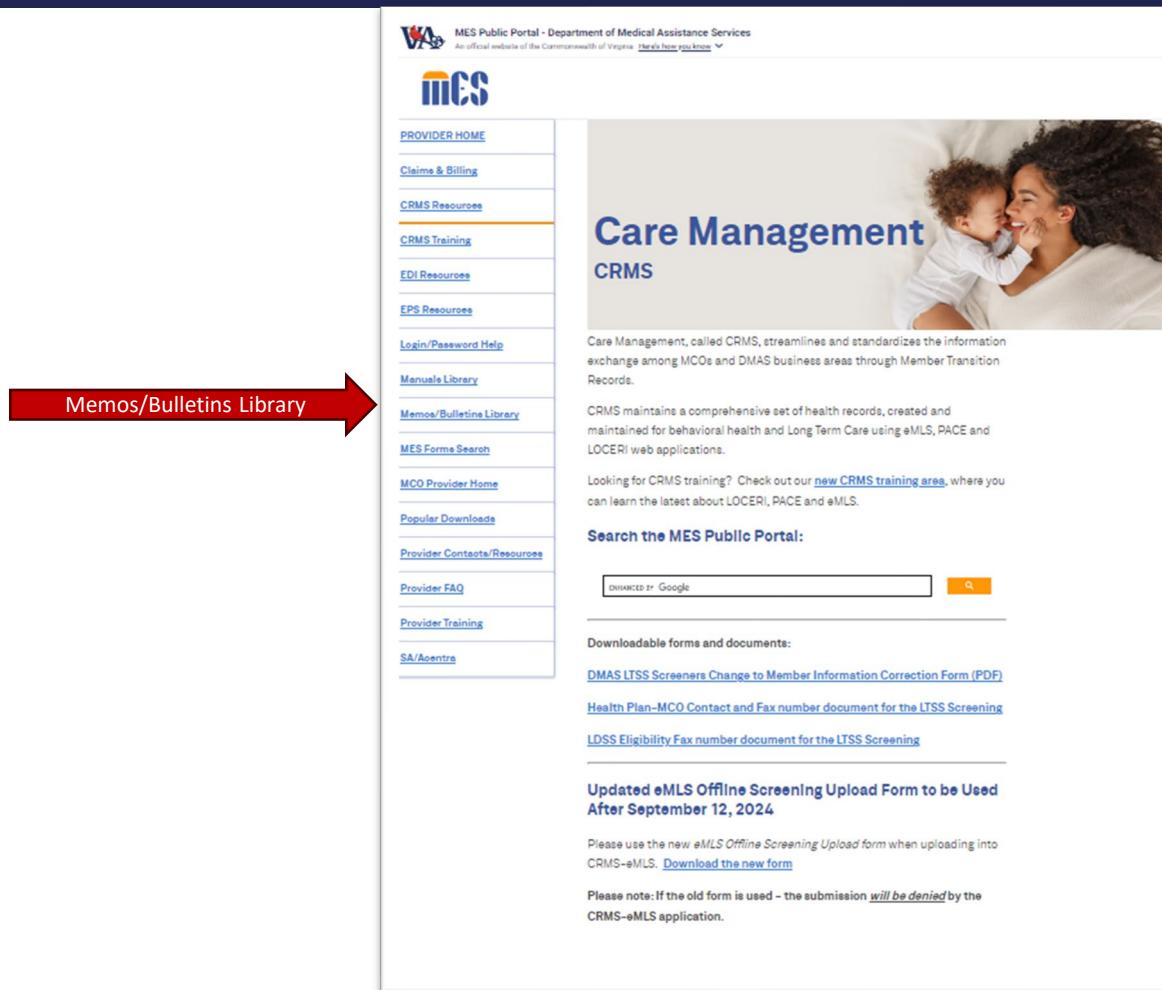


LTSS Screening Manual and Training

- DMAS is in the process of updating both the Manual and Medicaid LTSS Screening Training.
- It is a lengthy process and will be announced via Memos/Bulletins.



MES Homepage: Bulletins and Memos



The screenshot shows the MES Public Portal - Department of Medical Assistance Services website. The main content area features a photo of a woman and a child. The text "Care Management CRMS" is displayed. Below the photo, there is a brief description of CRMS and a link to "new CRMS training area". A search bar for the MES Public Portal is present. The sidebar on the left contains a list of links, with "Memos/Bulletins Library" highlighted by a red arrow.

Memos/Bulletins Library

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 \(PDF\)](#)
[Health Plan-MCO Contact and Fax number document for the LTSS Screening](#)
[LDSS Eligibility Fax number document for the LTSS Screening](#)

Updated eMLS Offline Screening Upload Form to be Used After September 12, 2024

Please use the new eMLS Offline Screening Upload form when uploading into CRMS-eMLS. [Download the new form](#)

Please note: If the old form is used – the submission will be denied by the CRMS-eMLS application.

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



Hospital Screening Team



Enhancement Updates in eMLS



- 96 Form: RN Signature Section Dropdown
- 96 Form: Identification of Department of Corrections and Overturned Appeal Screenings
- Increased “Member Summary” Character Requirement
- Required Physician Submission Questions when the Screening is over 30 days
- Initial Contact Field

Changes to eMLS will go into effect June 19, 2025



Hospital Screening Teams Update



eMLS Enhancement: 96 Form Signature Section

- There is a new dropdown box for your title: Registered Nurse, Social Worker, and Other option
- If you are not a RN or SW then you will be required to type in your title in the Other option
- This will be a required field in the Screener I and II sections (if applicable)

The screenshot shows a dropdown menu for 'Title' with the following options:

- Please Select
- Registered Nurse (RN)
- Social Worker
- Other

If you are a Nurse Practitioner that is assigned to conduct or create a screening, then choose the RN selection in the drop down. NPs should not be creating and approving the same Screening.



Hospital Screening Teams Update



eMLS Enhancement: 96 Form

- Three new fields have been added to the DMAS 96 form.
- Identify a Screening completed for the Department of Corrections (DOC).
- Identify a Screening modified for an overturned Appeal.
- Identify if DMAS has granted a Variance or Flexibility in conducting the screening and what was approved.

Rationale:

DMAS will be able to capture data on how many screenings were conducted for DOC or was granted a DMAS Variance or Flexibility from Screening Guidelines or was delayed for the Appeals process. We can now capture how many of these types of screenings are occurring from month to month.



Hospital Screening Teams Update



eMLS Enhancement:

- Increase the minimum character limit for the Member's Summary to 500 character (from 20).
- Maximum is 1000

Rationale:

This will require Screeners to report more information to support their approval or denial decision.



Hospital Screening Teams Update



eMLS Enhancement:

- If the LTSS Screening is over 30 days from the request date, when the Physician or PA/NP goes to submit, an additional question will populate asking why the screening is over 30 days?
- There will be a dropdown with the options of selecting Appeals, Correction, PASRR, and “Other” free text field (numbers and letters).

