



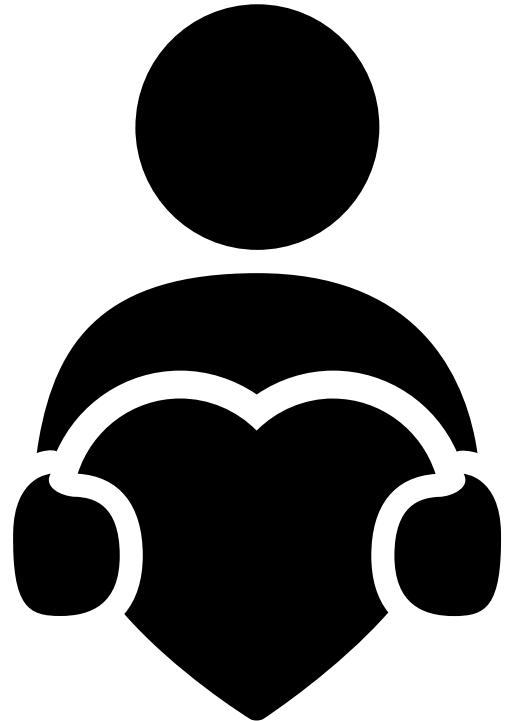
Screening Connections

**Community Based and
PACE Screening Teams**

March 11, 2025

Office of Community Living



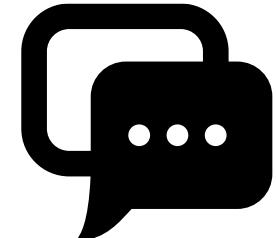


Welcome!
Thank you!



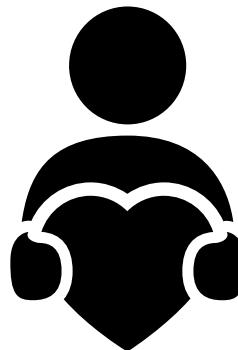
LTSS Screening Connection Call

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.

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



Ryan Fines

LTSS Screening Supervisor

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

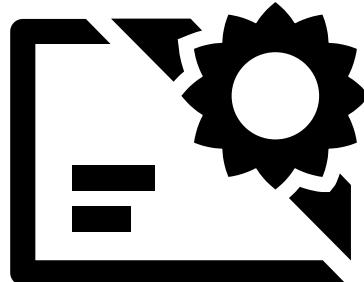
CBT and PACE Teams



SEND ALL QUESTIONS TO SCREENING ASSISTANCE EMAIL

- Staff members are getting multiple people emailing and calling them directly.

This is for tracking purposes. Sending the issue to SA email ensures your question does not go unanswered should that staff member be out of the office.



CBT and PACE Teams

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



DO NOT FORGET to encrypt your emails that contain PHI.

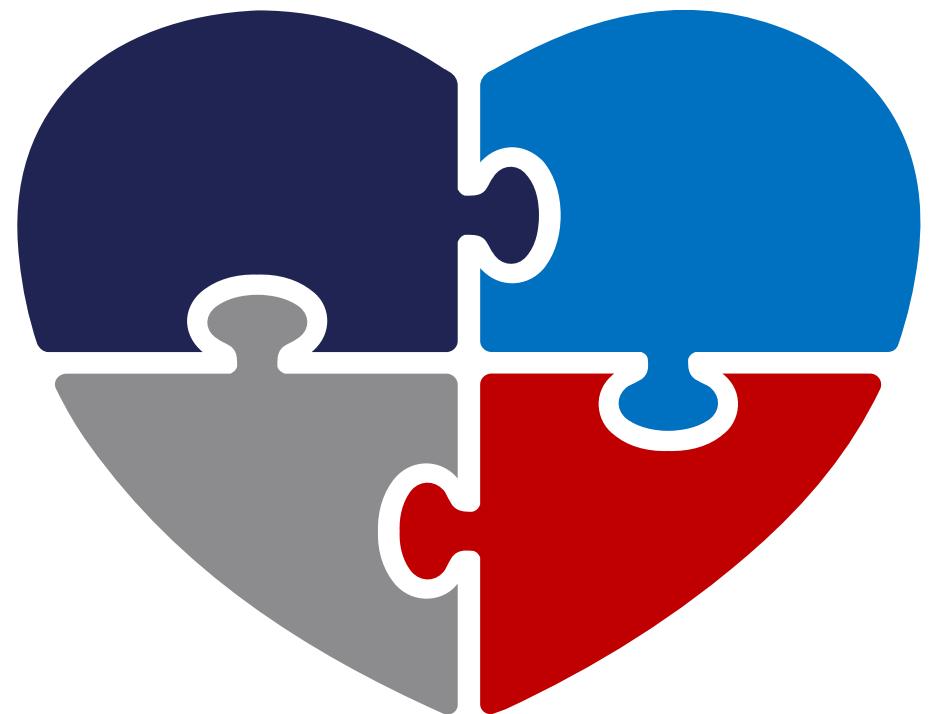
DO NOT put names, social security numbers, or Medicaid Numbers in the Subject Line!

- When you send a question or issue to Screening Assistance, please make sure to 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.
- Please be responsive to Providers, MCO's, and individuals who request copies of LTSS Screenings your agency has conducted. There are record and retention laws.



Todays Agenda:

- Data and CBT 2024 Highlights
- Updates and Reminders
- Special Topic: LRI-Paid Caregiver
- Question and Answer Period





Todays Screening Team Focus: Community Based and PACE Teams

Presented by Dena Schall,
LTSS Screening Program Specialist



CBT and PACE Teams

December 2024-February 2025 Data



Community Based Teams

	# of Screenings	2025		2024	
		Feb	Jan	Dec	
Totals	# of Submitted > 30 Days	1766	1829	1938	
	% of Submitted > 30 Days	67	111	173	
		3.8%	6.1%	8.9%	

PACE Teams

	Totals	PACE	Nursing Facility Services	No other Svcs Recommended	Other Svcs Recommended
Dec 2024	51	45	2	3	1
Jan 2025	54	48	2	3	1
Feb 2025	50	39	1	4	6
Totals	155	132	5	10	8



CBT Screening Team 2024 Highlights



CBT Teams who had **NO LATE LTSS Screenings** consistently all year long in their locality. (0%)

Alleghany	Cumberland	King George	Page	Surry
Bath	Dickenson	King William	Patrick	Tazewell
Bland	Floyd	Lancaster	Prince Edward	Warren
Botetourt	Galax	Lee	Pulaski	Westmoreland
Buchanan	Giles	Lexington	Radford	Winchester
Charles City	Goochland	Mathews	Rappahannock	Wise
Charlotte	Hanover	Montgomery	Richmond County	Wythe
Craig	Henry	New Kent	Salem	
Culpeper	Highland	Orange	Scott	



CBT Screening Team



Completing screenings within 30 days is a requirement by law.

