



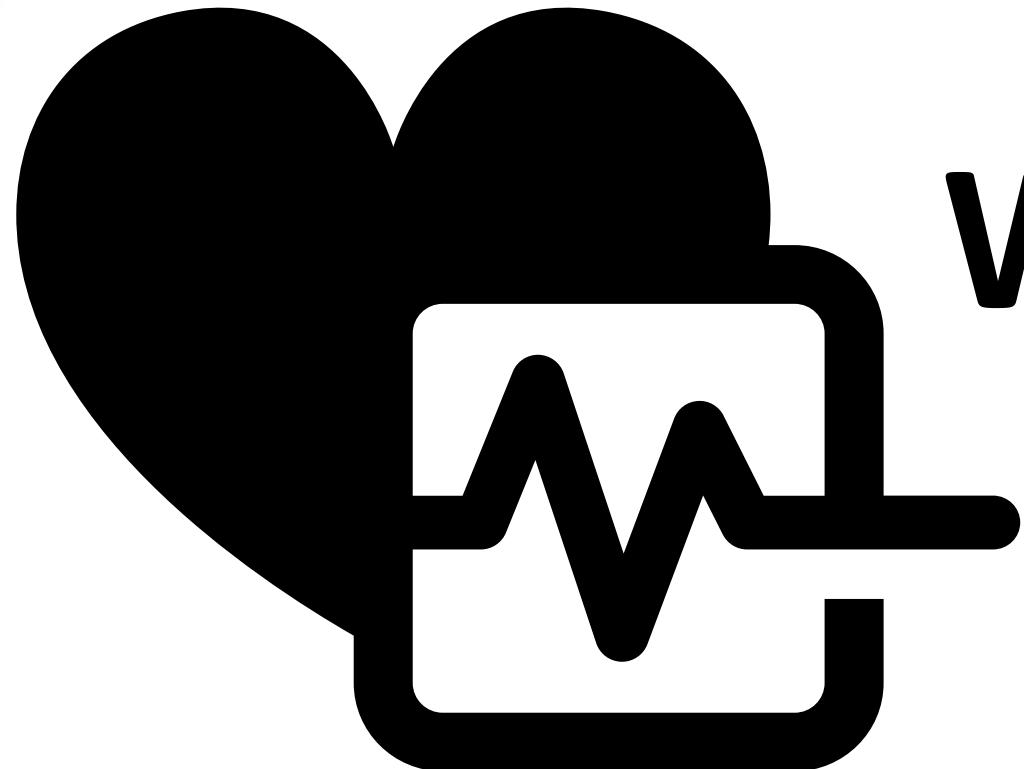
Screening Connections

Hospital Screening Team

March 12, 2025

Office of Community Living



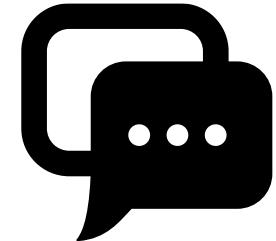


Welcome!
Thank you



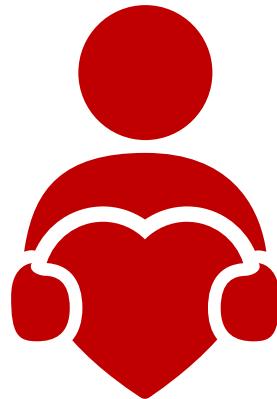
LTSS Screening Connection Call

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

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

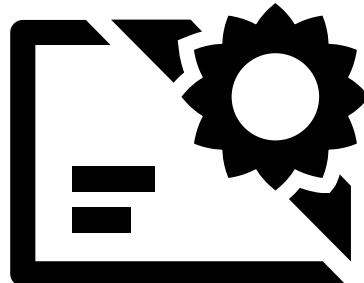
Hospital Teams



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.



Hospital Teams

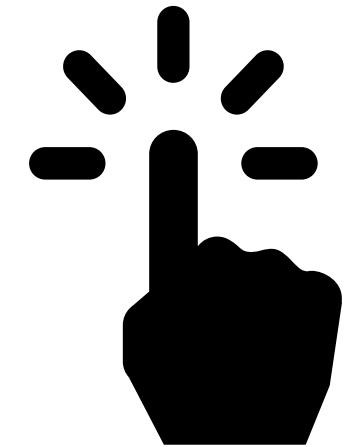
Health Insurance Portability and Accountability Act (HIPAA)
and Protected Health Information (PHI)



DO NOT FORGET to encrypt your emails that contain PHI.