Rationale:

We will be able to collect data on issues that cause delays that are out of the Screening Teams control such as PASRR, Demographic Corrections, and Appeals.



Hospital Screening Teams Update



eMLS Enhancement:

- Initial contact field or “Who Called or requested the Screening” on the UAI will be mandatory with a red asterisk.

Initial Contact - Who Called			
Who Called:	Relationship:	Phone:	
Presenting Problem/Diagnosis:			

Rationale:

This will help Screening Teams make sure that they are following DMAS guidelines on referrals, requests, and legal guardianship.



Hospital Teams

Special Review Topic:



Scoring and Rating-Medical Nursing Needs (Updated)

Must fit into one of the 3 categories and documented on the Members Summary.

An individual with medical or nursing needs is an individual whose health needs require medical or nursing supervision or care above the level, which could be provided through assistance with ADLs, medication administration, and general supervision and is not primarily for the care and treatment of mental diseases (12VAC30-60-303. D.).

1. The individual's medical condition requires observation and assessment to ensure evaluation of the individual's need for modification of treatment or additional medical procedures to prevent destabilization, and the individual has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals; or
2. Due to the complexity created by the individual's multiple, inter-related medical conditions, the potential for the individual's medical instability is high or medical instability exists; or
3. The individual requires at least one ongoing medical or nursing service. Ongoing means that the medical/nursing needs are continuing, not temporary, or where the individual is expected to undergo or develop changes with increasing severity in status. "Ongoing" refers to the need for daily direct care and/or supervision by a licensed nurse that cannot be managed on an outpatient basis. Medical/Rehab services should be ongoing in nature and/or reflect that additional special procedures are warranted.

NF LOC for an individual is not determined by an individual's age, nor a specific diagnosis or therapy.



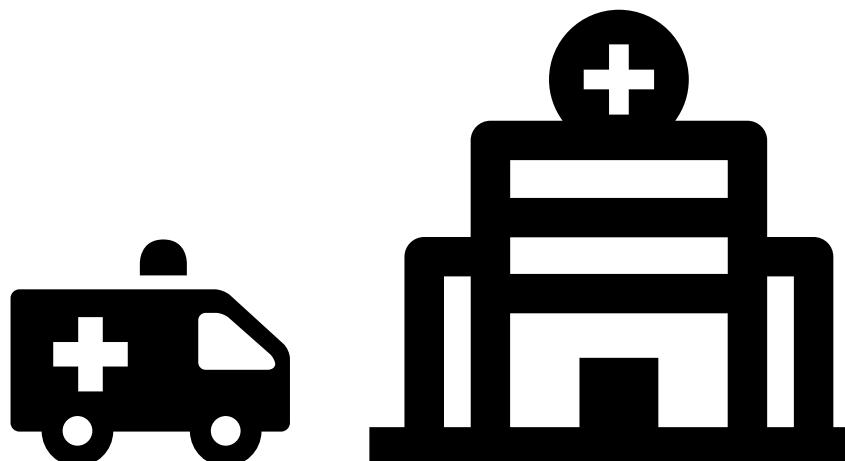
Hospital Screening Teams

Special Topic Review



AT Risk

This means that without home and community-based services and supports, it is likely the individual will need the level of care provided in a nursing facility, specialized care nursing facility, or long-stay hospital in the next 30 days.



Hospital Screening Teams

Special Topic Review



AT Risk

Documenting “At Risk” Criteria

- Deterioration in health status
- Change in supports for the individual
- Functional and/or ongoing medical or nursing needs are not met.



The situation must be documented with evidence.



Hospital Screening Teams



Special Topic Review

AT Risk

Being at-risk relates to the individual's physical health status. Being at risk should be well documented in the Screening. Conditions for being at risk would include one of the following situations:

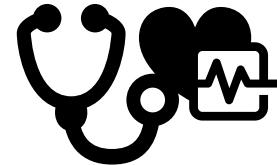
- The individual has been cared for in the home prior to the screening and written evidence is available demonstrating a deterioration in the individual's health care condition or a change in available support preventing former care arrangements from meeting the individual's needs; or
- There has been no change in the individual's condition or available support, but evidence is available that demonstrates that the individual's functional, or ongoing medical or nursing needs are not being met.

Examples of evidence for being at risk may include recent hospitalizations, emergency department visits, attending physician documentation, and/or reported findings from medical or social service agencies such as Adult Protective Services (APS), Child Protective Services (CPS), or Community Services Boards (CSBs).



Hospital Teams

Special Topic Review



PDN Referrals to Secondary Reviewer

If an individual or family is interested or directly asks to be screened for the CCC Plus Waiver with PDN or as the screener, you feel that the individual could benefit from the higher level of care, it is good practice for the Screener to select CCC Plus Waiver with PDN on the DMAS 96 form to allow the screening to go through a DMAS secondary review process even if the screener does not think that the individual meets criteria on the 108 or 109 for Private Duty Nursing.

Note: Instructions for how to complete the 108 or 109 forms are located on downloadable forms on the DMAS MES Homepage.



Hospital Teams

Special Topic Review

PDN Referrals to Secondary Reviewer



DMAS New MES Medicaid Web Portal: <https://vamedicaid.dmas.virginia.gov/CRMS>

Forms and
Downloads

Forms and Downloads

Forms & Downloads

Care Management CRMS

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- [Health Plan-MCO Contact and Fax number document for the LTSS Screening](#)
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Hospital Teams

