



# Screening Connections

**Nursing Facility Screening Team**

**December 12, 2024**

*Office of Community Living*



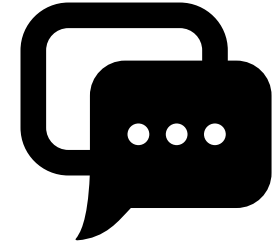


# Welcome!

Thank you for your hard work!

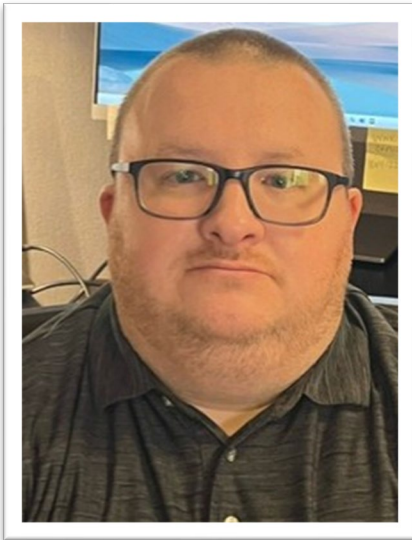
# LTSS Screening Connection Call

## Logistics

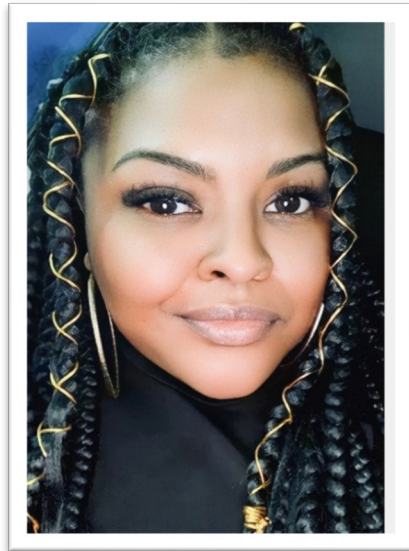


- Post your questions for today’s session in the **Chat box**.
- Click the “Chat” bubble icon at the top of the screen to maximize the Chat feature.

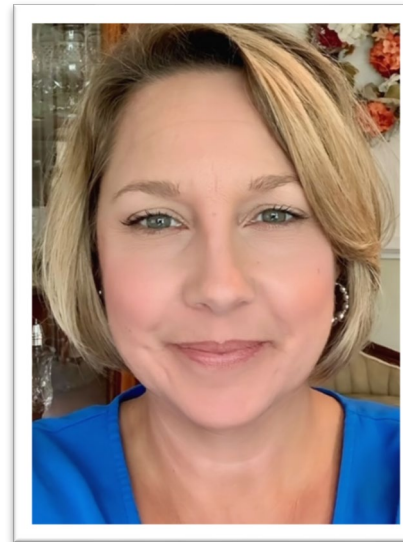
# DMAS Office of Community Living (OCL) LTSS Screening Program Staff



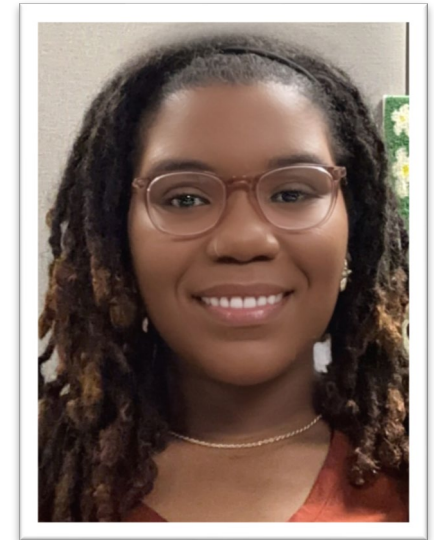
**Ryan Fines**  
LTSS Screening Supervisor



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



**Dena Schall**  
Technical Assistance for  
Screening Assistance Mailbox  
and eMLS

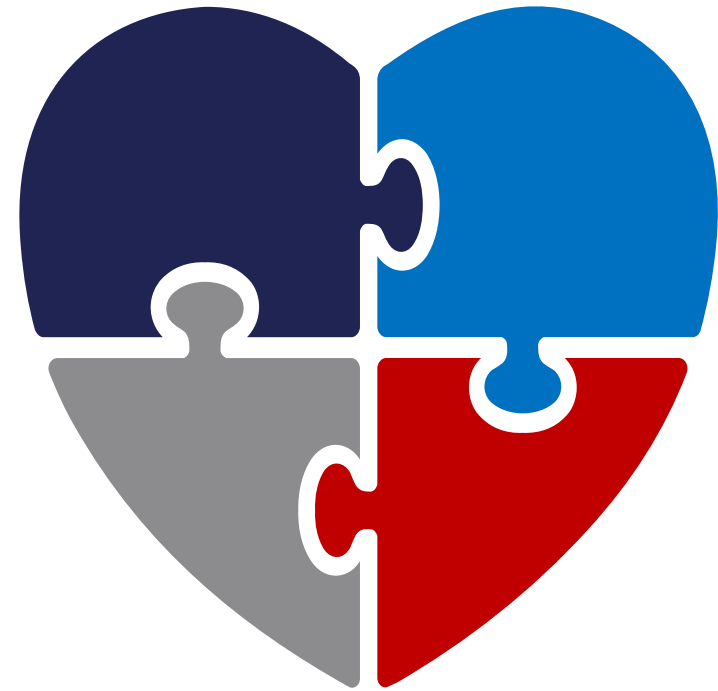


**Whitney Singleton**  
Technical Assistance for  
Screening Assistance Mailbox  
and PASRR

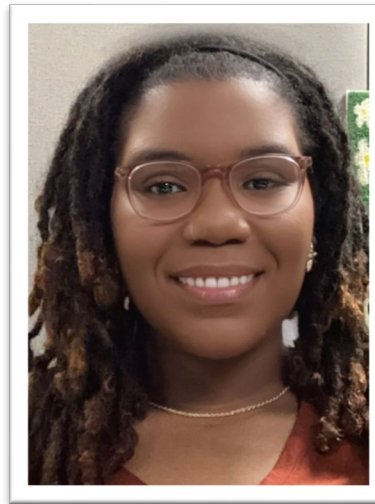
**Send all LTSS Screening Questions to [ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov)**