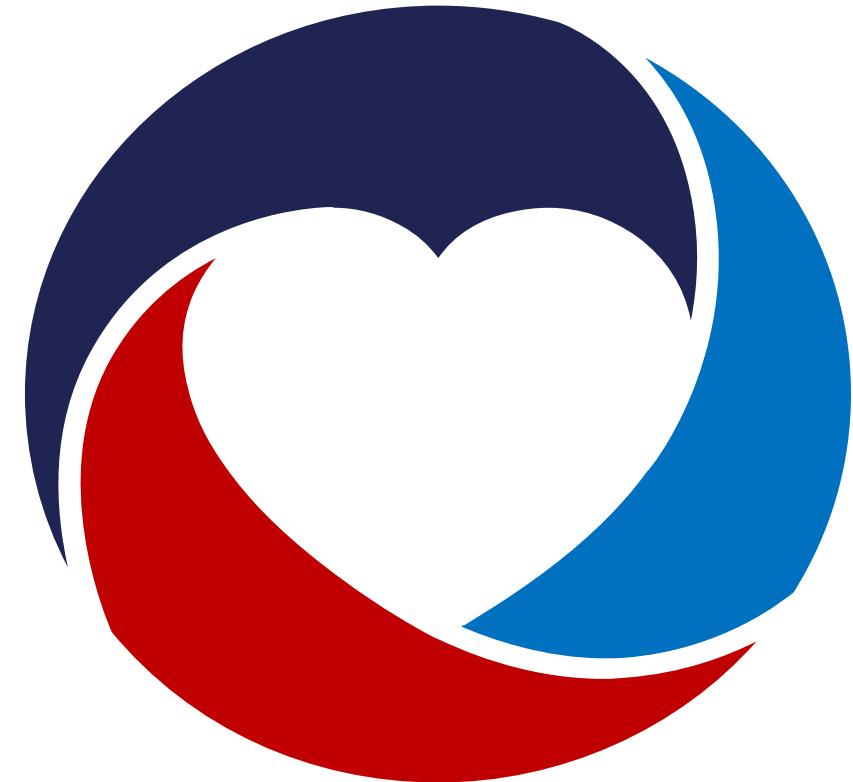
DO NOT put names, social security numbers, or Medicaid Numbers in the Subject Line!

- 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 hospital has conducted. There are record and retention laws.



Todays Agenda:

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





Todays Screening Team Focus: Hospital Teams

Presented by Dena Schall
LTSS Screening Program Specialist



Hospital Data



December 2024-February 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	4128	3	814	21	86	2988	66	150
2025	2829	3	566	10	68	2044	47	99
Feb	1313	2	275	4	29	937	23	43
Jan	1516	1	291	6	31	1107	24	56
2024	1299	-	248	11	26	944	19	51
Dec	1299	-	248	11	26	944	19	51

Not Authorized

LTSS Auth.

LTSS Auth.

Not Authorized

LTSS Auth.

Not Authorized

LTSS Auth.

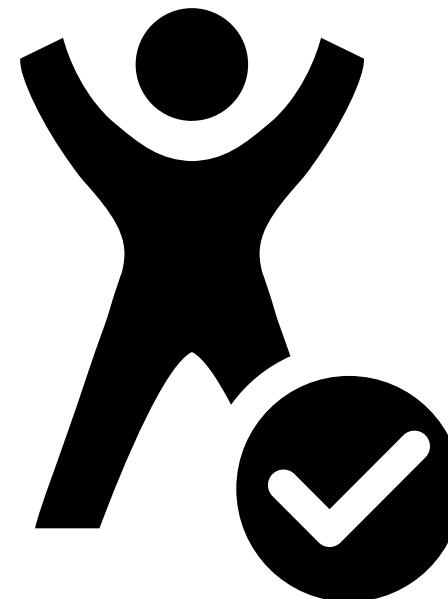


Hospital Data

2024 Hospital Team Highlights-Top 25



Provider Name	# of Screenings
MEDICAL COLLEGE OF VIRGINIA	1423
SENTARA NORFOLK GENERAL HOSP	854
VIRGINIA BAPTIST HOSPITAL	786
WINCHESTER MEDICAL CTR	740
UNIVERSITY OF VIRGINIA HOSP	700
SENTARA LEIGH HOSPITAL	490
AUGUSTA MEDICAL CENTER	469
INOVA FAIRFAX HOSPITAL	459
CHIPPENHAM JOHNSTON-WILLIS	435
ST MARYS HOSP OF RICH	415
HENRICO DOCTORS HOSPITAL	403
VA HOSPITAL CENTER ARLINGTON	399
LEWIS-GALE HOSPITAL INC	396
SOUTHSIDE REGIONAL MEDICAL CENTER	392
RIVERSIDE HOSPITAL	381
LONESOME PINE HOSPITAL	363
MARY WASHINGTON HOSPITAL	363
SENTARA RMH MEDICAL CENTER	351
VA BEACH GEN HOSPITAL	340
CHESAPEAKE GENERAL HOSP	335
SOVAH HEALTH DANVILLE	272
MARYVIEW HOSPITAL LLC	254
SENTARA PRINCESS ANNE HOSPITAL	220
JOHNSTON MEMORIAL HOSPITAL INC	206
LOUDOUN MEMORIAL HOSP	198



Hospital 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)

A screenshot of a computer screen displaying a dropdown menu for "Title". The menu is overlaid on a larger form area. The menu has a white background and a blue header bar with the text "Please Select". Below the header, there are four options: "Registered Nurse (RN)", "Social Worker", and "Other", all in blue text. The "Please Select" option is highlighted with a blue background. The entire dropdown menu is enclosed in a red rectangular border. At the bottom of the form, there is a section titled "Screener 2 Certification Details:" in a dark blue font.