Special Topic Review

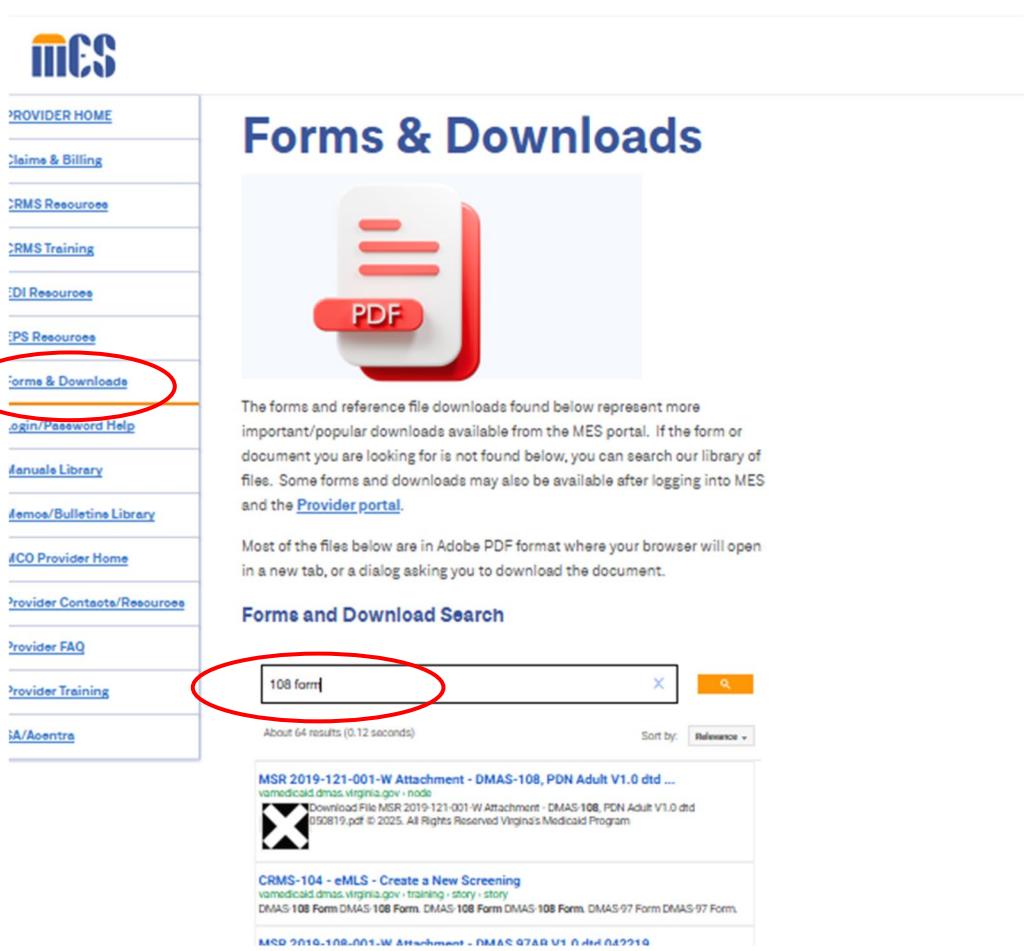
PDN Referrals to Secondary Reviewer

DMAS New MES Medicaid Web Portal: <https://vamedicaid.dmas.virginia.gov/CRMS>



Forms and
Downloads

Type in 108 or 109 Form



The screenshot shows the "Forms & Downloads" section of the DMAS MES portal. On the left, a sidebar lists various links: PROVIDER HOME, Claims & Billing, CRMS Resources, CRMS Training, EDI Resources, EPS Resources, Forms & Downloads (which is highlighted with a red oval), Login/Password Help, Manuals Library, Demos/Bulletin Library, ICO Provider Home, Provider Contacts/Resources, Provider FAQ, Provider Training, and EA/Acentra. The main content area is titled "Forms & Downloads" and features a graphic of a PDF icon. Below the graphic, text explains that the forms and reference file downloads are more important/popular ones. It mentions that if a specific form is not found, a search function can be used. A "Forms and Download Search" section includes a search bar with the text "108 form" and a search button. The search results show about 64 results for "108 form", with the top result being "MSR 2019-121-001-W Attachment - DMAS-108, PDN Adult V1.0 dtd ...". The bottom of the page includes a footer with the text "MSD 2010-108-001-W Attachment - DMAS 07/08/19 04/22/19".



Hospital Teams

Special Topic Review

PDN Referrals to Secondary Reviewer



DMAS New MES Medicaid Web Portal: <https://vamedicaid.dmas.virginia.gov/CRMS>

Department of Medical Assistance Services
Division for Aging and Disability Services

PRIVATE DUTY NURSING ADULT REFERRAL FOR THE
COMMONWEALTH COORDINATED CARE PLUS (CCC Plus) WAIVER

Adults (21 years or >) must meet Criteria Group A **or** all Criteria Group B to qualify for Private Duty Nursing (PDN) Services.

Individual's Name _____ Phone _____ Date _____
Address _____ Medicaid # _____
Referral Source _____ Phone # _____
Form Completed By _____ Phone # _____
Signature of Person Completing Form _____

TECHNOLOGY / SKILLED CARE	YES	NO	Document Orders Below
Criteria Group A - Ventilator			Ventilator Orders
Ventilator Dependent at least a portion of the day			
Criteria Group B – Complex Tracheostomy			
Has a tracheostomy with the potential for weaning or documentation of the inability to wean			
Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist			Treatment Orders
Requires pulse oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels			Treatment Orders
Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist			
Has a physician's order for oxygen therapy with documented usage			Treatment Orders
Requires tracheostomy care at least daily			Treatment Orders
Has a physician's order for tracheal suctioning as needed			
Is deemed at risk of requiring subsequent mechanical ventilation			

DMAS/CCC Plus Health Plan has the final authority to authorize nursing hours. _____

Criteria Group A (OR) B Comments: _____

Approved Skilled PDN Hours/ Week _____

RN Coordinator/Reviewer Signature _____ Date _____

Department of Medical Assistance Services
Division for Aging and Disability Services

Adult Referral Instructions

Adults (21 and older) are eligible for Private Duty Nursing Services if they meet Nursing Facility Specialized Care criteria, Group A - Ventilator Dependence **or** Group B - Complex tracheostomy **All** criteria. (Refer to PDN Adult Referral Form)

Adults (21 years or >) are assessed by the Medicaid Long-term Services and Supports Screening team on this form for eligibility for CCC Plus Waiver PDN. Screeners will submit the Screening and this form. RN Supervisors/CCC Plus Care Coordinators will complete this form annually for level of care reviews and whenever there are major changes in the individual's medical or technical skilled needs.

When completing the adult referral form, check the technology needs of the individual and **document the physician's orders for care under the appropriate sections of the form**.

Criteria Group A - Ventilator
The ventilator dependent criteria are met when an individual is on a ventilator for any portion of the day. Document physician's ventilator orders in the appropriate block in the right side column.

Criteria Group B – Complex Tracheostomy (MUST MEET ALL CRITERIA IN THIS GROUP)
Potential for weaning – Individuals who are unable to wean from a tracheostomy meet this criteria.
Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day. Document treatment orders in the appropriate block on the right side of the form.
Pulse oximetry readings are required every nursing shift. Document physician's pulse ox orders in the appropriate block.
Skilled nursing or respiratory assessments are required every shift due to respiratory insufficiency.
Individuals meet oxygen use criteria when oxygen is needed continuously at least 8 hours per day. Document physician's oxygen orders in the appropriate box.
The individual must require tracheal care at least daily. Document physician's trach care orders in the adjacent box.
A physician's order for tracheal suctioning as needed (PRN) is required. Suctioning is defined as tracheal suctioning requiring a suction machine and flexible catheter.
Individuals must be at risk of requiring ventilator support.

If further help is needed questions may be sent to: LOCReview@dmas.virginia.gov

DMAS-108 (Rev. 4-2019)

108 Adult Form



Hospital Teams

Special Topic Review

PDN Referrals to Secondary Reviewer



DMAS New MES Medicaid Web Portal: <https://vamedicaid.dmas.virginia.gov/CRMS>

Department of Medical Assistance Services
Division for Aging and Disability Services

PRIVATE DUTY NURSING PEDIATRIC REFERRAL FOR THE
COMMONWEALTH COORDINATED CARE PLUS (CCC PLUS) WAIVER

Score daily nursing and technology needs to determine eligibility for Private Duty Nursing level of service. Children (>21 years old) must receive a minimum score of 50 points.