If your locality is completing LTSS Screenings over 30 days,
you are to work with your state liaisons for a resolution.



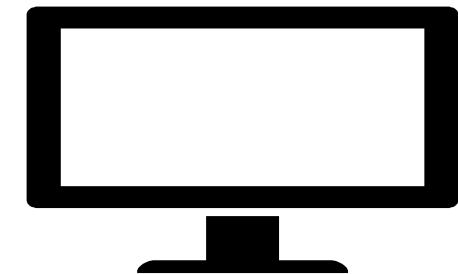
CBT and PACE Teams

Current Update



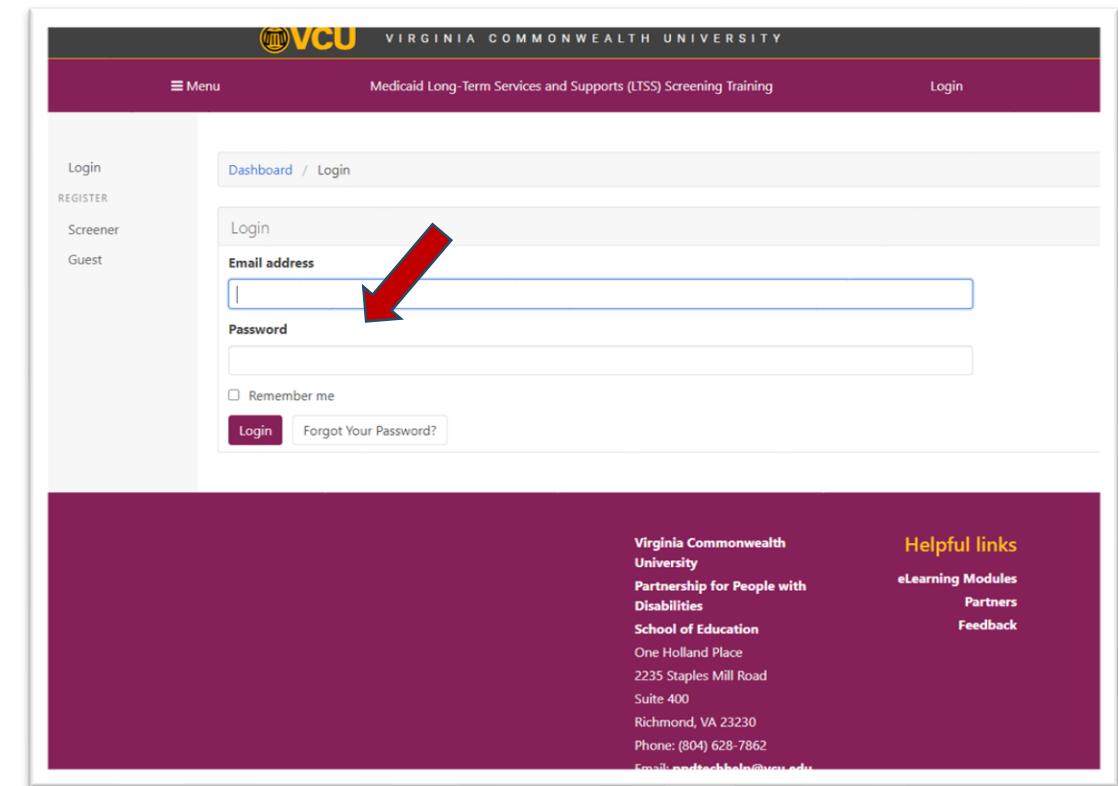
VCU LTSS Screening Training Portal: <https://medicaidltss.partnership.vcu.edu/login>

- Website where you took your Modules and Competency Tests
- There are new password security rules
- All account passwords have been reset by VCU automatically
- You will need to log into your account and update your password



VCU Medicaid LTSS Screening Training

**To avoid disruption
with your account,
please log in and update
your password by
March 24, 2025.**



VCU Medicaid LTSS Screening Training at: <https://medicaidltss.partnership.vcu.edu/login>

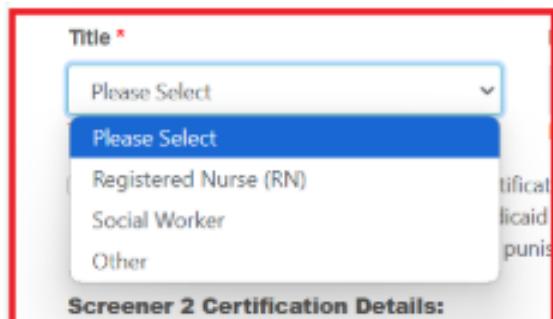
CBT and PACE Teams

Current 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 able to put in your title in the Other option
- This will be a required field in the Screener I and II sections (if applicable)
- CBTs are required to have a RN in Screener I field and either a SW or Other: Family Service Specialist in the Screener II field
- PACE Teams are required to have at least a RN in Screener I field.



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

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

Below the dropdown, the text 'Screener 2 Certification Details:' is visible.

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.



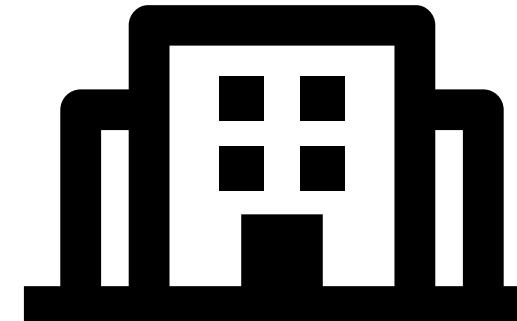
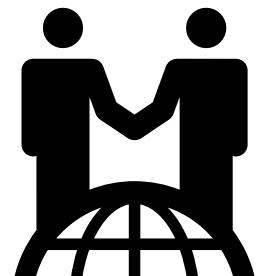
CBT Teams Only

Update Coming Soon!



Virginia Department of Corrections (VDOC)

- DMAS is working with VDOC to develop better processes.
- Background Checks will continue to be required for staff assigned to conduct LTSS Screenings in VDOC facilities.
- If you are having any issues with a VDOC request, please contact DMAS at ScreeningAssistance@dmas.virginia.gov



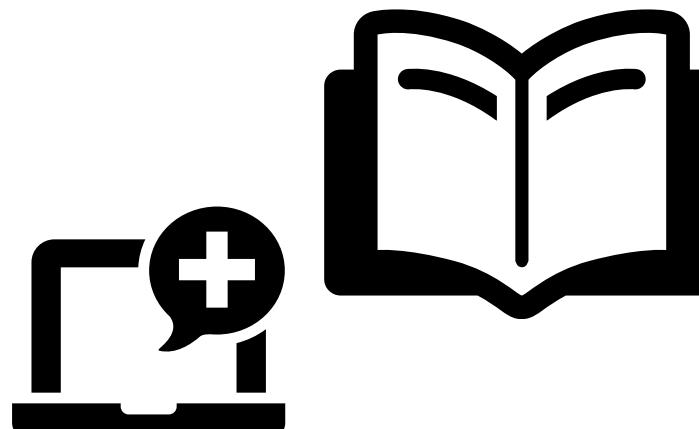
CBT and PACE Teams

Update Coming Soon!