Hospital Teams

Current Update



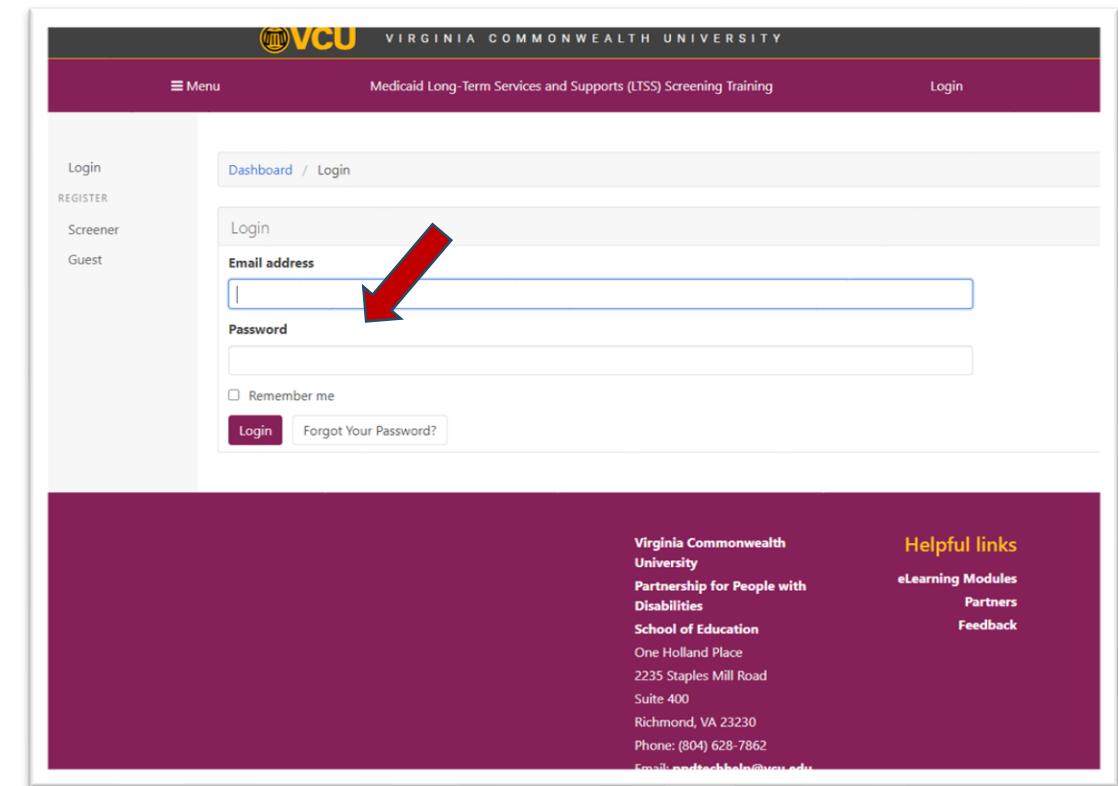
VCU LTSS Screening Training Portal: <https://medicaidltss.partnership.vcu.edu/login>

- 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>

Hospital Teams

Update Coming Soon!