# Today's Agenda:

- **Data and Tools**
- **Reminders and Updates**
- **Quick Review and PASRR**
- **Frequently Asked Questions**
- **Question and Answer Period**



# Today's Screening Team Focus: Nursing Facility



Presented by Whitney Singleton  
LTSS Screening Program Specialist

# Nursing Facility Data



## September - November 2024

	Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
<b>Grand Total</b>	<b>931</b>	<b>1</b>	<b>75</b>	<b>8</b>	<b>832</b>	<b>12</b>	<b>3</b>
Nov	315	-	24	1	289	1	-
Oct	362	1	25	7	320	9	-
Sep	254	-	26	-	223	2	3

Accepted – Authorized LTSS Screenings

Accepted – **NOT** Authorized LTSS Screenings

# Nursing Facility Team

## Program Management and Data Monitoring Tool



**It is important for each Screening Team to monitor their LTSS Screenings. This makes for a better flow in the process from start to completion.**

Screening Teams should know:

- **All Screenings In Approval status waiting on the Physician to sign off.**
- Screenings that are In Progress status and need to be finished.
- Number of approved Authorized or Not Authorized Screenings conducted by your team.
- Monitor PDN Screenings "In Review" waiting on a DMAS secondary Reviewer.
- How many Screenings are being voided by your team for corrections.
- Total number of Screenings being conducted by your team.

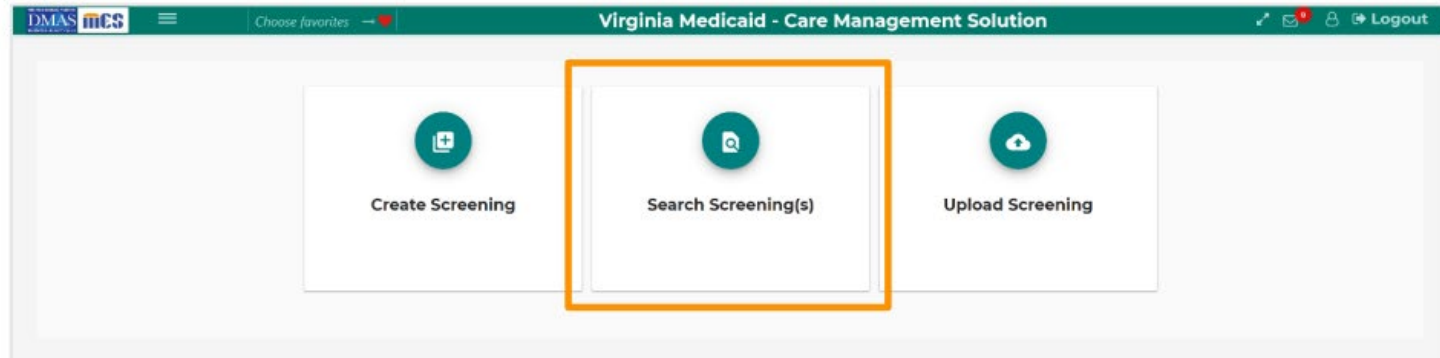
**Clean up unwanted Screenings or those started but not completed by your team.**

**There should not be random Screenings left incomplete in eMLS.**



# Nursing Facility Team

## Program Management and Data Monitoring Tool



Q Screening's Search

Last Name	First Name	Date Of Birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Please Select"/>
SSN	Medicaid ID	Screening ID	Provider NPI/API
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Status	Screening From Date	Screening To Date	
<input type="text" value="In Approval"/>	<input type="text" value="10/28/2023"/>	<input type="text" value="10/26/2024"/>	

- Filter search by Status and put in a date range.
- Date range only goes back a year.
- It is suggested to pull data for the year each time.
- The data pulled is based on the Screening Date not Physician Date.



# Nursing Facility Team

## Program Management and Data Monitoring Tool



### Status options to filter:

Status	<p>The status of the assessment currently Status options include:</p> <ul style="list-style-type: none"><li>● Accepted - Authorized</li><li>● Accepted - Not Authorized</li><li>● Cancelled</li><li>● In Approval</li><li>● In Correction PDN</li><li>● In Progress</li><li>● In Review PDN</li><li>● Void</li></ul>
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# Nursing Facility Team

## Program Management and Data Monitoring Tool



Screening's Search

Last Name:

First Name:

Date Of Birth:

Gender:

SSN:

Medicaid ID:

Screening ID:

Provider NPI/API:

Status:

Screening From Date:

Screening To Date:

[Search](#) [Reset](#) [Download Report](#)

1079 record(s) retrieved using the search criteria.

Search screenings with Screening ID, Last Name, First Name, DOB, Gender...etc

<p><b>[REDACTED]</b> <a href="#">View Approval</a></p> <p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medicaid ID / SSN: [REDACTED] Level of Care: [REDACTED] NPI: [REDACTED]</p> <p><a href="#">View</a></p>	<p><b>[REDACTED]</b> <a href="#">View Approval</a></p> <p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medicaid ID / SSN: [REDACTED] Level of Care: [REDACTED] NPI: [REDACTED]</p> <p><a href="#">View</a></p>	<p><b>[REDACTED]</b> <a href="#">View Approval</a></p> <p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medicaid ID / SSN: [REDACTED] Level of Care: [REDACTED] NPI: [REDACTED]</p> <p><a href="#">View</a></p>
<p><b>[REDACTED]</b> <a href="#">View Approval</a></p> <p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medicaid ID / SSN: [REDACTED]</p>	<p><b>[REDACTED]</b> <a href="#">View Approval</a></p> <p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medicaid ID / SSN: [REDACTED]</p>	<p><b>[REDACTED]</b> <a href="#">View Approval</a></p> <p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medicaid ID / SSN: [REDACTED]</p>