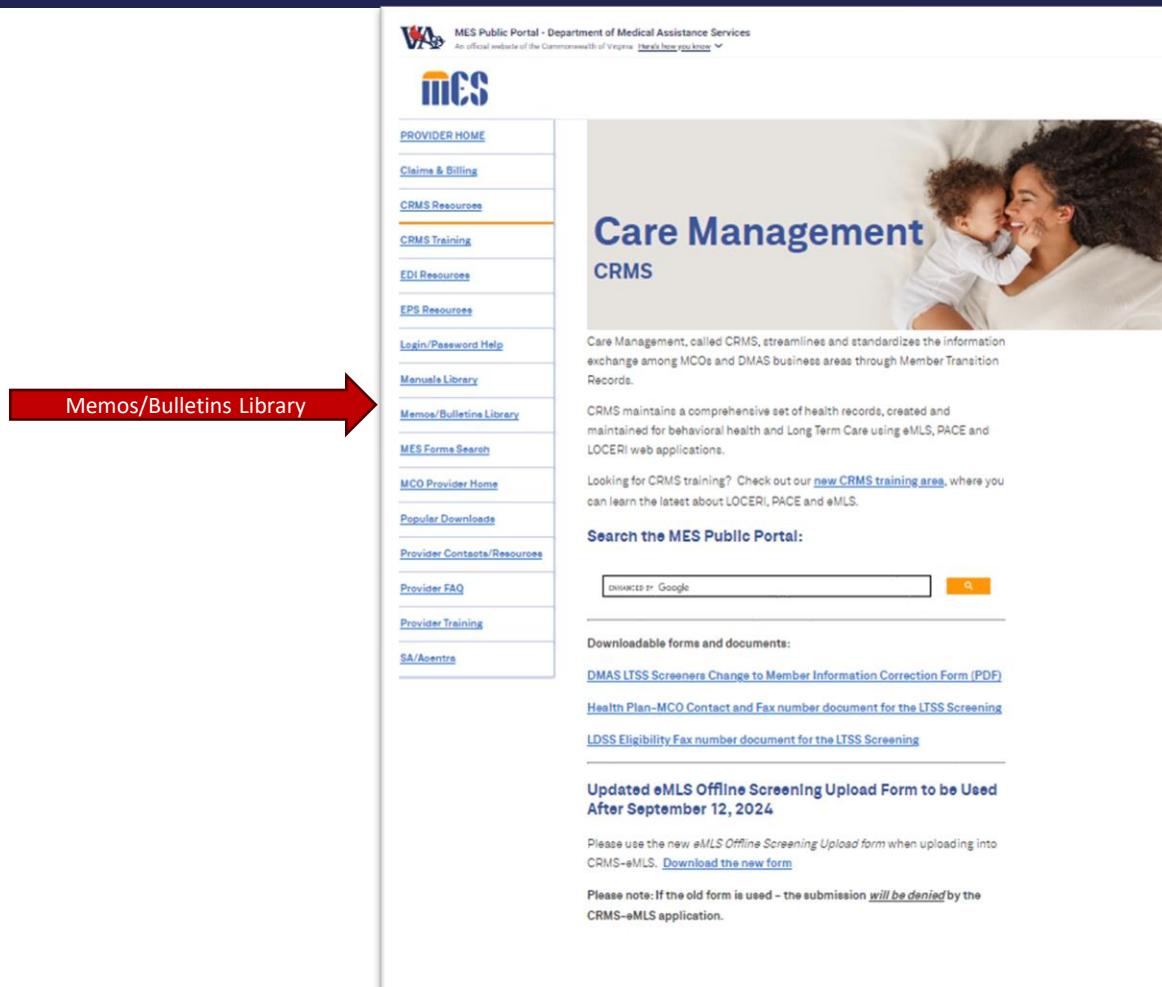


LTSS Screening Manual and Training

- 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 left sidebar contains a navigation menu with links to various resources, including 'Claims & Billing', 'CRMS Resources' (which is highlighted in orange), 'CRMS Training', 'EDI Resources', 'EPS Resources', 'Login/Password Help', 'Manuals Library', 'Memos/Bulletins Library' (which is highlighted in red and has a red arrow pointing to it), 'MES Forms Search', 'MCO Provider Home', 'Popular Downloads', 'Provider Contacts/Resources', 'Provider FAQ', 'Provider Training', and 'SA/Ascentra'. The main content area features a large image of a woman holding a baby. The text 'Care Management CRMS' is overlaid on the image. Below the image, a paragraph explains that Care Management, called CRMS, streamlines and standardizes information exchange among MCOs and DMAS business areas through Member Transition Records. It also mentions that CRMS maintains a comprehensive set of health records using eMLS, PACE, and LOCERI web applications. A link to 'new CRMS training area' is provided. A search bar for the MES Public Portal is present, along with a link to 'Downloadable forms and documents' which includes links to 'DMAS LTSS Screeners Change to Member Information Correction Form (PDF)', 'Health Plan-MCO Contact and Fax number document for the LTSS Screening', and 'LDSS Eligibility Fax number document for the LTSS Screening'. A note at the bottom states: 'Updated eMLS Offline Screening Upload Form to be Used After September 12, 2024'. It advises users to use the new eMLS Offline Screening Upload form when uploading into CRMS-eMLS, with a link to 'Download the new form'. A note also states: 'Please note: If the old form is used – the submission will be denied by the CRMS-eMLS application.'

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

CBT Teams Only Update



Requests for variances and flexibilities to the LTSS Screening laws or process should be rare but if management of your Agency feels that one is necessary to conduct business, we ask the following:

- Make sure that your CBT counterpart (VDH or DSS) management is aware of any issues and agree with the request for your locality CBT. You are a joint team.
- Work with your state Liaisons from VDH and DARS to make certain there is no other solutions for the issue and to brainstorm ways of getting back into compliance.
- Once you have your Liaisons' guidance that a variance is needed then DMAS can be contacted with the request. The request should state the name of locality, key staff from VDH/DSS, liaison you worked with, issue that is occurring, reason issue is occurring if applicable, suggested solution or variance from the law/process, how long it is needed, and a corrective action plan for future months.



CBT Teams Only

Reminder



Delegate Administrator (DA) Transaction Request Forms

- DA's are designated staff from VDH or DSS CBT with administrative rights to be able to add delegates or new regular users of eMLS. DMAS is the Primary Account Holder for the CBT.
- This form is also used to delete or terminate DA users or modify existing DA information.
- Fill the forms out completely.
- Must use the special LTSS Joint API.
- Complete a form for each locality. Do not list multiple localities on one form. Please save each form in a separate document (ex. Do not scan in six forms on one document).