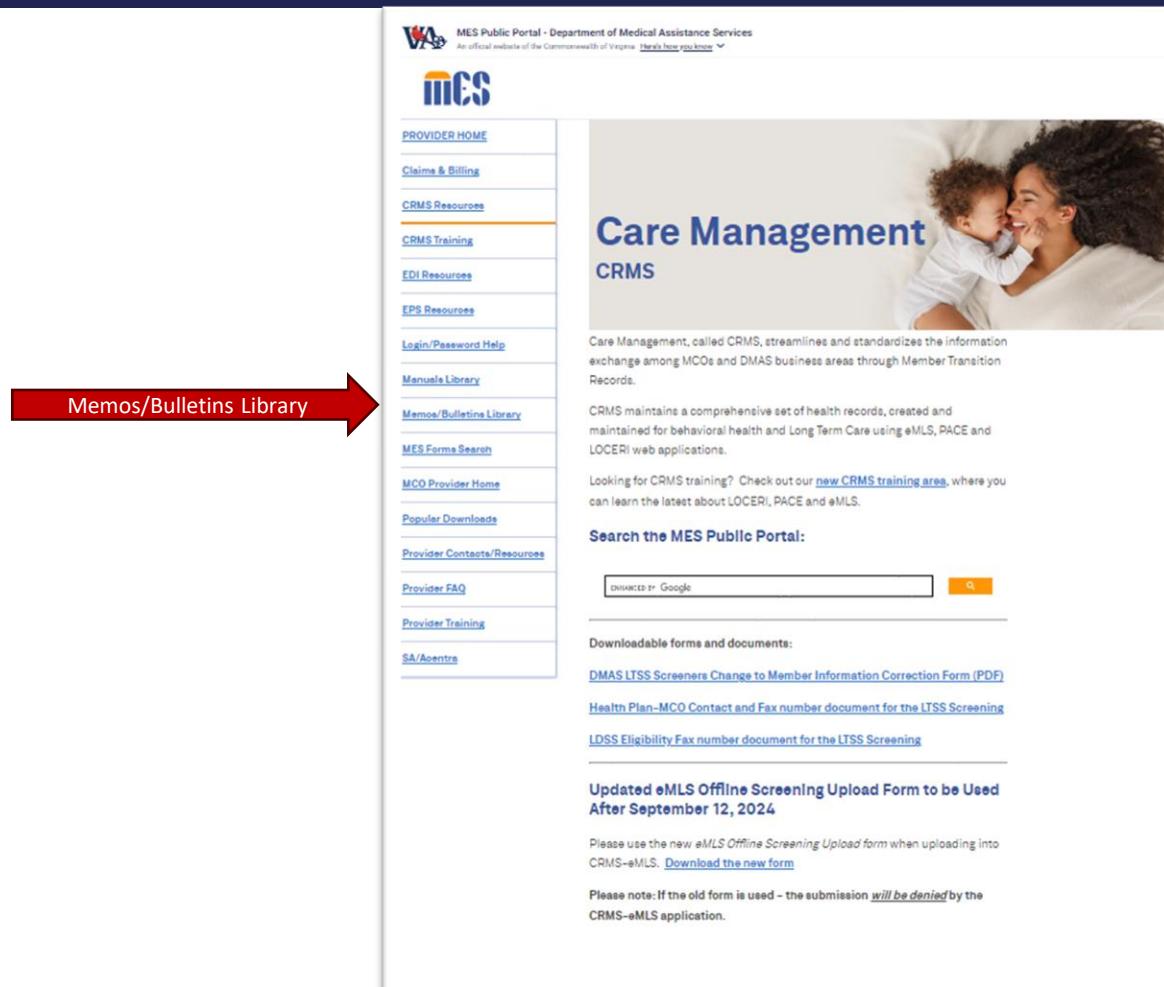


LTSS Screening Manual and Training

- 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



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 Teams

Update Coming Soon!



DMAS will be reaching out to Hospitals around the state to connect, educate, provide resources, and retrieve contacts for your facility.

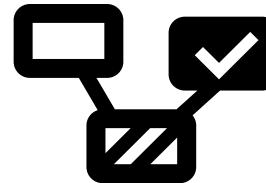
We want to improve:

- Communication
- Connection Call Attendance
- Accuracy of the LTSS Screening



Hospital Teams

Reminders



Primary Account Holder and Delegate Administrator Responsibility

- Primary Account Holders and Delegate Administrators are an administrative role that your Hospital assigns to certain staff to grant access to the Medicaid System. Provider agreements have been made that these designated individuals will adhere to certain security measures.
- They are responsible for finding out a Delegate or Users role on the LTSS Screening Team and giving them appropriate access. Each user should only have ONE role (Viewer, Creator, or Approver) unless they are a Physician, NP, or PA Approver.
- Physician, NP, and PA Approvers who may have both accesses should not sign off in both the Screener section and Physician Authorizer section on the Screening.

Example: Screeners should NEVER have Creator and Approver roles assigned.

PAH and DAs 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.



Hospital Team Reminders



Virginia Department of Correction (VDOC)

If an inmate is in the Acute Care Hospital, is inpatient, and the VDOC or individual directly requests a LTSS Screening, it should be completed. If there are additional issues, contact DMAS at ScreeningAssistance@dmas.virginia.gov.

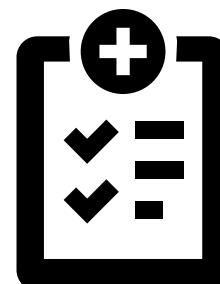


Hospital Team Reminders



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

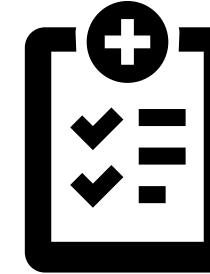
- ADLs, Medical Nursing Needs, and Risk assessments should reflect their status the day of discharge.
- It is important that the LTSS Screenings are accurate.
- If an individual is discharging from an Acute Care Hospital to a Rehab Hospital, it is best practice for the LTSS Screening to be conducted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



Hospital Teams



Reminders:



Scoring and Rating: Medical Nursing Needs

- For Medical Nursing Needs, there should be documentation to specify the ongoing medical/nursing need in eMLS. Provide this information in the Members Summary.
- 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 needed.



Hospital Teams



Reminders:

Scoring and Rating: Medical Nursing Needs

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.



Quick Overview:

Continuing Issues:

Hospitals will no longer be responsible for conducting any LTSS Screenings on individuals discharging from the Hospital to a Skilled Nursing Facility.

Hospital LTSS Screening Teams are responsible for conducting LTSS Screenings on individuals (with the legal representative's approval, if applicable) who are:

- In Inpatient status, have Medicaid or are Medicaid Pending, and **those who directly request a Screening from the team or are referred AND**
- **Are discharging straight to either the Long-Term Custodial Nursing Facility or**
- **Are discharging home with a need or interest for Home and Community Based Services (HCBS) such as the CCC Plus Waiver or PACE.**

Quick Overview:

Continuing Issues:

It is important for Hospitals to ask the Nursing Facility what level of care the individual will be admitting to the NF under:

- Level 1: Intermediate Care or Custodial Nursing Facility
- Level 2: Skilled Nursing Care or Skilled Nursing Facility

This is how the Hospital will know whether to conduct a LTSS Screening or not for those individuals going to a Nursing Facility. If it is Level 2 then no LTSS Screening is conducted but if it is a Level 1 then yes.