# Nursing Facility Team

## Program Management and Data Monitoring Tool



A screenshot of a web browser displaying the "Virginia Medicaid - Care Management Solution" search interface. The browser's address bar shows the URL "https://crms.vamedicaid.dmas.virginia.gov/crmsportal/#/crms/pas/searchAssessments". The page header includes the DMAS logo and navigation links. The main content area is titled "Screening's Search" and contains several input fields: Last Name, First Name, Date Of Birth (with a calendar icon), Gender (a dropdown menu), SSN, Medicaid ID, Screening ID, Provider NPI/API, Status (a dropdown menu with "In Approval" selected), Screening From Date (with a calendar icon), and Screening To Date (with a calendar icon). Below these fields are three buttons: "Search", "Reset", and "Download Report" (which is highlighted with a red box). A green banner below the search area states "1079 record(s) retrieved using the search criteria." A search bar at the bottom of the page contains the text "Search screenings with Screening Id, Last Name, First Name, DOB, Gender...etc". A "Downloads" window is open in the top right corner of the browser, showing two files: "eMLS\_Search\_Report\_2024\_10\_28\_130746.xlsx" (highlighted with a red box) and "securedoc\_20241025T102318.html".

Select Download Report to generate a Report of your Data



# Nursing Facility Team

Program Management and Data Monitoring Tool



Let us know if you need help at  
[ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov)

# Nursing Facility Team

## Communication Reminders:



**SEND ALL QUESTIONS TO SCREENING ASSISTANCE EMAIL AND NOT TO PERSONAL EMAILS.**



- Staff members are getting multiple people emailing and calling them directly.
- Screening Teams should not give the public DMAS staff's direct phone numbers for issues that can be sent to the SA email.

**Sending the issue to SA email ensures your question does not go unanswered should that staff member be out of the office and allows for tracking of guidance issued.**



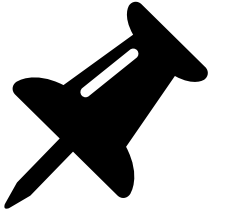
# Nursing Facility Team



## Communication Reminders:

When emailing Screening Assistance, please include:

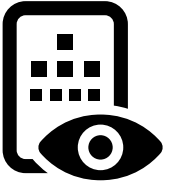
- Your name
- Place of employment
- Phone number
- Individual's full name, DOB, and Medicaid ID or SSN
- Summary of issue, including the name and contact information for any party in which you want us to contact.



**This allows us to research your inquiry and contact all necessary parties.**

**DO NOT FORGET to encrypt your emails that contain PHI.**





# Update: DMAS Monitoring

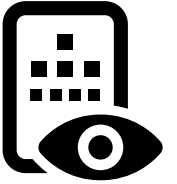
DMAS will be auditing LTSS Screenings periodically across the state

Will be monitoring for:

- Thorough justification to support that the individual meets NF level of Care Criteria: Functional, Medical/Nursing Needs, and At-Risk Categories (eMLS Comment section for each category)
- Members Summary to have a complete picture of the individual's condition and situation.

**We have noticed that some Screeners are not putting sufficient information in these sections.**



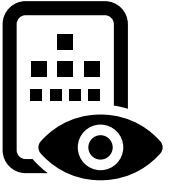


# Update: DMAS Monitoring:

## DMAS Audits:

### NF level of Care Criteria: Functional

- Does the Functional sections (ADLs, Behavior and Orientation, Medication Administration, and Joint Motion) match what is described about the individual in the case summary and other sections.
- Did the Screener appropriately use the LTSS Screening manual to score/rate the individual.



# Update: DMAS Monitoring:

## DMAS Audits

### NF level of Care Criteria: Medical/Nursing Needs and Comment section

**Medical/Nursing Needs**

Based on member's overall condition, assessor should evaluate medical and/or nursing needs.

**Are there ongoing medical/nursing needs? \***

No  Yes

Describe ongoing medical/nursing needs:

1. Evidence of medical instability
2. Need for observation/assessment to prevent destabilization
3. Complexity created by multiple medical conditions
4. Why member's condition requires a physician, RN, or trained nurse's aide to oversee care on a daily basis

**Comments \***

500 Characters remaining  
Comments required field

Physician's Name/Title

Other's Name/Title

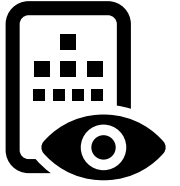
Date

Date

[← Back](#) [Save & Continue →](#)



# Update: DMAS Monitoring:



## DMAS Audits

NF level of Care Criteria: Care Giver, Care Giver Comment section, and Members Case Summary

**Caregiver Assessment** Reset Clear

**Indicators of Adult Abuse and Neglect:** While completing the assessment, if you suspect abuse, neglect or exploitation, you are required by Virginia law, Section 63.1 , 55.3 to report this to the local Department of Social Services, Adult Protective Services.

Does the member have an informal caregiver? \*

No  Yes

Where does the caregiver live? \*  Caregiver Living required field

Is the caregiver's help? \*  Caregiver Help required field

Has providing care to the member become a burden for the caregiver? \*  Burden For Caregiver required field

Describe any problems with continued caregiving: \*

250 Characters remaining  
Describe Problems required field

**Preferences**

Member's preferences for receiving needed care  75 Characters remaining

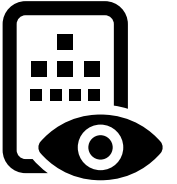
Family/Representative's preferences for member's care  75 Characters remaining

Physician's comments (if applicable)  75 Characters remaining

Member's Case Summary \*

1000 Characters remaining  
Summary Comments required field





# Update: DMAS Monitoring:

## DMAS Audits

### NF level of Care Criteria: At-Risk and Comment section

The screenshot displays a web interface for DMAS monitoring. At the top, there are four tabs: 'At-Risk' (highlighted in red), 'DMAS-96', 'DMAS-97', and 'DMAS-96(Part-B)'. Below the tabs is a green header bar with the text 'At Risk' and 'Reset' and 'Clear' buttons. The main content area contains a question: 'In absence of long term services and supports, is the individual at risk of needing the level of care provided in either a nursing facility, specialized care nursing facility, or long-stay hospital within the next 30 days? \*'. Below the question are two radio buttons: 'No' and 'Yes' (selected). A large text area for 'Comments \*' is present, with the placeholder text 'Describe how/why the individual is At-risk'. At the bottom of the comment field, it says '500 Characters remaining' and 'Comments required field'. At the bottom of the form are two buttons: 'Back' and 'Save & Continue'.