When someone retires or leaves employment with a locality, they should be terminated from MES access for Medicaid System Security and new staff should be added.



CBT Teams Only

Reminder

eMLS Delegated Administrators: Add, Delete, Change Information for Delegated Administrators for Community Based Teams

Community-based teams (local Departments of Social Services and Health Departments) must contact DMAS when there is a change in the Delegated Administrator for their agency. This includes deletions, additions and changes in essential contact information as listed below.

The following information must be provided in full prior to any changes being made in the Medicaid Enterprise System (MES) for access to the Electronic Medicaid LTSS Screening (eMLS) system in the Care Management Module (CRMS).

Please allow at least 14 days for all updates.

Date of Submission of this Form to ScreeningAssistance@dmas.virginia.gov:

Submitted by: Name: _____
email: _____

DELEGATED ADMINISTRATOR INFORMATION

This is a request for the following type of transaction for Delegated Administrator (DA):

CHECK ONE: DELETE DA
 ADD DA
 CHANGE IN INFORMATION FOR EXISTING DA

LOCAL (CHECK ONE): DSS <input type="checkbox"/>	HEALTH DEPARTMENT <input type="checkbox"/>
FIRST NAME	LAST NAME
STREET ADDRESS	CITY
EMAIL USED BY DELEGATED ADMINISTRATOR FOR MES	DIRECT PHONE NUMBER(S) FOR DELEGATED ADMINISTRATOR CELL WORK
LOCALITY NAME (S)	API NUMBER (S)
ROLE: DELEGATED ADMINISTRATOR	

Return this Form as an Attachment to DMAS at
ScreeningAssistance@dmas.virginia.gov



CBT Teams Only

Reminders



Delegate Administrator Responsibility

Delegate Administrators are responsible for finding out a “Delegate” or Users role on the LTSS Screening Team upon request and give them appropriate access. Each user should only have ONE role (Viewer, Creator, or Approver) unless, they happen to be a NP but a NP cannot create and approve the same screening.

Example: A Delegate/User should NEVER have Creator and Approver roles assigned unless they are a NP that will be doing both roles at different times.

LTSS Screening DA's who set users up for CRMS-eMLS need to go back and make sure that everyone is set up to one role. This is a security issue.





PACE Teams Only

Reminders



Primary Account Holder and Delegate Administrator Responsibility

Primary Account Holders and Delegate Administrators are responsible for finding out a Delegate or Users role on the LTSS Screening Team upon request and giving them appropriate access. Each user should only have **ONE role** (Viewer, Creator, or Approver).

Example: A Delegate should NEVER have Creator and Approver roles assigned.

PAH and DA's who set users up for CRMS-eMLS need to go back and make sure that everyone is set up to one role. This is a security issue.

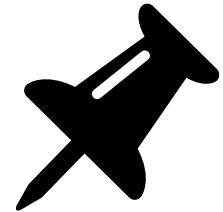


CBT and PACE Teams



Reminders:

- No Prescreening at intake.
- Must follow the DMAS guidelines for scheduling LTSS Screenings.
- For referrals, the individual and/or legal representative must give permission before it can be scheduled.
- For individuals who are not competent, must follow the Medicaid guidelines for Legal Authorized Representatives.



CBT and PACE Teams



Reminders:

Other individuals attending the LTSS Screening



- The individual shall be permitted to have another person or persons present at the time of the LTSS Screening.
- The LTSS Screening team shall determine the appropriate degree of participation and assistance given by the other person to the individual during the LTSS Screening and will accommodate the individual's preferences to the extent feasible.



CBT Teams Only



Reminders:

SAFETY:

- A LTSS Screening shall be completed in the individual's residence unless the residence presents a safety risk for the individual or the CBT, or unless the individual or the representative requests that the LTSS Screening be performed in an alternate location within the same jurisdiction (alternate location may include a hospital emergency department or someone in observation status when there is an urgent need).
- The CBT shall accommodate the individual's preferences to the extent feasible.
- **CBTs should follow their local agencies guidelines for home visiting and safety should something occur while in the home conducting the Screening.**



CBT and PACE Teams

Reminders:

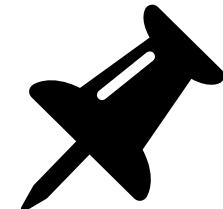
Scoring and Rating

- For Medical Nursing Needs, there should be documentation to specify the ongoing medical/nursing need in eMLS, Member Summary section. An individual who is receiving rehabilitation services and/or special medical procedures does not automatically have ongoing medical or nursing needs as there should be documentation to support the rehabilitation services and/or ongoing special medical procedures such as physician orders or progress notes. Make sure to ask and provide opportunity for the individual to get that information back to you if they don't have it readily available at the actual LTSS Screening appointment.

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.

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





Special Topic

Legally Responsible Individual (LRI)

Presented by The Office Of Community Living



Background

- During the 2020 COVID-19 Pandemic, the federal government permitted states to allow parents of children under the age of 18 and spouses to be paid caregivers, and Virginia was one of the states that took advantage of this flexibility to support families.
- Prior to the pandemic, this flexibility was not allowed under federal rules.
- The Department of Medical Assistance Services (DMAS) is in the process of making this flexibility a permanent policy. This population is commonly referred to as Legally Responsible Individual (LRI).

What is a Legally Responsible Individual (LRI)?

- A Legally Responsible Individual (LRI) is the spouse of a Medicaid member or parent/stepparent/legal guardian of a Medicaid member under 18 years of age.
- An LRI may provide personal care services to waiver members including assistance with activities of daily living (ADLs), access to the community, self administration of medication, and/or other medical needs.
- Respite services are not available when there is a paid LRI.

Legally Responsible Individuals (LRI) Guidelines

- LRI only applies to the Community Living (CL), Family and Individual Support (FIS), and Commonwealth Coordinated Care (CCC) Plus Waivers.
- Children who receive personal care services through Early and Periodic Screening Diagnosis and Treatment (EPSDT) do not qualify.
- LRIs may be reimbursed for providing personal care services for up to 40 hours per work week regardless of the number of members they serve.