Quick Overview:

Continuing Issues:

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.

Hospital Team



Let us know if you need help at
ScreeningAssistance@dmas.virginia.gov



Special Topic



Legally Responsible Individual (LRI) and Paid Caregivers:





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?

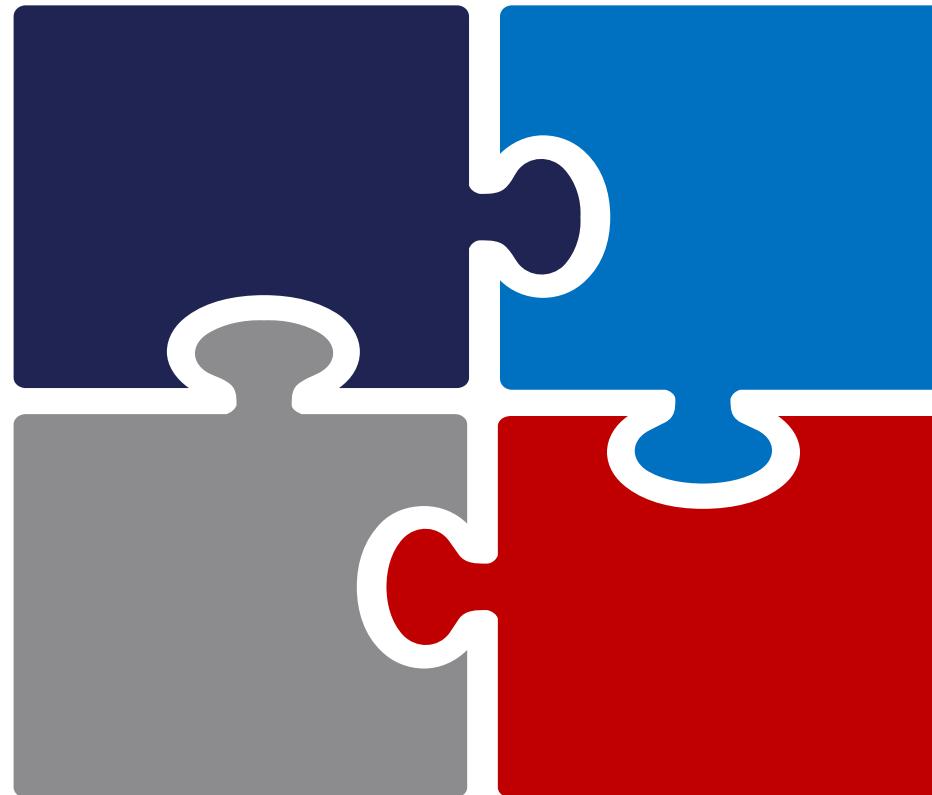
- The caregiver must be at least 18 years of age, have a valid Social Security number, and authorized to work in the United States.
- The caregiver must successfully pass a criminal background check through the Virginia State Police and a child protective services background check if they are providing 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'.



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:



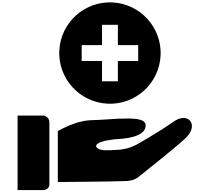
Record and Retention Laws

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>

The screenshot shows the MES Provider Search interface. At the top left is the MES logo. To the right is a 'search Provider' input field and a 'MES Home' link. The main search area contains several input fields and dropdown menus for searching by First Name, Last Name, Address, City, NPI, Provider Type, Zip Code, Business Name, Location Name, Gender, Specialty, Language, and State. There are also two checkboxes: 'Accepting New Patients' and 'ADA Compliant'. Below these fields is a note: 'At least one more search criteria is required with "Accepting New Patient" or "ADA Compliant".' At the bottom are 'Search' and 'Reset' buttons, and a footer with links to 'Glossary of Terms', 'Translation Services', 'Privacy Policy', 'Nondiscrimination/Accessibility', and 'Copyright © 2020 DMAS'.

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 Provider Search 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 'ADA Compliant' (checkbox) again. A note at the bottom left says 'At least one more search criteria is required with 'Accepting New Patient' or 'ADA Compliant''. At the bottom are 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". 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**