# Update: DMAS Monitoring:

## DMAS Audits

Examples of real comments given for Medical/Nursing Needs, At-Risk, and Case Summary sections:

### 20. Medical/Nursing Needs

Are there ongoing medical/nursing needs?

Yes

Comments

SEE MEDICAL RECORD

**This is the same as leaving it blank.**

### 2. At-Risk Service

In absence of long term services and supports, is the individual at risk of needing the level of care provided in either a nursing facility, specialized care nursing facility, or long-stay hospital within the next 30 days?

Yes

Comments: **Left blank.**



### Case Summary

EMS REPORTS: POSSIBLE GI BLEED; PT WAS SEEN AT [REDACTED] HOSPITAL FOR SAME SX, CONTINUED SX; FAMILY AND PT REQUESTED TO COME HERE TO [REDACTED]

SOURCE OF INFORMATION: PATIENT , NIECE AT BEDSIDE,

**This does not tell us what is actually going on with the individual after evaluation, how it affects ADLs or other Criteria, and their need for LTSS.**

# Quick Overview:

## Accessing Nursing Facility Level of Care

In order to meet the level of care required for long-term services offered in the CCC Plus Waiver, PACE, or a nursing facility, an individual must be assessed for:

1. Functional Capacity
2. Medical or Nursing Need
3. At - Risk

# Quick Overview:

## Accessing Nursing Facility Level of Care

There are three different ways to meet the criteria for functional dependency:

1) Dependent in 2 or more ADLs, **plus**

- semi-dependent or dependent in behavior and orientation, **plus**
- semi-dependent or dependent in joint motion **OR**
- dependent in medication administration.

2) Dependent in 5-7 ADLs **plus** dependent in mobility,

**OR**

3) Semi-Dependent **OR** Dependent in 2-7 ADLs,  
**plus**

dependent in mobility, **plus**  
dependent in behavior **and**  
orientation

# Quick Overview:

## Nursing Facility Screening Team Overview

### **SNF admission transitioning to Custodial Long-Term Care**

**Hospitals will no longer be responsible for conducting LTSS Screenings on individuals discharging from the Hospital to a Skilled Nursing Facility (Short Term-LTC Portal Level 2).**

- The NF should conduct the screening within 3 business days of the individual transitioning from SNF to Custodial long-term care with the intention of Medicaid as the payor source.
- It no longer matters if they are Medicaid or Non-Medicaid members at admission. The NF is to screen them both if they are in the SNF and there is a need for Medicaid LTSS.
- The Screening must be fully completed and in Accepted Authorized status within **three (3) business days (Mon-Fri) of initiating Long-Term Custodial NF care** to receive Medicaid reimbursement from the initiation date. Any screening done within the three business days will be allowed to have the admission line put in on the date of that admission. Day 1 is the day they went into Long Term Custodial NF Care.
- **If the Screening is NOT completed, within the 3-business day period, Medicaid LTSS payment will not begin until the Physician's signature date on an appropriate LTSS Screening in Accepted-Authorized status.**



# Quick Overview:

## Nursing Facility Screening Team Overview Continued

### Individuals discharging with an interest or need for CCC Plus Waiver or PACE

This includes individuals who admitted for short term skilled care and the LTSS Screening was not required

AND

Individuals who were custodial long-term care who do not have a tangible Screening to pass along.

(Individual admitted under special circumstance or exemption)

- The NF is to conduct the LTSS Screening before discharge home.
- Best practice is for the Screening to be conducted as close to discharge as possible.

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

# Quick Overview:

## Nursing Facility Screening Team Overview Continued

### Community Based Individual with Imminent need of NF Placement

The Nursing Facility may collaborate with the CBT to conduct the LTSS Screening if the CBT cannot conduct the Screening within 30 days of the request.

The Nursing Facility MUST document the agreement for the NF to conduct the Screening in their records.

- This documentation should include the individual's name, Medicaid identification number, name of the CBT contact, name of the NF staff member, and the details of the agreement.
- The documentation may need to be shared with DMAS or the Medicaid Health Plan for proper reimbursement.

**As a reminder, if the individual is deemed to NOT meet NF level of care after they are in your facility, the NF MUST ensure a safe discharge. The discharge planner, social worker, or MCO case manager (if applicable) should assist the member with community resources.**

# Quick Overview:

## Nursing Facility Screening Team Overview Continued

### Population Exclusions and Special Circumstances

- LTSS Screenings are now required for scenarios where the individual **admitted SNF from out of state, a DBHDS facility, or a Veterans/military hospital**. The exemption will no longer follow them through.
- THE NF team is to conduct the LTSS Screening within 3 business days of the individual transitioning to custodial long-term care.
  - 2. Individual who resides out-of-state and seeks direct admission to a Virginia nursing facility.
  - 3. Individual who is an inpatient in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seeks direct admission to a Virginia nursing facility.
  - 4. Individual who is a patient or resident of a state owned/operated facility by Department of Behavioral Health and Developmental Services (DBHDS) and seeks direct admission to a Virginia NF.

# Quick Overview:

## Nursing Facility Screening Team Overview Continued

### Population Exclusions and Special Circumstances

Population exclusions and special circumstances have been updated in the LTC portal. Changes to the DMAS 80 are coming soon!

- Private pay individual (not expected at time of Admission to need Medicaid) admission to a Virginia nursing facility.
- Individual who resides out of state and seeks direct admission to a Virginia nursing facility (ICF Custodial NF only).
- Individual who is an inpatient in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seeks direct admission to a Virginia nursing facility (ICF Custodial NF only).
- Individual who is a patient or resident of a state owned/operated facility by Department of Behavioral Health and Developmental Services (DBHDS) and seeks direct admission to a Virginia NF (ICF Custodial NF only).
- A screening shall not be required for enrollment in Medicaid hospice services as set out in 12 VAC 30-50-270.
- The individual was enrolled in Home and Community Based LTSS (CCC Plus Waiver or PACE) and received services within 30 days prior to admission.
- The individual was covered under the Governor's Public Health Emergency for COVID 19 for individuals who came from a Hospital to a Virginia nursing facility from the dates of 3/13/2020-6/31/2021 or 1/10/2022-3/22/2022.
- Non-Medicaid Nursing Facility Admission for skilled nursing care.