Individual's Name	Phone	Date																																																																																																
Address	Medicaid #																																																																																																	
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Q3hrs		1																																																																																																
Q4hrs		2																																																																																																
Nursing Needs	Frequency	Points	Score																																																																																															
<p>DMAS/CCC Plus Health Plan has the final authority to authorize nursing hours.</p> <p>Total Technology / Skilled Nursing Score: _____</p> <p>Approved Nursing Hours / Week: _____</p> <p>RN Coordinator/ Reviewer Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>																																																																																																		

Department of Medical Assistance Services
Division for Aging and Disability Services

Pediatric Referral Instructions

Page 1 of 3

- Children (>21 years old) are scored by the Medicaid Long-Term Services and Supports Screening team on this form to refer for CCC Plus Waiver PDN services. Screeners will submit the Screening and this form. RN Supervisors/CCC Plus Care Coordinators will complete this form annually for level of care reviews and whenever there are major changes in the individual's medical or technical skilled needs.
- Children must receive a minimum score of 50 points on the Pediatric Referral form (DMAS 109) for admission and to continue on the waiver under PDN services.
- Children must receive a score in the technology section of the form to qualify for PDN services. Scores in the technology section are adjusted to reflect the risk of death or disability if the technology stops as well as the degree of nursing assessment or judgment needed to operate the technology. Scores in the nursing needs section reflect the time needed to perform the skill.
- Ventilator dependent children receive the technology score for ventilator regardless of the settings or type of support the ventilator is providing. BiPAP machines with an ordered breath rate will also receive the technology score for ventilator.
- Oxygen is considered continuous when needed at least 8 hours per day. Additional points are awarded for unstable oxygen if children have continuous 24 hour per day oxygen use, and any two (2) of the following conditions:
 - Diabetic use
 - Albuterol treatments at least 4 hrs around the clock
 - Weight is below 15th percentile for age and gain does not follow normal curve for height
 - Greater than three (3) hospitalizations in the last six (6) months for respiratory problems
 - Daily desaturations below physician ordered parameters and requiring nursing intervention
 - Physician ordered fluid intake restrictions
- J/G-tube bolus feedings do not receive points in the Technology section of the DMAS 109 form. J/G-tube feedings are considered continuous when received via pump at least 8 hours/day.
- Children qualify for increased J/G-tube continuous with reflux points with one (1) of the following documented:
 - Swallow study that documents reflux within the last six (6) months
 - Treatment for aspiration pneumonia in the past twelve (12) months
 - Need for suctioning **due to reflux** at least daily (includes oral suctioning)
- Suctioning is defined as pharyngeal or tracheal suctioning requiring a suction machine and flexible catheter. Nursing needs are assigned points based on the frequency of the need for the activity, i.e. tracheostomy q1hr. The child's nursing record must support the chosen frequency. Suctioning frequency should not be based on when the child has an infection or other acute respiratory illness, but when he/she is at their normal baseline activity. A child is ineligible for points in the suctioning category if he/she is able to suction their own trach.

Page 2 of 3

DMAS - 109 (Rev. 4-2018)

Department of Medical Assistance Services
Division for Aging and Disability Services

Pediatric Referral Instructions

Page 3 of 3

- Medication points are awarded based on the complexity of the child's medication regimen:
 - 3 or less medications = simple category (2 points)
 - 4 or 5 medications = moderate category (4 points)
 - 6 or more medications = complex category (6 points)
- PRN or "as needed" medications are not counted when determining the appropriate medication category.
- Nebulizer treatments do not count as medications, they are considered special treatments (see #10).
- Dressing points are assigned depending on frequency of care for **sterile** dressing changes and wound care for stages II, III, or IV wounds. Dressing points are not assigned for tracheostomy tubes, gastrostomy tubes, etc. as these points are included in other sections.
- Special treatments include routine nebulizer treatments, chest PT, blood sugar checks, INR checks (at home), colonoscopy/colostomy/urostomy care, etc. Treatments must require a skilled professional (RN, LPN, CNA, etc.) to perform. Special treatments are not considered special treatments. Treatments that are done together, such as nebulizer treatments followed by chest PT three times per day (TID), would be assigned TID points (6 pts.)
- Children receiving single or multiple different treatments four (4) or more times per day would receive QID points (8pts.). The maximum awarded in this category is eight (8) points no matter how many treatments are performed.
- Specialized I/O monitoring is reserved for those who need careful monitoring of intake and output due to significant conditions such as kidney problems, severe dumping syndrome or peritoneal dialysis. Children are eligible for these points if I & O results require action on the part of the nurse to make adjustments in tube feeding amounts or IV fluid rates. Normally this monitoring would be due to the need for replacement fluids if the output is too high.
- The "Other" category is for **major** procedures that are not covered elsewhere on the form. Children with needs that are not covered on the referral form should be discussed with a DMAS/CCC Plus Care Coordinator who will assign a point score for the "Other" category.
- Assign points in all relevant categories and record the total points at the bottom of the page.
- Skilled nursing hours should decrease when there is a decrease in a child's total points indicating medical improvement.

If further help is needed questions may be sent to: LOCreview@dmas.virginia.gov

DMAS - 109 (Rev. 4-2018)

109 Child Form



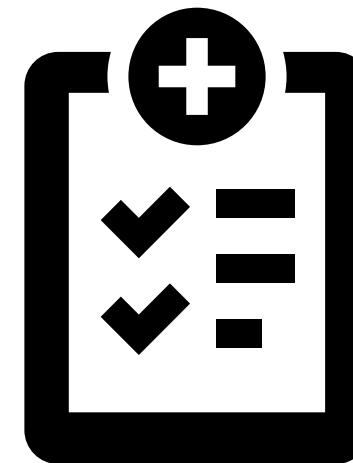
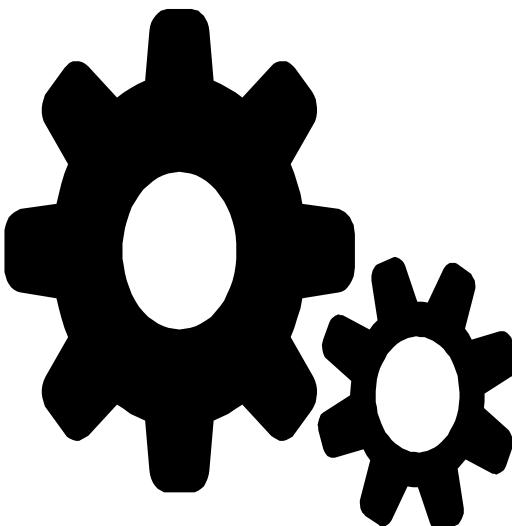
Hospital Teams

Special Topic Review



BACK UP PLAN

It is best practice to make sure that your Team has back up staff and plans for when Screeners are out sick, on vacation, retire, or leave employment.