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>

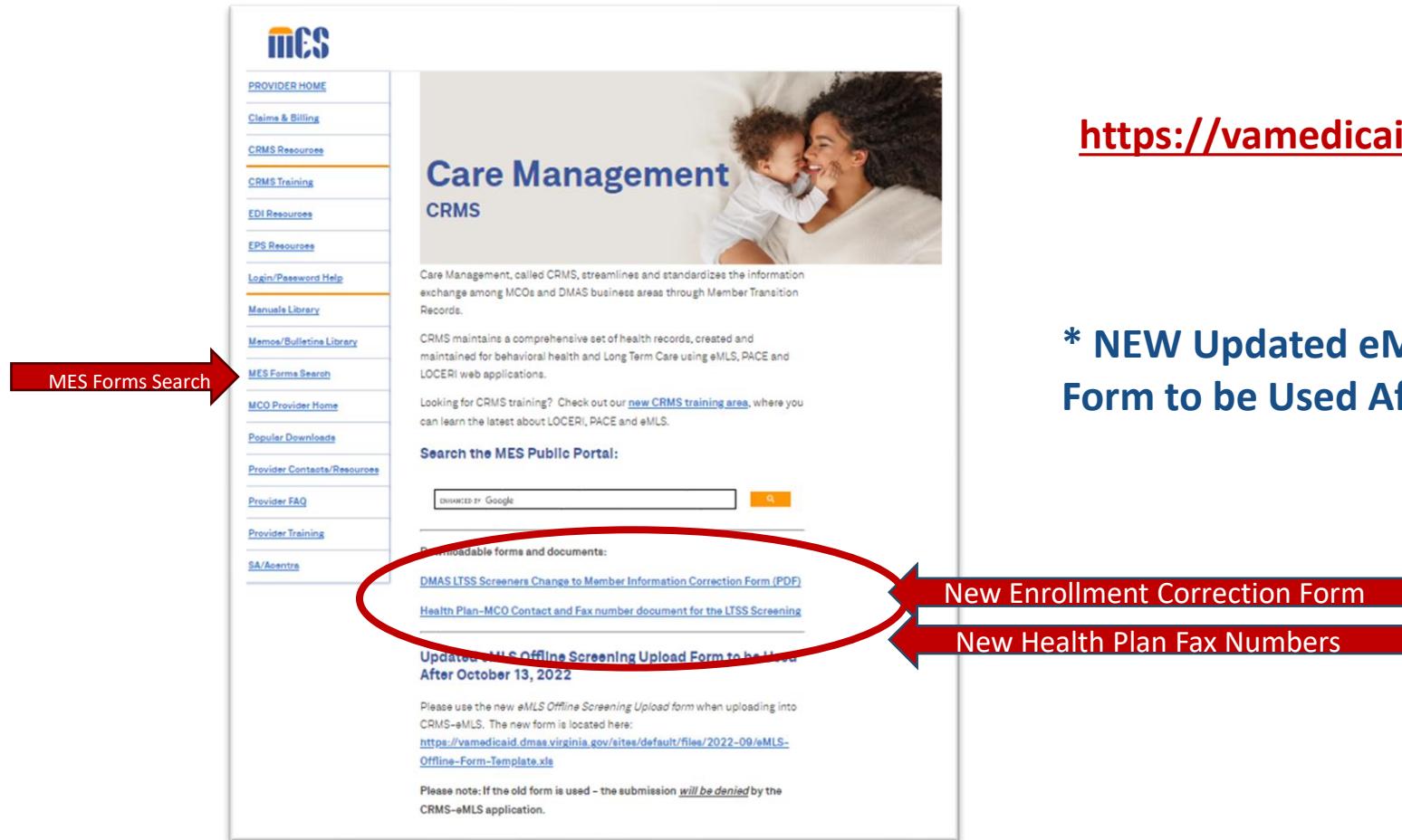
Updated Enrollment Member Correction Form on the MES Homepage

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

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](#)
- Updated eMLS Offline Screening Upload Form to be Used After October 13, 2022**

Please use the new eMLS Offline Screening Upload form when uploading into CRMS-eMLS. The new form is located here:
<https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-09/eMLS-Offline-Form-Template.xls>