# Quick Overview:

## Nursing Facility Screening Team Overview Continued

### Individuals admitted directly to Custodial long-term care without a valid LTSS Screening: 6-month penalty

If a NF admits anyone straight to custodial long-term care without a valid screening or applicable special circumstance, the NF will have a six-month penalty unless sufficient evidence is provided to indicate that the admission without Screening was of no fault of the NF. (This excludes cases where the NF and CBT has a documented agreement for the NF to conduct the Screening)

The NF will:

- Wait six months following the individual's admission to initiate LTSS NF enrollment
- Conduct the LTSS Screening following current guidelines
- Once the LTSS Screening is Accepted-Authorized, complete the DMAS 80 and send it to the appropriate entity.
  - DMAS 80 must include individual's original admission date and the date LTSS NF enrollment is to begin, which MUST be 6 months after the individual's admission date.

**The NF screening team may perform a LTSS Screening on any individual who was previously not screened prior to admission to the Nursing Facility for Custodial long-term care. 6-month penalty applies.**

# Quick Overview:

## LTSS 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.

# Quick Overview:

## LTSS Screening Validity

- Screening must have all its required forms and be in Accepted Authorized status for Medicaid LTSS to begin (CCC Plus Waiver, PACE, and Long-Term Custodial NF)
- Screening must be for the correct individual and correct Medicaid Number/Social Security Number (except for rare circumstances in adoption cases-contact SA for these cases). The Medicaid ID and Social Security Number are directly related to how the Screening is attached in the Medicaid MES System. If this is incorrect, it could cause issues with payment because the LTSS Screening will not be found in the system under correct identifying information.
- Be within the General Timelines (listed in previous slide).
- If the individual already has Medicaid LTSS and this is a transition from one LTSS to another then the original Screening used to enroll the individual into LTSS is used and passed onto the new provider. Keep in mind Screenings conducted prior to July 1, 2019, may be under continuity.

# Pre-Admission and Resident Review (PASRR)



## Hospital to Nursing Facility Process

## UPDATE!

For individuals who are discharging from the Hospital to the Nursing Facility and do not need a LTSS Screening, it is best practice for THE HOSPITAL to conduct the PASRR Level I and referral for Level II , if warranted, as the Hospital is currently providing treatment/care and has the most reliable information.

- This includes those:
  - Admitting to the Skilled Nursing Facility where the LTSS Screening is no longer required
  - Who have a previous valid LTSS Screening authorizing CCC Plus waiver or PACE that did not warrant the PASRR
  - Who have a previous valid LTSS Screening but outdated PASRR
- The Hospital will **conduct the PASRR Level I and II Referral, if warranted, on the paper 95 forms** and pass along the results to the NF before admission (this includes waiting for the results of the level II from DBHDS). The PASRR in this scenario will not go into eMLS by the Hospital Screener. The NF team will transcribe the information into eMLS if/when they need to conduct the LTSS Screening.
- It's important to use the DMAS 95 Level I form or Non-Medicaid 95 form and the DMAS 95 Level II Supplemental Forms, so that all needed information for the system is captured. Please go to MES Homepage, forms library to download these forms.
- Individuals coming from the Hospital to Long Term Custodial, without a valid Screening on file, will obtain a LTSS Screening with the bundled PASRR.



# Pre-Admission and Resident Review (PASRR)



## Community to Nursing Facility Process

**The NF is responsible for conducting the PASRR Level I and referral for Level II, if warranted, for individuals admitting to the Nursing Facility from the Community who:**

- **have a valid LTSS Screening authorizing CCC Plus waiver or PACE that did not warrant the PASRR**
- **have a valid LTSS Screening but outdated PASRR**
- The PASRR is required before admission (this includes waiting for the results of the level II from DBHDS). The NF can use the DMAS 95 or Non-Medicaid 95 Level I Form and a paper Level II 95 Supplemental Form if a Level II referral is warranted. The PASRR in this scenario will not go into eMLS.
- **The CBT will continue to conduct the PASRR when conducting LTSS Screening for individuals residing in the community and choosing Nursing Facility placement.**

**The CBT does NOT go out to conduct ONLY the PASRR.**

# Pre-Admission and Resident Review (PASRR)



## PASRR Reminders

PASRR is federally required prior to admission for ALL new admissions to a Medicaid certified NF (regardless of payor source).

A **new admission** is everyone who is NOT readmitting to a facility from a hospital to which he or she was transferred for the purpose of receiving care.

**Any intervening return to the community, will require a new PASRR.**

# Continuing Issues:

## Issues

If you have issues with a Hospital not knowing the new LTSS Screening guidelines, please contact [ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov).



# Continuing Issues:



## Nursing Facility Screening Team Best Practices

- **Must have at least an RN and Physician (NP or PA) signing off on each Screening!**
- Can have other Assessors such as a Social Worker/LPN but must have a RN sign along with them on the Screening.
- Set up an organized system for identifying when to conduct a screening and notifying the Physician (NP or PA) when to go in and electronically sign off.
- Assign or set up additional and back up team members for when staff are sick, on vacation, on unexpected leave, retirements, increased volume of needed screenings, etc.
- Inquire and Utilize Corporate staff to help as appropriate.
- Know who your Primary Account Holder and Delegated Administrators are!