Hospital Teams

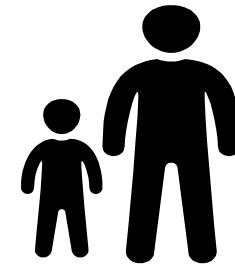
Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

Screening Children

- Adults expected to be independent
- Children need care, assistance and guidance provided by those around them

A photograph of a young girl with long dark hair, wearing a blue and green patterned top, hugging a boy in a wheelchair. The boy is wearing a blue shirt and has his arm around the girl. They are both smiling and appear to be outdoors in a park-like setting with greenery in the background.

Hospital Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

So, what is different about rating children?



Adults, were it not for a medical, physical, and or emotional condition or limitation would be expected to be independent in performing ADLs.

Children, on the other hand, are not always expected to be independent in their ADLs. Based on age and appropriate developmental stage, children are expected to need assistance from those around them. This means that a child's age and developmental stage must be considered prior to rating a functional area.



Hospital Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones



Functional Capacity

The degree of independence that, depending on age, **a child** or a **child and caregiver as a unit**, have in performing ADLs, ambulation, and IADLs



<https://brightfutures.aap.org/Pages/default.aspx>



Hospital Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

- For younger age groups, accurately assessing needs may involve looking at the child and a caregiver as a unit. This means that it is normal for a child to be dependent on a caregiver to complete certain tasks or ADLs.
- **Children from birth through 5 years of age often require supervision for safety and physical assistance to complete certain tasks. To accurately assess a child, screeners must take into consideration whether the child has complex medical needs and/or equipment; or has any of the special considerations for the task as listed in the manual; or if the child needs assistance from their caregiver, beyond what is age appropriate.**
- Please note that assessing child and caregiver as a unit does not mean that the screener rates the parents' or caregiver's ability to perform the task. If the caregiver is unable to perform the task, they should not be used to assess the functionality of ADLs.



Hospital Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones



Key Medical Concerns to Rating Children's ADLs

- Complex medical needs and equipment
- Seizure activity
- Spasticity
- Contractures
- Tone or lack of tone
- Paralysis



Hospital Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

- Note that a child would be rated independent unless serious medical conditions or complex medical equipment were involved. Some of these conditions may include special equipment for life support, or whether the child lives with seizure activity, spasticity, contractures, lack of muscle tone, paralysis, or any other special considerations for a child. In the LTSS Screening manual, screening considerations for children are provided in each ADL section.
- If any of these situations exist, the Screener should note the child has complex medical needs and, **if applicable**, that equipment or a condition makes it difficult for the caregiver to complete the ADLs or requires an additional caregiver to assist in completing the task. Ex: Supervision/Physical Assistance or Performed by others.
- Children who meet this criteria should be rated dependent (D) in the category that most applies, as age appropriate



Hospital Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

As a reminder:



All infants are **NOT** rated Performed by Others.

Performed by Others category may include a child who:

- cannot participate, as age appropriate, such as neuromuscular disorders, lack of tone, contractures, spasticity, seizure activity, or
- have complex medical needs and/or equipment such as trach, port, G-tube, or a serious skin condition.



Hospital Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones



You can not rate or score Children without your LTSS Screening Manual

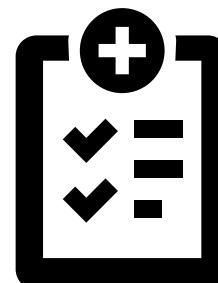


Hospital Team Reminders



LTSS Screenings should be conducted as close to discharge as possible.

- ADLs, Medical Nursing Needs, and Risk assessments should reflect their status the day of discharge.
- It is important that the LTSS Screenings are accurate.
- If an individual is discharging from an Acute Care Hospital to a Rehab Hospital, it is best practice for the LTSS Screening to be conducted at the Rehab Hospital.



Hospital Team Reminders

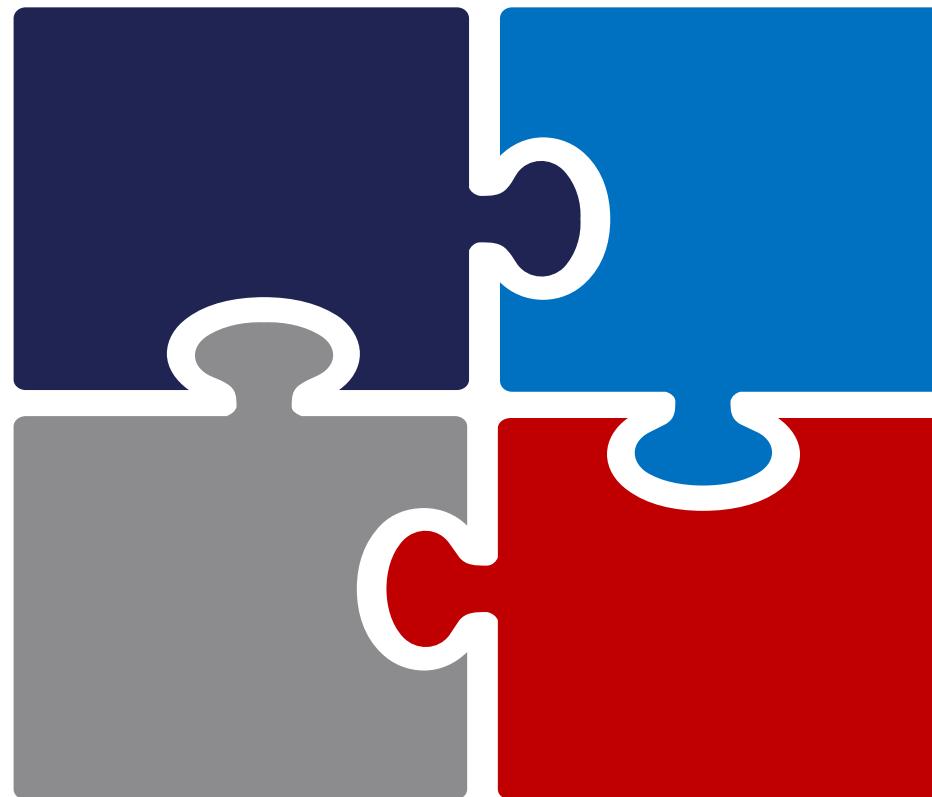


Don't forget to conduct Screenings on those inpatient individuals with Medicaid who are discharging home with a need or interest of home and community-based services (CCC Plus Waiver or PACE).

DO NOT tell the patient to ask for one by the Community Based Team when they get home. This can delay care for the individual.



Resources:



Connection Call Power Points

Posted on the DMAS Website:
www.dmas.virginia.gov

Under the Provider Tab, select from dropdown- Benefits and Services, then select Long Term Care, Programs and Initiatives, and LTSS Screening.