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

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

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

New Enrollment Correction Form

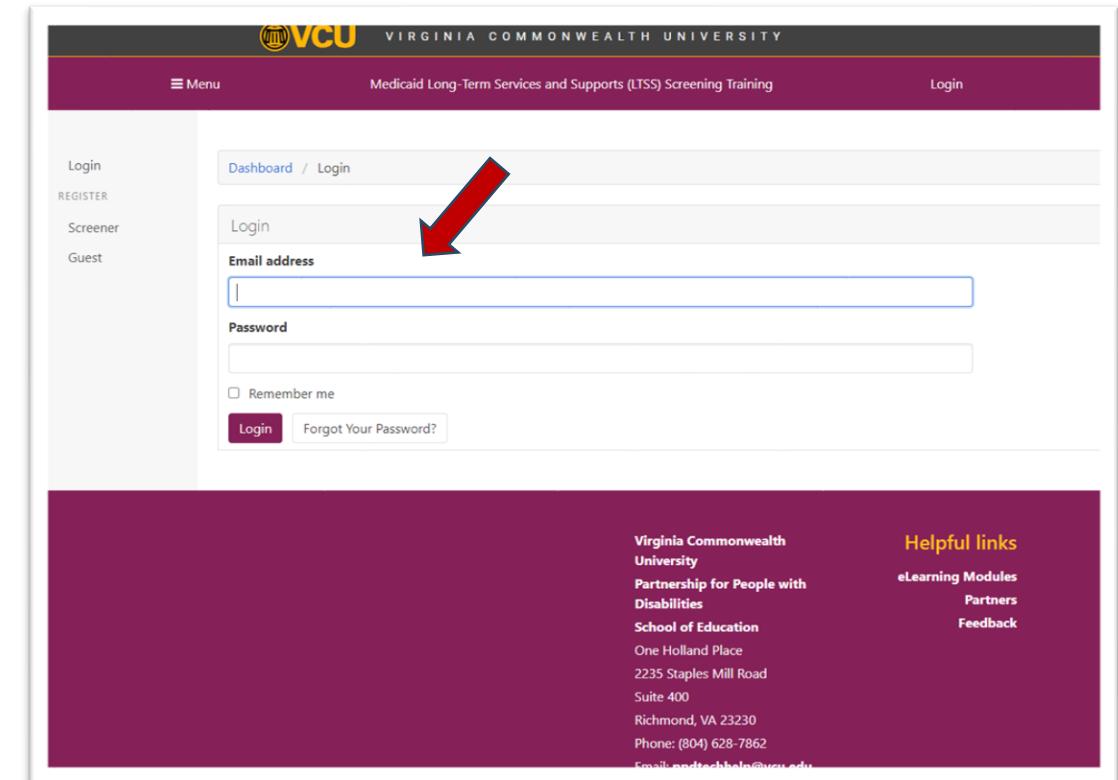
New Health Plan Fax Numbers

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 header with the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY'. Below the header, there are navigation links for 'Menu', 'Medicaid Long-Term Services and Supports (LTSS) Screening Training', and 'Login'. The main content area has a light background. It features a 'Login' button, a 'Dashboard / Login' link, and a 'Logout' link. Below these are fields for 'Email address' and 'Password', with a 'Remember me' checkbox. At the bottom are 'Login' and 'Forgot Your Password?' buttons. A red arrow points to the 'Email address' input field. The footer is dark with white text, containing links to 'Virginia Commonwealth University', 'Partnership for People with Disabilities', 'School of Education', 'eLearning Modules', 'Partners', and 'Feedback'.

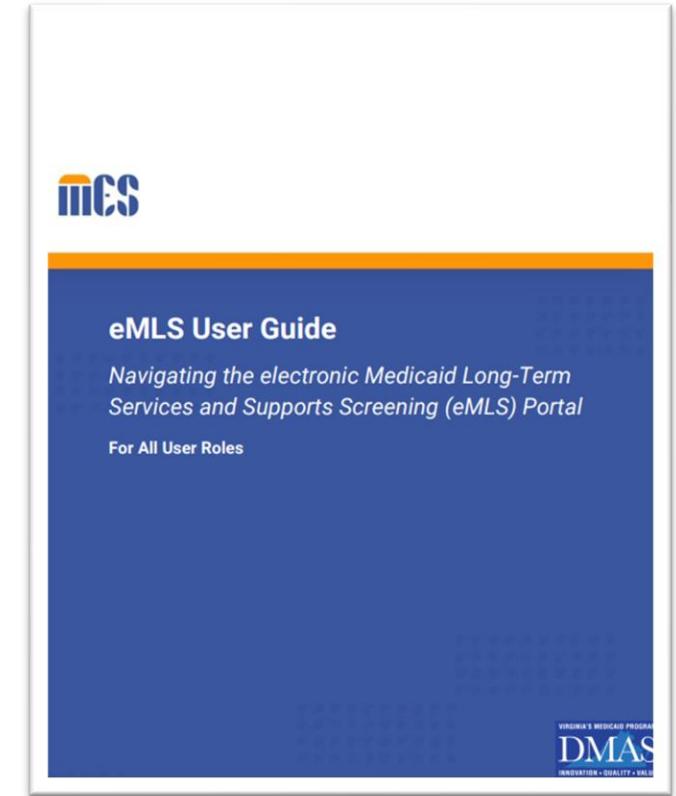
Note: In the process of updating the Manual and Training.