# Continuing Issues:



## Screening Team Requirements

- 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.
- For individuals enrolled in a Medicaid Health Plan-MCO, forward the completed Screening packet to the health plan. Contact and FAX numbers are listed on the MES Homepage. Failure to do so, may delay care!
- **Screeners are responsible for sending a copy of the DMAS 96 form only to the local DSS benefits staff where the individual resides. FAX numbers are listed on the MES Homepage.**
- **Be responsive to Providers, MCO's, and individuals who request copies of LTSS Screenings your agency has conducted.**

# Continuing Issues:



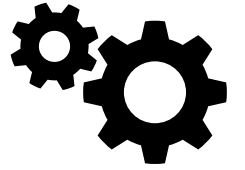
## Screening Corrections: Correcting Key Demographic Information

To correct an error made to an individual's name, SSN, Medicaid ID, DOB, gender, race, or DOD error message you must complete the **Enrollment** Member Correction Form found on the MES Homepage (**Note: This form has been updated**)

Enrollment Member Corrections Forms are to be sent to [PatientPay@dmas.virginia.gov](mailto: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).**
- Detailed instructions are provided on the form.

# Frequently Asked Questions:

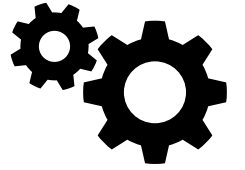


## **Topic: Invalid LTSS Screening**

**Q: We were told by another entity that a resident's LTSS Screening was valid. After admitting the individual to custodial long-term care, the MCO informed us that the Screening was NOT valid and is refusing to enter our level into the portal for reimbursement. Will this be considered "no fault of our own" waiving the 6-month penalty?**

**A: No, the nursing facility is responsible for knowing LTSS Screening guidelines and reviewing Screenings for accuracy and validity prior to admitting an individual. Your facility will incur a 6-month penalty, in which, you will not receive Medicaid reimbursement and may not bill the individual.**

# Frequently Asked Questions:



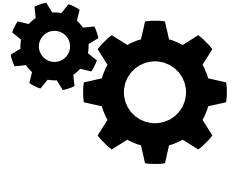
## **Topic: NF conducted LTSS Screening without RN**

**Q: Our facility has ONLY our social worker conducting LTSS Screenings. Are these Screening valid? Will we have to re-do all those Screenings?**

**A: LTSS Screenings conducted by the NF Screening team with ONLY a social worker are NOT valid. A new Screening conducted by a RN will be required before Medicaid LTSS can begin.**



# Frequently Asked Questions:

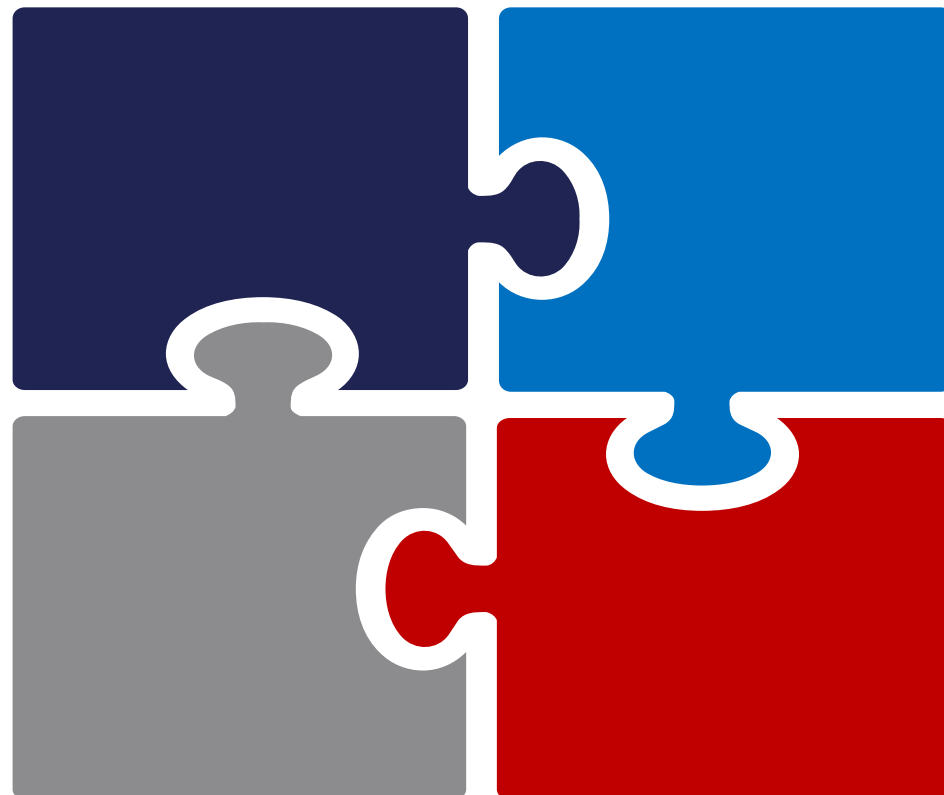


## **Topic: New Screener needs eMLS access**

**Q: I am new Screener at a nursing facility and need eMLS access to conduct Screenings. Can you help?**

**A: Your facility's Primary Account Holder or Delegated Administrator must issue your access to eMLS. Screening assistance is unable to identify who is the PAH or DA for your facility.**

# Resources:



# Connection Call Power Points

Posted on the DMAS Website:  
[www.dmas.virginia.gov](http://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 interface. At the top, the navigation menu includes 'Applicants', 'Members', 'Providers', 'Appeals', 'Data', and 'About Us'. A red arrow points to the 'Providers' tab. A dropdown menu is open under 'Providers', with a red arrow pointing to the 'Benefits & Services' option. Below this, the main heading is 'Benefits & Services for Providers'. A second red arrow points to the 'Long Term Care' category in a grid of service areas. The grid includes: Behavioral Health, Dental, Long Term Care, Pharmacy and Drug Formularies, School Based, Telehealth, Transportation, and Waivers.

<b>Behavioral Health</b> Providing an array of behavioral health and addiction and recovery treatment services through Managed Care Organizations, CCC Plus and Medallion 4.0, and through the Behavioral Health Services Administrator.	<b>Dental</b> Virginia's Medicaid Smiles For Children program offers comprehensive dental services to children, adults, and pregnant members.	<b>Long Term Care</b> Nursing Facilities, Specialized Care Nursing Facilities, Long-Stay Hospitals, Home Health and more.	<b>Pharmacy and Drug Formularies</b> Reference site for the Preferred Drug List and Prior Authorization Programs, as well as for information on upcoming changes.
<b>School Based</b>	<b>Telehealth</b>	<b>Transportation</b>	<b>Waivers</b>

# 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 screenshot of a "Fax" cover sheet form from the company "maximus". The form is titled "Fax" in the top left and "maximus" in the top right. The subject line reads "Subject: Virginia PASRR Level II Referral". The form contains several fields: "To Name:" with the value "Assessment Pro", "To Fax Number#:" with the value "(877) 431-9568", and "Reason for referral:" with the value "check one". On the right side, there are three fields: "From Name:" with a blank line, "From Fax #:" with a blank line, "Resident Review:" with a checkbox, and "Preadmission Screening:" with a checkbox. A large QR code is positioned in the lower right quadrant of the form.