SCREENING CONNECTIONS FOR LTSS

Look down the page for list of Screening Connection calls

The screenshot shows the Virginia Medicaid website. At the top, there is a navigation bar with links for 'Applicants', 'Members', 'Providers', 'Appeals', 'Data', and 'About Us'. A red arrow points to the 'Providers' link. Below the navigation bar, there is a dropdown menu titled 'Benefits & Services' which is also highlighted with a red arrow. The menu includes links for 'Provider Enrollment & Revalidation', 'Claims and Billing', 'Provider Memos & Communications', 'Rates and Rate Setting', 'Cardinal Care', and 'MES Portal'. The main content area is titled 'Benefits & Services for Providers'. At the bottom of the page, there are several sections: 'Behavioral Health', 'Dental', 'Long Term Care', 'Pharmacy and Drug Formularies', 'School Based', 'Telehealth', 'Transportation', and 'Waivers'. The 'Long Term Care' section is highlighted with a red arrow. The background of the page features a dark blue theme with a globe and circuit board graphics.



For All Screening Teams

- A full copy of the Screening Packet (all completed forms) is always provided to the individual or the individual's representative.
- Every individual screened should receive an Approval or Denial Letter from the Screening Team (use DMAS template).
- Screeners will need to retain copies of the Screening packet per retention policy (10 years for adults). **This includes the copy of the DMAS 97 form with the individual's or representatives hand signature.**
- Screeners will need to determine whether individuals are in a Medicaid Health Plan-MCO and if so, forward the completed Screening packet to the health plan for use by the individual's assigned care coordinator. Contact and FAX numbers are listed on the MES Homepage.
- Screeners are responsible for sending a copy of the DMAS 96 form only to the local DSS benefits staff where the individual resides. If you don't have this list, contact ScreeningAssistance@dmas.virginia.gov.

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 Custodial Nursing Facility care.
- Screenings completed prior to a discharge from a SNF for persons who are enrolled into Medicaid while in the SNF, including health plans and FFS, have **180 days** post SNF discharge to enroll in the CCC Plus Waiver or PACE or a new LTSS Screening is required. If the individual is not a Medicaid member (non-Medicaid) at SNF discharge, the person has one year from the date of physician's signature on the screening to be enrolled in LTSS. After a year, a new LTSS Screening is required.
- 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 continues to receive Medicaid LTSS.
- Individuals are allowed **180 days** to transition between providers. After **180 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.
- When in doubt, screen the individual.

Reminders:



Record and Retention Laws

Screening Teams, must retain or be willing to pull the screening information for:

- **10 years for Adults**
- **Age 28 for a Child**

If your facility conducted the Screening, then your staff are responsible for retrieving copies for Individuals, Providers, Health Plans, and other Screening Teams who may need it.

Tool:



All Screening Teams

If an individual is FFS or applying or Medicaid Pending, then the Screening Team is responsible for providing a list of Medicaid Provider options during the Screening Process. If the individual is in a Medicaid Health Plan, then the Health Plan is responsible for providing this list.

Medicaid Provider Search Tool: <https://vamedicaid.vaxix.net/Search>

search Provider [MES Home](#)

First Name Last Name Gender

Address City Zip Code State

NPI Provider Type Specialty Language

Business Name Location Name Accepting New Patients ADA Compliant

At least one more search criteria is required with "Accepting New Patient" or "ADA Compliant".

[Glossary of Terms](#) [Privacy Policy](#) [Copyright © 2020 DMAS](#)
[Translation Services](#) [Nondiscrimination/Accessibility](#)
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Tool:



Medicaid Provider Search Tool Tips

- **Provider Type:** Filter your search by choosing the provider type. Either choose “Waiver Services” if you are trying to find providers for the CCC Plus Waiver or choose “Nursing Facility”.
- **Specialty:** After choosing a Provider Type, then select a Specialty in the drop down. You can choose “Personal Care Services” for finding a Medicaid CCC Plus Waiver Agency or choose “Consumer Directed Services” to find Service Facilitators OR “Private Duty Nursing” for PDN cases OR by type of Nursing Facility such as Custodial.
- Try looking up multiple localities individually that are near the individual's residence.

The screenshot shows the MES search provider interface. At the top left is the MES logo. Below it is a search form with various fields and dropdown menus. Red arrows point to the 'Provider Type' dropdown and the 'Specialty' dropdown. The 'Provider Type' dropdown is currently set to 'Select Provider Type...'. The 'Specialty' dropdown is also currently set to 'Select Specialty Type...'. Other visible fields include 'First Name', 'Last Name', 'Address', 'City', 'NPI', 'Business Name', 'Location Name', 'Gender' (dropdown), 'Zip Code' (dropdown), 'Accepting New Patients' (checkbox), 'ADA Compliant' (checkbox), 'State' (dropdown), 'Language' (dropdown), and another 'ADA Compliant' checkbox. At the bottom of the form, a note says 'At least one more search criteria is required with "Accepting New Patient" or "ADA Compliant".' There are 'Search' and 'Reset' buttons at the bottom. The footer contains links for 'Glossary of Terms', 'Privacy Policy', 'Copyright © 2020 DMAS', 'Translation Services', 'Nondiscrimination/Accessibility', and '© 2024 ALL RIGHTS RESERVED'.

Fax Cover Sheet for PASRR Level II:



Cover sheet is found at:

<https://maximusclinicalservices.com/svcs/virginia>

When NF is the selected choice, a DMAS-95 form is required. If the Level I indicates that a Level II referral is warranted, there is a referral process for further evaluation and determination of needed specialty services. This process is described in the LTSS Screening Manual.

FAX Number **877-431-9568**

A template for a fax cover sheet. The word "Fax" is at the top left. The "maximus" logo is at the top right. The subject line is "Subject: Virginia PASRR Level II Referral". There are fields for "To Name:", "To Fax Number:", "Reason for referral:", "Assessment Pro (877) 431-9568", "check one", "From Name:", "From Fax #:", "Resident Review:", and "Preadmission Screening:". At the bottom is a QR code.

PASRR TRACKING



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 _____

MAXIMUS, as the Level II
Evaluator tracks Disposition of
Individuals

**Please be sure to return the
Virginia PASRR Resident
Tracking form back to Maximus**



Health Plan-MCO Contact and Fax Numbers for Referral Process

LTSS Screening Team MCO Contact Numbers		
Cardinal Care Health Plan	FAX Number for Screening Documents	Care Management Phone Number
Aetna Better Health of Virginia	844-459-6680	855-652-8249 Ask for Case Management Members 1-800-279-1878
Anthem HealthKeepers Plus	844-471-7937	Members 1-800-901-0020
Molina Healthcare	800-614-7934	800-424-4524 Members 1-800-424-4518
Sentara Health Plans	844-552-7508	866-546-7924 or 757-552-8398 Members 1-800-881-2166
United Healthcare Community Plan	855-770-7088	Providers 877-843-4366 Members 1-844-752-9434

For individuals enrolled in the Cardinal Care Managed Care program, the health plan is responsible for submitting the DMAS-225 to the LDSS benefits program (eligibility section) once services are initiated for the individual. For FFS for NF, CCC Plus Waiver and PACE, the direct service provider is responsible for notifying the LDSS eligibility section via a DMAS-225 that services have been initiated for the individual.

