



CardinalCare
Virginia's Medicaid Program

Screening Connections

Hospital Screening Teams

June 12, 2024

Updated 6-27-2024 version

Presented by the
Office of Community Living (OCL)



VIRGINIA'S MEDICAID PROGRAM

DMAS



“Wherever the art of
medicine is loved,
there is also a love
of humanity”

Hippocrates, ancient
Greek physician

Logistics

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



Today's Agenda:



IMPORTANT UPDATES



**QUESTION AND ANSWER
PERIOD**



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

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

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



Today's Screening Team Focus:

Hospital

Presented by Dena Schall, LTSS Screening Unit

Update:



General Assembly House Bills 2024 Session: Passed

House Bill 729 PACE programs; long-term services and support screening.

- Allows qualified staff of programs of all-inclusive care for the elderly (PACE) to conduct the required long-term services and supports screening in accordance with requirements established by the Department of Medical Assistance Services.

House Bill 291 Long-term services and supports screening; expedited screening and screening exemption.

- Modifies existing provisions regarding the required long-term services and supports screening under the state plan for medical assistance services by creating greater flexibility for how screenings are completed under certain circumstances.

DMAS Memos/Bulletins have been released.

Virginia's Legislative Information System

<https://lis.virginia.gov/lis.htm>

Update:



Medicaid Bulletin:



Last Updated: 06/03/2024

Changes to LTSS Screenings: Nursing Facilities and Acute Care Hospitals

The purpose of this bulletin is to notify providers and LTSS screening teams of new requirements for LTSS screening resulting from the 2024 General Assembly passing of [House Bill 291](#) and [Senate Bill 24](#).

Effective immediately, LTSS screenings are no longer required when a Medicaid member is discharged from an acute care hospital to a nursing facility to receive skilled services, including rehabilitation services. Previously, any individual who was enrolled in Medicaid or may become Medicaid eligible was required to have the LTSS screening conducted by a hospital screening team prior to admission to a nursing facility for skilled services. Hospital screening teams must continue to conduct LTSS screenings when a Medicaid member requests the screening or when the Member is discharged to a nursing facility for LTSS service or custodial care. They must also conduct screenings when the individual is discharged to the community and may need LTSS home and community-based services.

Nursing facility screening teams can conduct LTSS screenings when Medicaid members receiving skilled services are expected to need LTSS/custodial care after the skilled nursing stay.

The screening, including physician certification, must be completed within three business days of initiating LTSS/custodial care to receive Medicaid reimbursement from the initiation date. If the screening is not conducted within three business days, reimbursement for the services may not begin until after the screening has been completed.

Additionally, as an update to the Medicaid Bulletin "Post-Admission Long-Term Services and Supports Screenings by Skilled Nursing Facilities Effective July 1, 2023" on August 10, 2023, any individual who was previously not screened prior to admission to a nursing facility for LTSS/custodial care, may have a LTSS screening performed by the NF screening team. All other requirements, as outlined in the August 10, 2023, bulletin still apply and remain in effect.

When Medicaid members residing in the community are in imminent need of nursing facility placement and the community-based screening team cannot conduct the screening within 30 days of the screening request, the nursing facility may collaborate with the community-based team to determine which entity can conduct the screening most expeditiously. The nursing facility must document the agreement for the nursing facility to conduct the screening in their records. This documentation must be available for review upon DMAS's request. It should include the individual's name, Medicaid identification number, the name of the



community-based screener, and the nursing facility staff member, as well as details of the agreement.

When a nursing facility conducts an LTSS screening, the individual must be offered a choice between institutional or home and community-based services. This includes the Commonwealth Coordinated Care Plus (CCC Plus) Waiver and the Program of All-Inclusive Care for the Elderly (PACE). A choice must be offered to all individuals found to meet the nursing facility's level of care.

None of these changes impact the Pre-Admission Screening and Resident Review (PASRR) requirements, which are federally mandated. All individuals who seek admission to a nursing facility require the PASRR Level I screening to be completed prior to admission. If the individual is determined to have a serious mental illness (SMI) or intellectual disability during the PASRR Level I screening, the Level II screening must also be completed prior to the individual's admission to the nursing facility.

For questions, please email screeningassistance@dmas.virginia.gov

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid

Web Portal Automated Response System (ARS)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. <https://vamedicaid.dmas.virginia.gov/>

Medicall (Audio Response System)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. 1-800-884-9730 or 1-800-772-9996

Provider Appeals

DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal. <https://www.dmas.virginia.gov/appeals/>

Managed Care Programs

Cardinal Care Managed Care and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Cardinal Care Managed Care

<https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/>

Reminder:

Bulletins and Memos can be found on the MES Home Page in the Provider Menu at:

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



The screenshot displays the MES Public Portal website. At the top, it reads "MES Public Portal - Department of Medical Assistance Services" and "An official website of the Commonwealth of Virginia". The "MES" logo is prominent. A navigation bar includes links for Appeals, CRMS, EDI, EPS, MES Training, and Providers. On the left, the "Provider Menu" is listed with items like PROVIDER HOME, MCO Provider, Provider Training, CRMS Resources, CRMS Training, Provider FAQ, Popular Downloads, Manuals Library, Memos/Bulletins Library (circled in red), MES Forms Library, EDI Resources, EPS Resources, and Login/Password Help. A red arrow points from the word "Forms" to the "MES Forms Library" link. The main content area features a "Provider Resources" header with a photo of a doctor, a welcome message, and a search engine.