# 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 <u>HealthKeepers Plus</u>	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>

# Downloadable Forms and Documents on the MES Homepage

The screenshot shows the MES homepage with a sidebar on the left containing various navigation links. The main content area features a 'Care Management CRMS' header with a photo of a woman and a child. Below the header, there is a search bar and a section titled 'Downloadable forms and documents:' which lists two PDF links. A red arrow points from the 'MES Forms Search' link in the sidebar to the search bar. A red oval highlights the 'Downloadable forms and documents:' section, with two red arrows pointing to the links for 'DMAS LTSS Screeners Change to Member Information Correction Form (PDF)' and 'Health Plan-MCO Contact and Fax number document for the LTSS Screening'.

<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

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

The screenshot shows the login interface for the VCU Medicaid LTSS Screening Training. The page has a purple header with the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY'. Below the header, there is a navigation bar with a 'Menu' icon, the page title 'Medicaid Long-Term Services and Supports (LTSS) Screening Training', and a 'Login' link. The main content area is a white box with a 'Dashboard / Login' breadcrumb. The login form includes a 'Login' label, an 'Email address' input field (highlighted by a red arrow), a 'Password' input field, a 'Remember me' checkbox, and 'Login' and 'Forgot Your Password?' buttons. The footer is purple and contains contact information for the Partnership for People with Disabilities and helpful links for eLearning Modules, Partners, and Feedback.

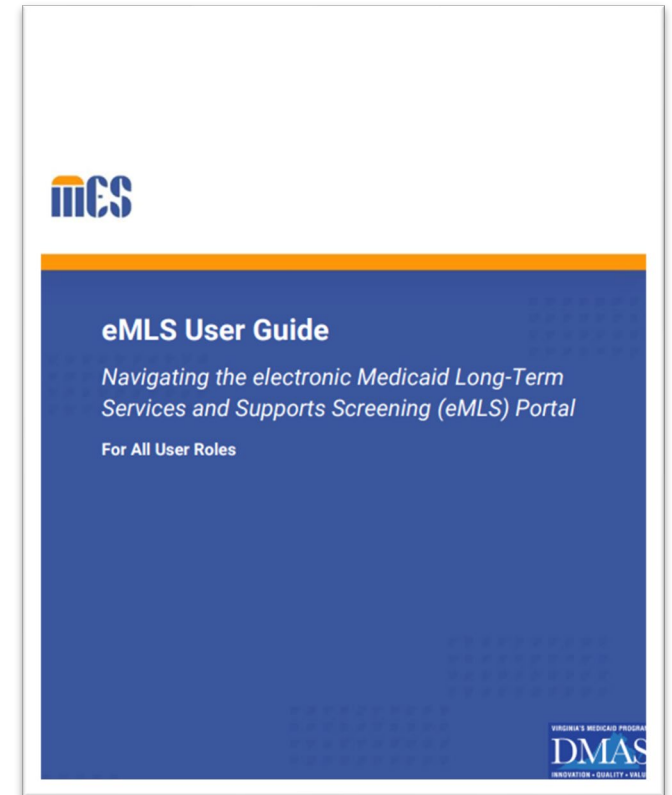


# Use eMLS User Guide and Training

- 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



# 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 'Search Provider' interface for the Medicaid Provider Search Tool. The page features the MES logo in the top left and a 'MES Home' link in the top right. The search form includes the following fields and options:

- First Name: Text input field
- Last Name: Text input field
- Gender: Dropdown menu (Select Gender...)
- Address: Text input field
- City: Text input field
- Zip Code: Text input field
- State: Dropdown menu (Select State...)
- NPI: Text input field
- Provider Type: Dropdown menu (Select Provider Type...)
- Specialty: Dropdown menu (Select Specialty Type...)
- Language: Dropdown menu (Select Language...)
- Business Name: Text input field
- Location Name: Text input field
- Accepting New Patients: Checkbox
- ADA Compliant: Checkbox

Below the form, a note states: "At least one more search criteria is required with 'Accepting New Patient' or 'ADA Compliant'." At the bottom of the form are 'Search' and 'Reset' buttons. The footer contains links for 'Glossary of Terms' and 'Translation Services', 'Privacy Policy' and 'Nondiscrimination/Accessibility', and 'Copyright © 2020 DMAS'. A small copyright notice '© 2024 ALL RIGHTS RESERVED' is also present.

# 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.

**MES**

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

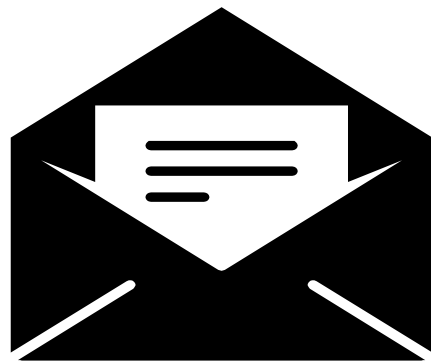
At least one more search criteria is required with "Accepting New Patient" or "ADA Compliant".