Frequently Asked Questions

1. Can a member's primary caregiver also be the paid caregiver using Consumer-Direction? **Yes, the primary caregiver may be reimbursed for personal care services in the Consumer Direction model. However, when there is a paid primary caregiver, respite services are no longer available.**
2. Is there a difference, whether the caregiver lives in the same home with the member or in a different home? **If the caregiver lives in the home with the Medicaid member, they are exempt from using Electronic Visit Verification (EVV) to submit shifts. Caregivers who do not live in the home with the Medicaid Member are required to use Electronic Visit Verification (EVV) to submit all shifts. Caregivers who live in the home with the Medicaid member may also be eligible for tax exemptions.**

Frequently Asked Questions

3. Can the Medicaid Members spouse be the paid caregiver? Yes, the members spouse may be reimbursed for providing personal care services.
4. Can a parent to a child under the age of 18 be the paid caregiver? Yes, a parent may be reimbursed for personal care services if the child is enrolled in one of the following waivers; Community Living (CL), Family and Individual Support (FIS), or Commonwealth Coordinated Care (CCC) Plus Waivers. Children who are enrolled in Early and Periodic Screening Diagnosis and Treatment (EPSDT) services do not qualify.
5. Can there be more than one LRI being paid to provide care to the member? No. Only one LRI is permitted per member.

Frequently Asked Questions

6. I am a paid LRI providing care for more than one member; how many hours can I be paid to work? **LRLs may be reimbursed for up to 40 hours a week regardless of the number of members they serve.**
7. If the member has more than 40 hours of personal care authorized per week, does this mean they cannot receive those needed hours? **No, LRIs are permitted to find other caregivers for the additional hours approved in the plan of care.**

Frequently Asked Questions

8. What are the requirements to be the paid caregiver?

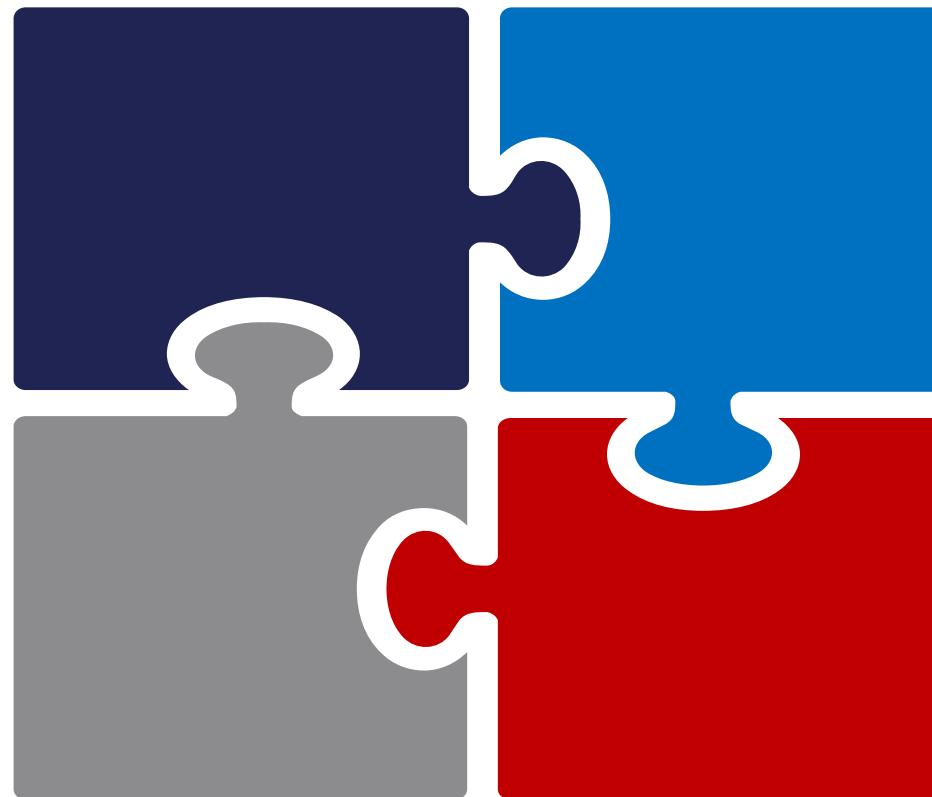
- The caregiver must be at least 18 years of age, have a valid Social Security number, and authorized to work in the United States.
- The caregiver must successfully pass a criminal background check through the Virginia State Police and a child protective services background check if they are providing care to a minor child under the age of 18.
- The caregiver should have the knowledge, skills, and abilities to perform the functions and duties necessary to support the individual who is receiving services.

Frequently Asked Questions

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

cdlri@dmas.virginia.gov

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 includes 'Provider Enrollment & Revalidation', 'Claims and Billing', 'Provider Memos & Communications', 'Rates and Rate Setting', 'Cardinal Care', 'Benefits & Services', and 'MES Portal'. A red arrow points to the 'Benefits & Services' link in this dropdown. The main content area features a dark background with a globe and circuit board graphics. The text 'Benefits & Services for Providers' is displayed. Below this, there are several sections: 'Behavioral Health', 'Dental', 'Long Term Care' (which is highlighted with a red arrow), and 'Pharmacy and Drug Formularies'. At the bottom, there are links for 'School Based', 'Telehealth', 'Transportation', and 'Waivers'.



Required:

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 Choice 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.

Current 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.

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". The "To Name:" field is empty. The "To Fax Number:" field contains "(877) 431-9568". The "Reason for referral:" field contains "check one". The "From Name:" field is empty. The "From Fax #:" field is empty. The "Resident Review:" field is empty. The "Preadmission Screening:" field is empty. There are two empty checkboxes at the bottom right. A QR code is in the bottom right corner.

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 (____) _____

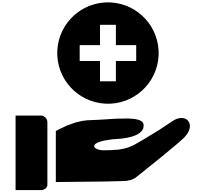
Admission to Alternative Level of Care
 Assisted Living Facility _____
 Group Home _____
 State Hospital _____
 Other _____

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**





Reminders:

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>

The screenshot shows the MES Provider Search interface. At the top, there is a logo with the letters 'MES' in blue and orange. Below the logo, the text 'Search Provider' is displayed. On the right side of the header, there is a link to 'MES Home'. The main search form contains several input fields and dropdown menus:

- First Name: Text input field.
- Last Name: Text input field.
- Gender: A dropdown menu labeled 'Select Gender...'.
- Address: Text input field.
- City: Text input field.
- Zip Code: Text input field.
- State: A dropdown menu labeled 'Select State...'.
- NPI: Text input field.
- Provider Type: A dropdown menu labeled 'Select Provider Type...'.
- Specialty: A dropdown menu labeled 'Select Specialty Type...'.
- Language: A dropdown menu labeled 'Select Language...'.
- Business Name: Text input field.
- Location Name: Text input field.
- Accepting New Patients: A checkbox labeled 'Accepting New Patients'.
- ADA Compliant: A checkbox labeled 'ADA Compliant'.

At the bottom of the search form, there is a note: 'At least one more search criteria is required with "Accepting New Patient" or "ADA Compliant".' Below this note are two buttons: 'Search' and 'Reset'. At the very bottom of the page, there is a footer with links to 'Glossary of Terms', 'Translation Services', 'Privacy Policy', 'Nondiscrimination/Accessibility', and 'Copyright © 2020 DMAS'. The footer also includes the text '© 2024 ALL RIGHTS RESERVED'.