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

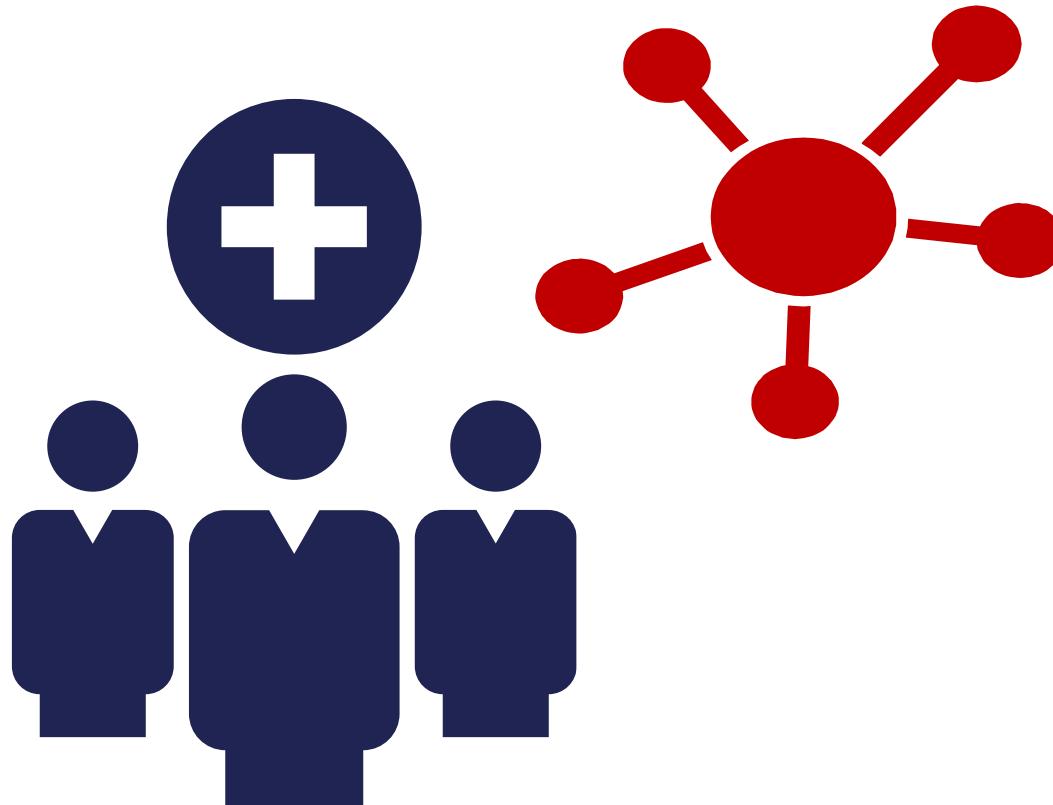


LTSS Screening Connection Call Schedule

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



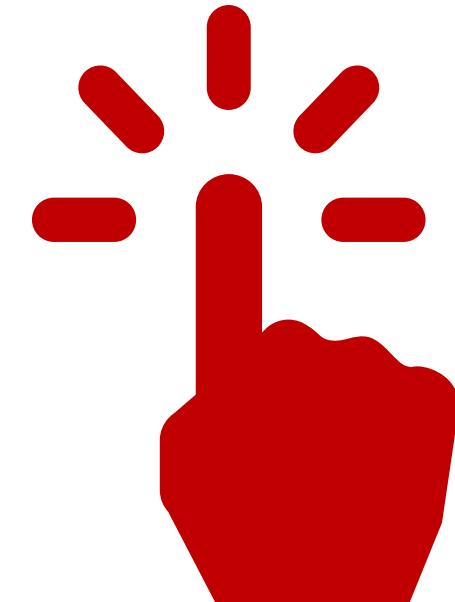


Save the Date:

Hospital Screening Team Focus

Wednesday June 11, 2025

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



Question and Answer



Q&A



Q: I am a Family Services specialist and sometimes my client says that the hospital will not do a LTSS screening. I have called the hospital before asking if they could do a screening for a client that's in their hospital and sometimes they do not do it. What can be done about that?

A: If a hospital inpatient states they requested a screening, but it wasn't initiated, submit a referral. However, hospitals aren't required to share patient information when contacted, and the patient may have declined or are not in inpatient status. If the patient confirms they requested a screening and it is not being honored, contact ScreeningAssistance@dmas.virginia.gov and we will investigate, as there may be factors like observation status or miscommunication. Screening Assistance can review and handle these complaints.



Q: Is it still appropriate to try to determine if the patient's condition will improve within 30 days and if it will, they do not qualify for long term services? For example, a leg fracture.

A: Yes. Base Medicaid LTSS Screening eligibility on current medical judgement regarding whether the condition is considered ongoing and not expected to improve. If denied and the individual's condition declines in the future, the individual can request another LTSS Screening. Focus on the patient's current condition and typical expectations, relying on medical judgement.

Q&A



Q: Medical conditions should be lifelong in order to qualify, correct?

A: Refer to the manual, which reflects the law. To qualify under medical nursing, they must meet one of the three criteria. 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. Document this in the member's summary.

Q&A



Q: If a patient is not an inpatient and asks for screening, is it required? Of course, we would do a screening if the patient needed to go directly to a facility from the hospital, regardless of their inpatient or outpatient status.

A: Medicaid Guidelines state that individuals who are inpatient in a Hospital who have a need or interest for Medicaid LTSS, those who have Medicaid or are pending Medicaid, and those who directly request a LTSS Screening should receive one. However, Screenings are only conducted on patients in observational status or in the ER or ED for individuals with an imminent need (facility placement, APS involvement). In these cases, immediate need overrides standard screening protocols. If they request a screening in the ER/ED or observation status and do not have an imminent need then the individual should request a LTSS Screening from the CBT once they return home.

Q: Why can't VDSS see if hospitals have completed LTSS screenings?

A: Due to security, we don't give global access to all LTSS Screenings. You can only see the screenings that your team conducted. However, entering the person's social or Medicaid number will display an information card with details like the last screening date, who conducted it, and contact information. For a full copy, contact the provided email. If issues arise, contact ScreeningAssistance@dmas.virginia.gov.



Q&A



Q: Is the password reset only applicable to actual screeners or is this password reset applicable to all individuals that complete the VCU training?

A: No, this password reset applies to all Medicaid LTSS VCU training account holders. Both Guests and Screeners must reset their passwords.

Q: Will physicians have to change their passwords too?

A: Only physicians who participate on the LTSS Screening Team who sign and authorize LTSS Screenings in eMLS. Those authorizing physicians who completed the VCU LTSS Screening training will have to change their password. Most Hospitals designated specific physicians for LTSS Screening, not necessarily all physicians who work at the Hospital.