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

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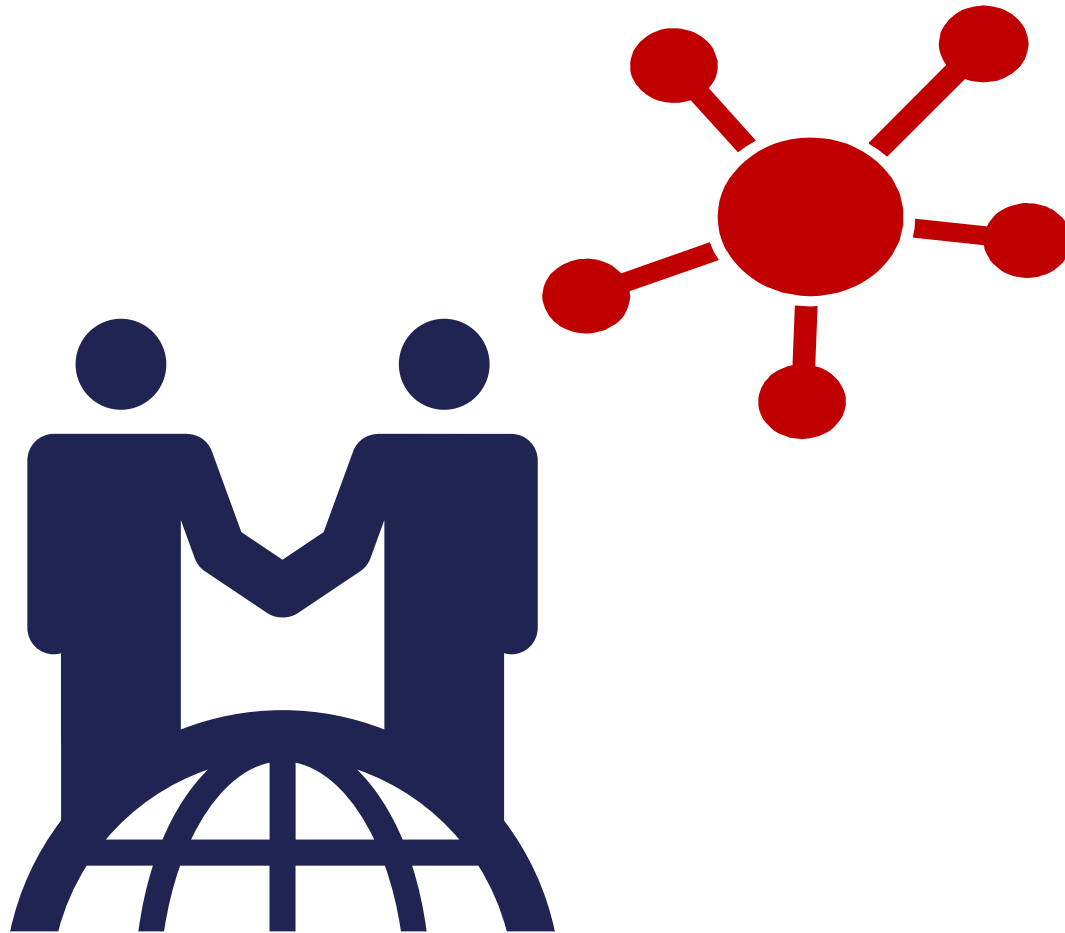
# Need Help?

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



# Share Information with your Team

- Other Screeners
- Supervisors/Managers
- MDS Coordinators
- Billing Staff
- Administrative Staff
- Corporate Staff
- Administrator



# LTSS Screening Connection Call Schedule

2025				
<b>SCREENING TEAM TYPE</b>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
<b>Community Based Teams (CBTs)</b>	March 11	June 10	September 9	December 9
<b>Hospitals</b>	March 12	June 11	September 10	December 10
<b>Nursing Facilities</b>	March 13	June 12	September 11	December 11

# Save the Date:

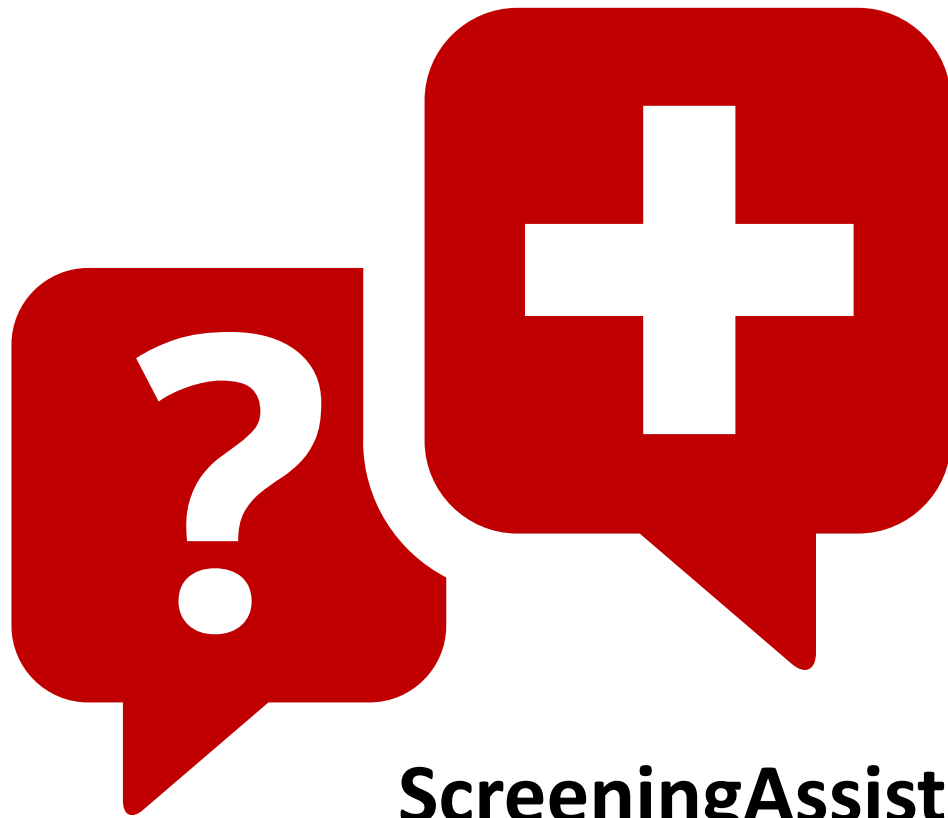
**Nursing Facility Screening Team Focus**

**Thursday, March 13, 2025**

**Any team can join the call and listen, but the focus will be on the Nursing Facility Screening Team.**



# Question and Answer



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