Designate someone on your team to check periodically for new Bulletins and Memos that may provide updates on the LTSS Screening Process.

Big Update



House Bill 729 PACE programs; long-term services and support screening.

How does this impact the Hospital Teams:

- It does not impact the Hospital Teams. Just be aware that they are another LTSS Screening Team in the Community.
- The PACE Teams will be working with the Community Based Teams.

Big Update



House Bill 291 Long-term services and supports screening; expedited screening and screening exemption

How does this impact the Hospital Teams:

- It changes your responsibilities and who you conduct LTSS Screenings on while an individual is in the Hospital in Inpatient Status.



Changes to current practices:

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
- Have a need or interest for Medicaid LTSS
- 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.**

Updates and Reminders

NEW PROCESS

PASRR: Pre-Admission Screening and Resident Review Process:

- The Federal Pre-Admission Screening and Resident Review (Level I and II referral) AND the DMAS LTSS Screening Process (formerly known as Pre-Admission Screening-PAS) are two separate programs.
- The PASRR only bundles with the LTSS Screening Process in certain circumstances such as when a LTSS Screener is conducting a screening and NF is chosen and selected on the 96 form at the time of the Screening being conducted. The eMLS system automatically drops down the 95 Level I and Level II Supplemental Forms when NF is selected and when a referral for Level II is warranted.
- The PASRR Level I or II referral is not conducted when CCC Plus Waiver or PACE is the selection on the 96 form.

Updates and Reminders



NEW PROCESS

PASRR: Pre-Admission Screening and Resident Review Process:

- **Individuals who are discharging from the Hospital to the Skilled Nursing Facility where the LTSS Screening is no longer required per the new Bill, the NF or the Hospital is allowed to conduct the PASRR Level I and Level II referral if needed.**
- The NF and Hospital will have to agree on who can get the required Federal requirement of PASRR most expediently before the NF Admission. Ideally, it should be conducted in the place where the individual is currently at, but the NF is not prohibited from doing it if needed.
- The NF can use the Non-Medicaid 95 Level I Form and a paper Level II 95 Supplemental Form if a Level II referral is warranted and the Hospital can **conduct the PASRR Level I and II Referral if warranted on the paper 95 forms** and pass along the results to the SNF 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. Once the individual admits to the SNF, if Long Term Custodial NF is needed then the SNF Screening Team will conduct a LTSS Screening in eMLS and then transcribe the information from the Hospital or NF PASRR Level I and Level II referral if warranted paper forms into the electronic screening forms.
- It will be important for the Hospital and NF who is conducting the PASRR process on paper 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 will obtain a LTSS Screening with the bundled PASRR.**

Updates and Reminders

NEW PROCESS

PASRR: Level I 95 Form and Level II Referral 95 Supplemental Form

LEVEL I SCREENING
FOR MENTAL ILLNESS, INTELLECTUAL DISABILITY, OR RELATED CONDITIONS

This form, or the DMAS-95 for Medicaid members, must be completed for ALL individuals seeking a Nursing Facility admission. The form must be completed BEFORE a Nursing Facility admission by the Staff assigned to conduct Level I Screening.

Name: _____ Date of Birth: _____

Social Security No. _____ If Applicable Medicaid No. _____

1. DOES THE INDIVIDUAL MEET NURSING FACILITY CRITERIA?
 Yes No (If NO, the individual should not be admitted to a NF nor be referred for a Level II Screening.)
 Can a safe and appropriate plan of care be developed to meet all services and supports including medical nursing custodial care needs?
 Yes No

If the answer to #1 is "Yes", the remainder of this form MUST BE COMPLETED.