Reminders:



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 Provider Search interface. At the top left is the MES logo. Below it is a search form with various fields: First Name, Last Name, Address, City, NPI, Business Name, Location Name, Provider Type (dropdown), Gender (dropdown), Zip Code (dropdown), Specialty (dropdown), and checkboxes for Accepting New Patients and ADA Compliant. To the right of the search form are dropdowns for State, Language, and ADA Compliant. At the bottom of the search form, a note says "At least one more search criteria is required with 'Accepting New Patient' or 'ADA Compliant'." Below the search form are links for Glossary of Terms, Translation Services, Privacy Policy, Nondiscrimination/Accessibility, and Copyright © 2020 DMAS. The bottom right corner of the page says "© 2024 ALL RIGHTS RESERVED".

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>

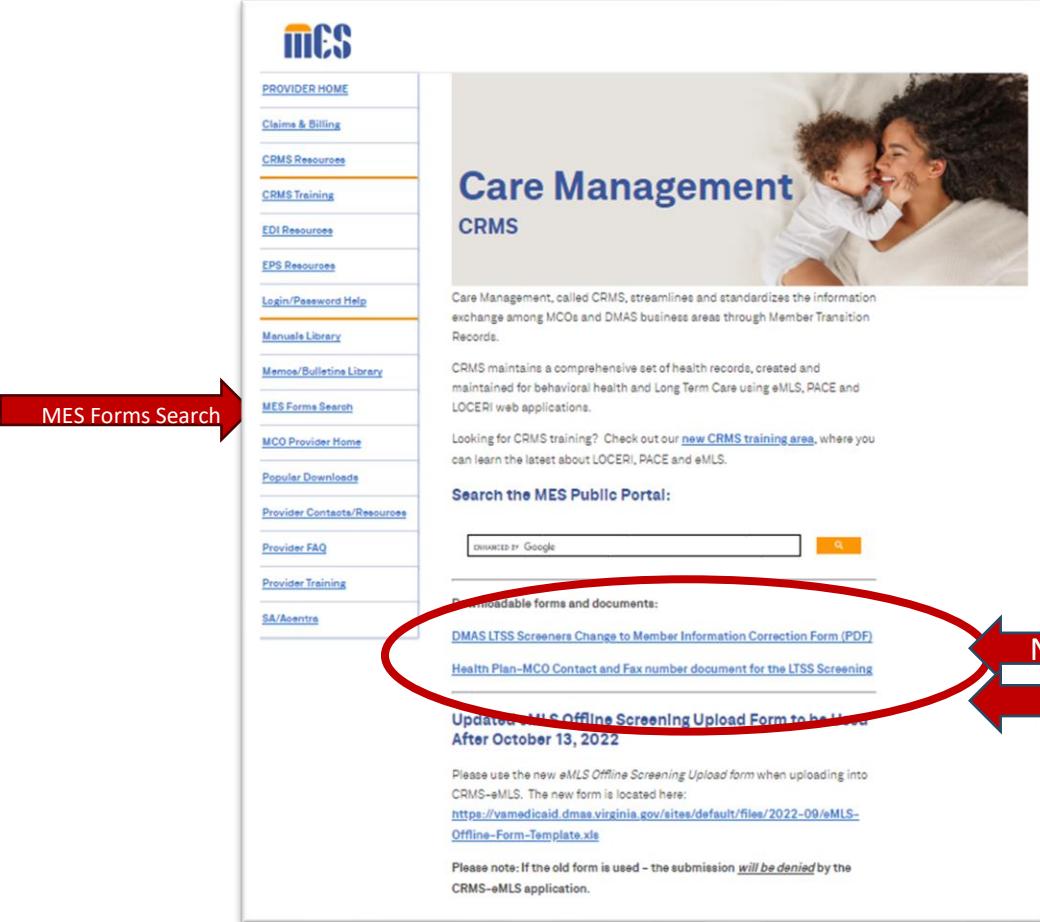
Updated Enrollment Member Correction Form on the MES Homepage

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 completely filled out or they will get sent back.

Downloadable Forms and Documents on the MES Homepage



MES Forms Search

New Enrollment Correction Form

New Health Plan Fax Numbers

The screenshot shows the MES homepage with a sidebar of links. A red arrow points to the 'MES Forms Search' link. A red circle highlights a section of the page containing download links for 'New Enrollment Correction Form' and 'New Health Plan Fax Numbers'. The page also features a 'Care Management CRMS' section with a photo of a woman and a child.

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

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

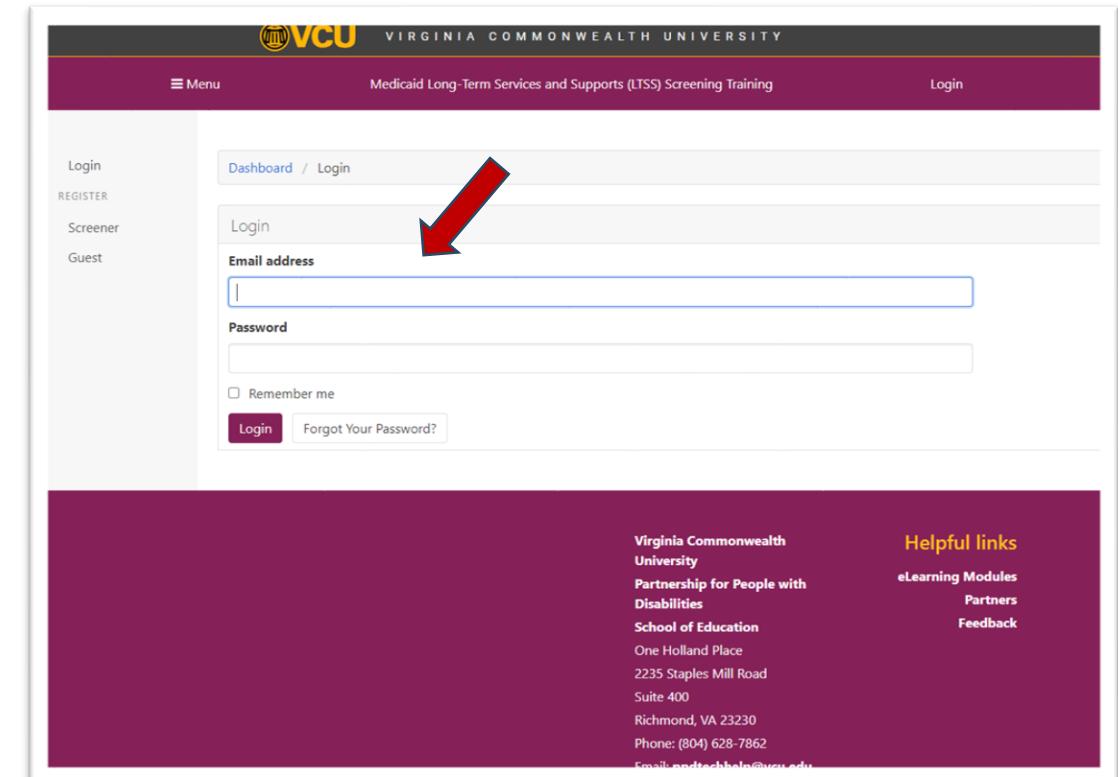
VCU Medicaid LTSS Screening Training and Refresher