Found on MES Homepage
<https://vamedicaid.dmas.virginia.gov/crms>

Updated Enrollment Member Correction Form on the MES Homepage

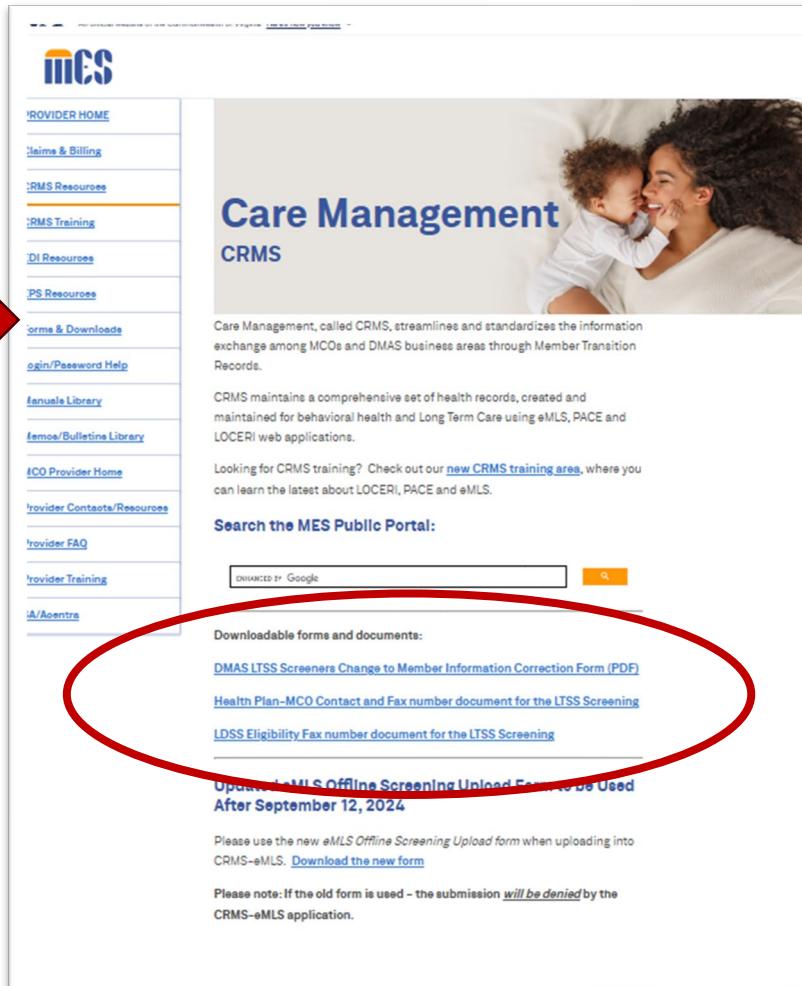
For demographic corrections, all Enrollment Member Corrections Forms are to be sent to PatientPay@dmas.virginia.gov

- EMAIL Subject Line should read: **LTSS Screening Member Information Change Request**
- Allow at least **14 Business days** for all Corrections
- Once the change has been completed by the Enrollment Division, it can take up to **48 hours** for the information to show up in the Medicaid System.
- **The Screener must return to eMLS and CANCEL or VOID/DELETE the original Screening with the wrong information, then re-start a new Screening for the corrected information to auto-populate into the form.**
- The eMLS system **DOES NOT** automatically correct the Screening with the new information.
- **Make sure to use all the same dates that was in the original Screening (request, screening, and Screener/Physician signature dates).**
- Instructions are written on the form.

All forms must be filled completely out or they will get sent back.

Downloadable Forms and Documents on the MES Homepage

Forms and Downloads



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

*** NEW Updated eMLS Offline Screening Upload Form to be Used After September 12, 2024**

New Enrollment Correction Form

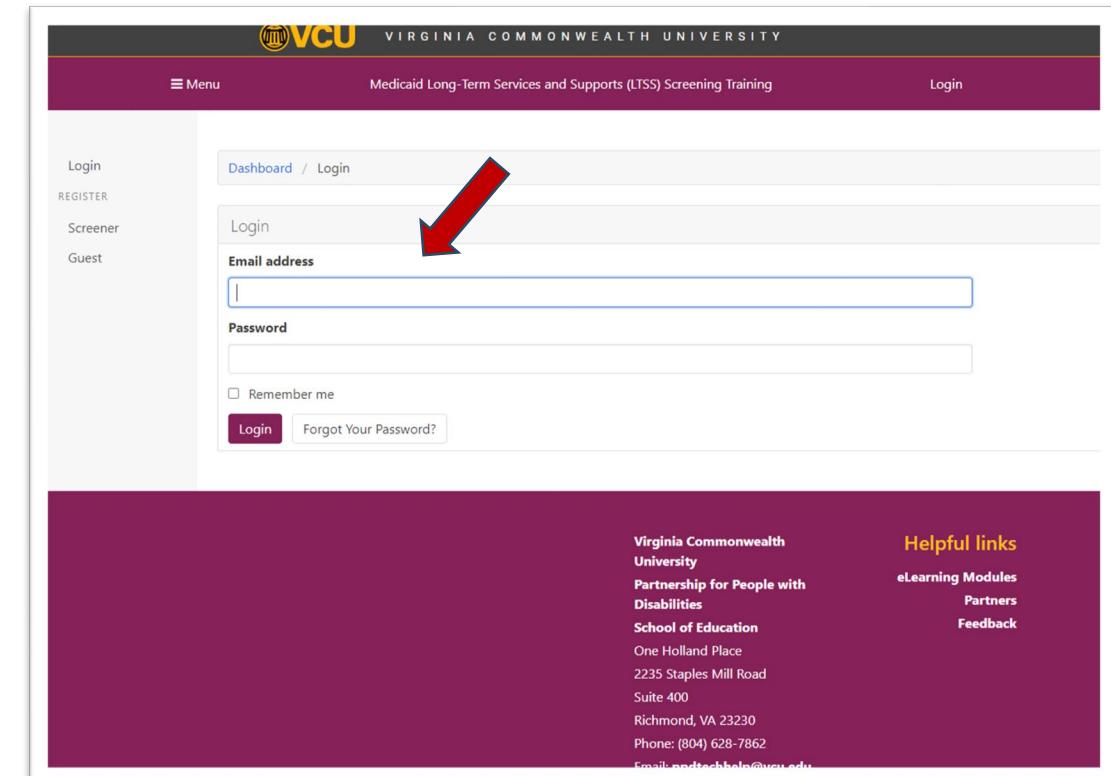
New Health Plan Fax Numbers

VCU Medicaid LTSS Screening Training and Refresher

VCU Medicaid LTSS Screening Training at:

<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 VCU Medicaid LTSS Screening Training. The page has a dark purple header with the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY'. Below the header, there are three buttons: 'Menu', 'Medicaid Long-Term Services and Supports (LTSS) Screening Training', and 'Login'. The main content area has a light gray background. On the left, there is a sidebar with buttons for 'Login', 'REGISTER', 'Screener', and 'Guest'. The main area is titled 'Dashboard / Login'. It contains an 'Email address' input field with a red arrow pointing to it, a 'Password' input field, a 'Remember me' checkbox, a 'Login' button, and a 'Forgot Your Password?' link. At the bottom of the page is a dark purple footer with the text 'Virginia Commonwealth University', 'Partnership for People with Disabilities', 'School of Education', 'One Holland Place', '2235 Staples Mill Road', 'Suite 400', 'Richmond, VA 23230', 'Phone: (804) 628-7862', and 'Email: pdtechhelp@vcu.edu'. To the right of this text is a 'Helpful links' section with links to 'eLearning Modules', 'Partners', and 'Feedback'.