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

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



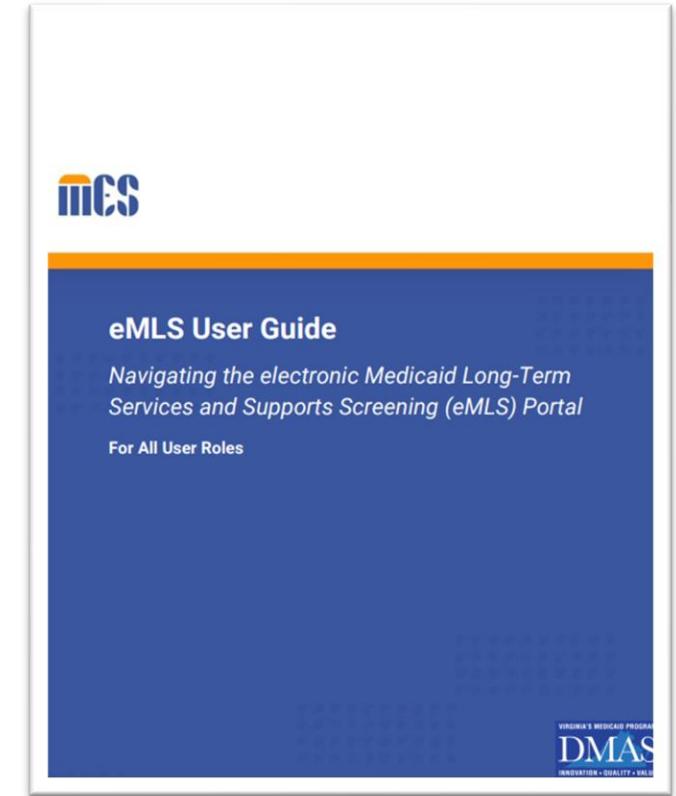
The screenshot shows the login page for the VCU Medicaid LTSS Screening Training. The page has a dark header with the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY'. Below the header is a maroon navigation bar with links for 'Menu', 'Medicaid Long-Term Services and Supports (LTSS) Screening Training', and 'Login'. The main content area has a light gray background. On the left, there is a sidebar with links for 'Login', 'REGISTER', 'Screener', and 'Guest'. The main area is titled 'Login / Dashboard'. It contains an 'Email address' input field with a red arrow pointing to it, an 'Password' input field, a 'Remember me' checkbox, and 'Login' and 'Forgot Your Password?' buttons. At the bottom of the page is a maroon footer with links for 'Virginia Commonwealth University', 'Partnership for People with Disabilities', 'School of Education', 'One Holland Place', 'eLearning Modules', 'Partners', and 'Feedback'.

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

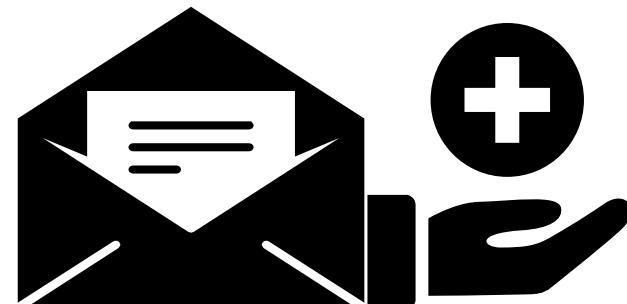
<https://vamedicaid.dmas.virginia.gov/training/crms>

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) or CRMS go to: MES-Assist@dmas.Virginia.gov
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: ppdtechhelp@vcu.edu

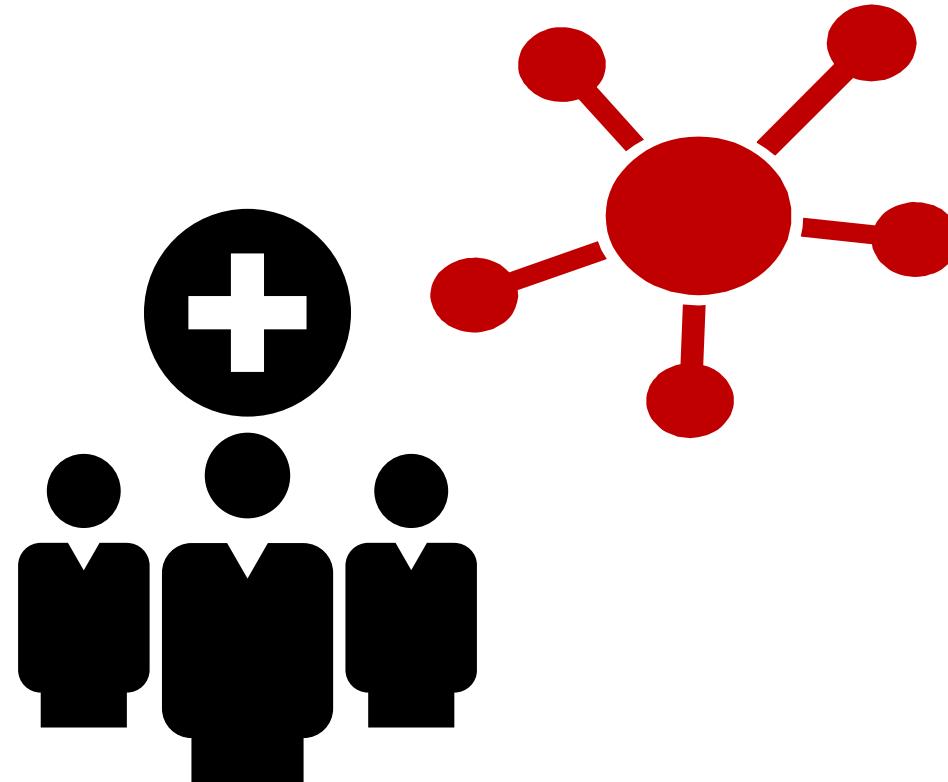


LTSS Screening Connection Call Schedule

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)	March 11	June 10	September 9	December 9
Hospitals	March 12	June 11	September 10	December 10
Nursing Facilities	March 13	June 12	September 11	December 11