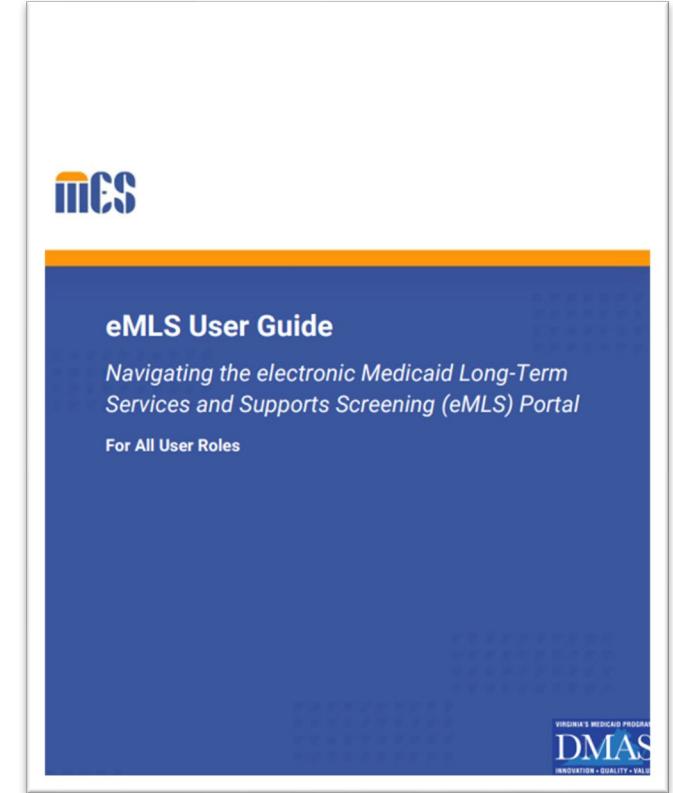
Note: In the process of updating the Manual and Training.

Use eMLS User Guide and Training

- Access, System Requirements, User Access Roles, and Logging In
- Navigation and Functions of System
- Error Message Meaning
- Searching of an Existing Screening
- Data Entry and Submission of New Electronic LTSS Screenings
- Screening Status and Watermarks
- Voiding and Corrections of Existing Screenings
- Printing Screenings
- Uploading and Downloading the P-98 offline form
- And many more concepts

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

Complete courses, CRMS-101,103,104,106, & download the e-MLS User Guide



Need Help?

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



Frequently Asked Questions

CCC Plus Waiver-Consumer Directed

Any additional questions on LRI or Paid Caregivers should go to:

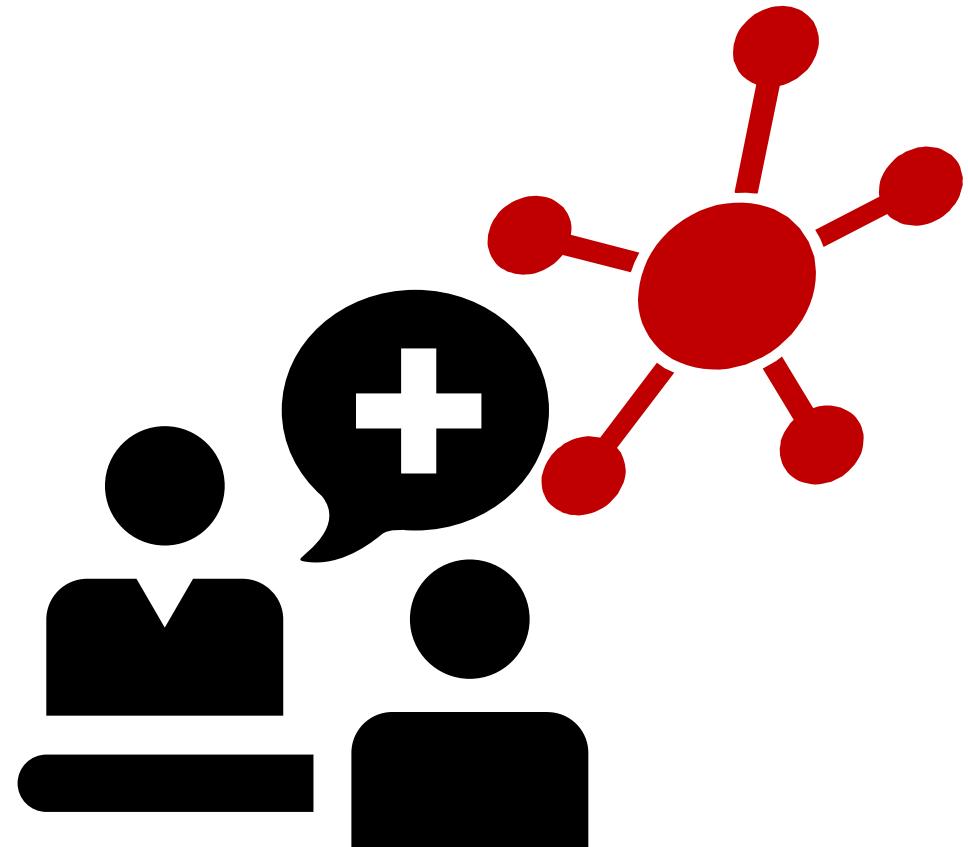
cdlri@dmas.virginia.gov

LTSS Screening Connection Call Schedule

2025				
<u>SCREENING TEAM</u> <u>TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Community Based Teams (CBTs)			September 9	December 9
Hospitals		June 11	September 10	December 10
Nursing Facilities		June 12	September 11	December 11

Share Information with your Team

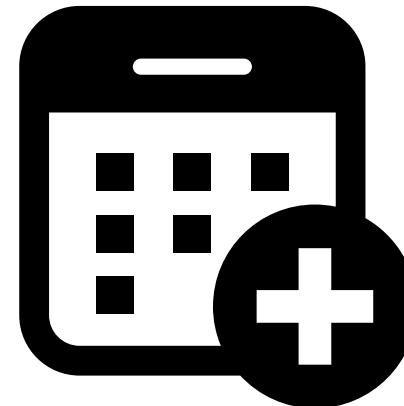
- Other Screeners
- Discharge Planners
- Supervisors
- Managers
- Administrative Staff
- Business Staff



Save the Date:

Hospital Screening Team Focus

Wednesday, September 10, 2025



**Any team can join the call and listen, but the focus
will be on Hospital Team issues.**

Question and Answer