Share Information with your Team

- Other Screeners
- Supervisors
- Managers
- Administrative Staff



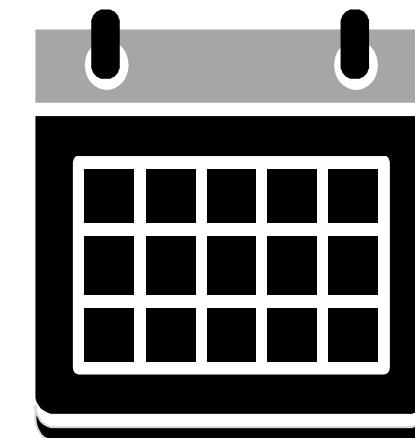


Save the Date:

Community Based and PACE Screening Team Focus

Tuesday, June 10, 2025

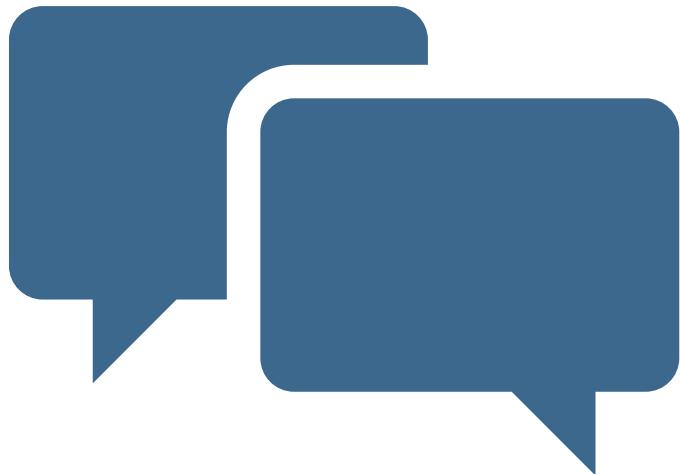
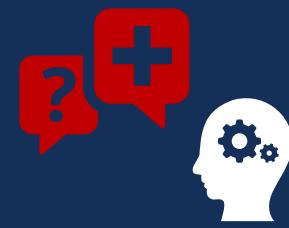
Any team can join the call and listen, but the focus will be on the Community Based and PACE Team



Question and Answer



Q&A



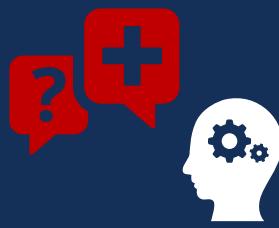
Q: Are we APS supposed to get a copy of the eligibility determination letter that is being sent to the client?

A: For the required LTSS Screening determination letter (Approval or Denial Letter), DSS and VDH must set up a process and decide who sends the determination letter to the individual or their legal representative. Also, make sure that the 97 form is wet ink signed by the individual or legal representative and kept in the individuals file for record and retention. If eligible, provide the approval letter, if not the denial letter with appeal rights is provided. Financial Medicaid isn't required for the LTSS Screening but is needed for the services to start.

Q: Can you ask questions during prescreening for a child screening?

A: During the intake process for LTSS Screening, it should only gather enough information to schedule an appointment. The LTSS Screening laws, manual, and training make it clear that questions about ADLs, Medicaid Nursing Needs, and Risk are to be conducted face to face by the trained LTSS Screening Team. We've found that some screeners are asking too many detailed questions at intake that are not needed to schedule an appointment for LTSS Screening.

Q&A

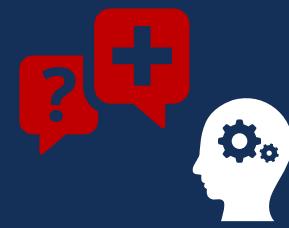


Q: If a client calls in for referral and states they are wanting an aid for after surgery, are we required to screen them? If not, how should we word it?

A: Upon referral, confirm interest in Medicaid LTSS. Provide general program information, eligibility criteria including ongoing Medical Nursing Needs, and an overview of service options (NF and in-home). Explain that a screening is necessary to determine eligibility for Medicaid LTSS and that needs can vary (e.g., post-surgery vs. long-term care). Explain LTSS as a long-term nursing facility level of care program. Always follow and ask if they wish to schedule a screening, as it's their decision. The Screening Team in this scenario is to provide program information to help them decide. Avoid pre-judging their need; offer the screening if requested. Ask: "Would you like to continue with scheduling a LTSS Screening for long-term care nursing facility through one of these three options?" and then if they say yes, then schedule.



Q&A



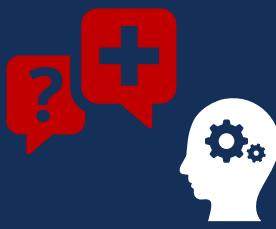
Q: If the client does not provide information and if a signed release is sent to the physician's office and we do not receive a response from medical nursing need, are we permitted to deny the screening?

A: **The Manual/Law requires verification. If verification fails, explain eligibility guidelines and document thoroughly in the Member's summary. (e.g., unable to verify medical nursing need, awaiting member's information which was not provided, appeal rights explained.)**

Q: Can a client's MyChart record in their phones or laptops be accepted as documentation at LTSS screening time?
And what is a reasonable time to allow receipt of documentation after screening after the screening visit?

A: **Yes. MyChart is acceptable for verifying medical documentation, especially since not everyone can easily obtain documents. It is best practice to remind the individual before the scheduled appointment that verification of an ongoing medical nursing need will be required and to have any related documentation available for the appointment. The Screening Team should be able to determine this timeframe based on how many days they have left in their 30 day requirement to get the LTSS Screening completed and signed. Do not let the Screening go beyond the 30 days because you are waiting for this information.**

Q&A



Q: When marked yes, there are ongoing medical nursing needs. Does it need to be repeated in the member summary section or simply that the client has a medical nursing need?

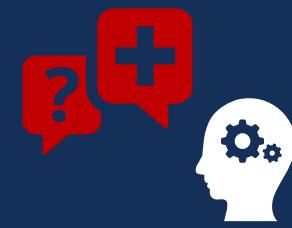
A: The member summary should clearly state the individual meets nursing level of care, including dependencies and medical needs. While comment sections are also reviewed, the summary is the primary location for this information. We are in the process of expanding the character limit of the summary section.



Q: If a client calls in for a referral and states that they are wanting an aid for after surgery. Are we required to screen them? If not, how should we word it?

A: This was answered in an above section. For referrals, obtain consent before scheduling the LTSS Screening with the Legal Representative or the individual. Briefly explain the program/process clarifying if needed, even for self-referrals so that they can make an informed decision. If they wish to proceed, schedule the appointment, as you cannot deny their right to apply. Avoid pre-screening. Assessment of eligibility requires in-person evaluation, not phone inquiries.

Q&A



Q: When asked what type of services are needed and a parent says to be the paid caregiver. What is the response to that?

A: A request for a paid caregiver indicates a possible CCC Plus waiver interest. There are other waivers outside of the LTSS Screening program that offers paid caregiver options, but our expertise is in Medicaid LTSS. Explain this to the parent and review the Medicaid LTSS program and options. Confirm if they wish to proceed with the LTSS Screening. If so, conduct it; if not document it.