2. DOES THE INDIVIDUAL HAVE A CURRENT SERIOUS MENTAL ILLNESS (SMI)? Yes No
 (Check "Yes" only if each item below are all "Yes". If "No", do not refer for evaluation of active treatment needs for MI Diagnosis.)

a. Is this major mental disorder diagnosable under DSM (e.g., schizophrenia, mood, paranoid, panic, or other serious anxiety disorder, somatiform disorder, personality disorder, other psychotic disorder, or other mental disorder that may lead to a chronic disability)?
 Yes No

b. Has the disorder resulted in functional limitations in major life activities within the past 3-6 months, particularly with regard to interpersonal functioning, concentration, persistence, or pace, and adaptation to change? Yes No

c. Does the treatment history indicate that the individual has experienced psychiatric treatment more intensive than outpatient care more than once in the past 2 years or the individual has experienced within the last 2 years an episode of significant disruption to the normal living situation due to the mental disorder? Yes No

3. DOES THE INDIVIDUAL HAVE A DIAGNOSIS OF INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD) WHICH WAS MANIFESTED BEFORE AGE 18? Yes No

4. DOES THE INDIVIDUAL HAVE A RELATED CONDITION (RC)? Yes No
 (Check "Yes" only if each item below is checked "Yes". If "No", do not refer for evaluation of active treatment needs for related condition.)

a. Is the condition attributable to any other condition (e.g. cerebral palsy, epilepsy, autism, muscular dystrophy, multiple sclerosis, Friedreich's ataxia, spinal cord), other than MI, found to be closely related to ID because this condition may result in impairment of present and/or future functioning or adaptive behavior similar to that of ID persons and requires treatment of services similar to those for these persons? Yes No

b. Has the condition manifested before age 22? Yes No

c. Is the condition likely to continue indefinitely? Yes No

d. Has the condition resulted in substantial limitations in three (3) or more of the following areas of major life activity, self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living?
 Yes (If yes, circle applicable areas) No

5. RECOMMENDATION (After "Y" or "N" must be checked) DATE LEVEL II REFERRAL MADE _____

Refer for Level II evaluation.
 (If Placement = Level II refer to Assisted Diagnosis Management)

MI (# 2 above is checked "Yes")

ID or Related Condition (# 3 or # 4 is checked "Yes")

Dual diagnosis (MI and IDD or Related Condition categories are checked)

** NOTE: If # 4 is checked, the individual must NOT be authorized for Medicaid-funded (NF, LTR) until the Level II evaluation has been completed.

No referral for Level II evaluation for active treatment needs required because individual:
 Does not meet the applicable criteria for serious MI or ID or related condition.
 Has a primary diagnosis of dementia (including Alzheimer's disease) and does not have a diagnosis of ID
 Has a primary diagnosis of dementia (including Alzheimer's disease) AND has a secondary diagnosis of a serious MI
 Has a serious physical illness (e.g. documented evidence of coma, functioning at brain-stem level, or other conditions which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services.)
 Is terminally ill (note: a physician must have documented that individual's life expectancy is six (6) months or less)

Signature & Title: _____ Date: _____

DMAS-95, Level I PASRR Form, Revised 07/08

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MI/IDD-Related Conditions SUPPLEMENT: LEVEL II

Name: _____ Recommendation for Services: _____

B. This section is to be completed by the contractor for the Level II evaluation process.

1. EVALUATIONS REQUIRED UPON RECEIPT OF REFERRAL. (If such evaluations submitted upon receipt of referral)

Neurological Evaluation Psychological/Functional Assessment
 Psychological Assessment History and Physical Examination
 Psychiatric Assessment Other (please specify): _____

2. RECOMMENDATION

Specialized services are not indicated.
 Specialized services are indicated.

Comments: _____

3. Date referral package received: _____ Date package sent to DBSH: _____

_____ QMDF Signature (MI Diagnosis) _____ Date _____ Telephone Number _____
 _____ Psychologist Signature (IDD diagnosis) _____ Date _____ Telephone Number _____
 _____ Case Manager Signature/Title _____ Date _____ Telephone Number _____

Agency / Facility Name: _____ Agency / Facility Name (ID #) (if applicable): _____
 Mailing Address: _____

C. THIS SECTION IS TO BE COMPLETED ONLY BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES.

Date referral package received: _____ Consent with recommendations of specialized services? YES NO

Comments: _____

Copy of referral package sent to:	Representative's Name	Date Package Sent
<input type="checkbox"/> PAS representative	_____	_____
<input type="checkbox"/> Community Services Board	_____	_____
<input type="checkbox"/> Admitting entering nursing facility	_____	_____
<input type="checkbox"/> Discharging hospital (if applicable)	_____	_____
<input type="checkbox"/> Individual being evaluated	_____	_____
<input type="checkbox"/> Individual's family	_____	_____
<input type="checkbox"/> Individual's legal representative (if any)	_____	_____
<input type="checkbox"/> Attending physician	_____	_____
<input type="checkbox"/> Approve information included	_____	_____

Signature of State MI/IDEA _____ Title _____ Date _____ Telephone Number _____

DMAS-95 MI/IDEA Supplement Revised 11/08



Reminders



Practices that are remaining the same:

- Individuals who are referred for a Screening must agree, or their legal representative must agree to a screening before it is conducted.
- The Hospital Team may conduct a screening in the ER or on those in an Observational Unit if the situation is an emergency or the individual's life is endangered upon return to a community home, or the case involves APS.
- Screenings do not have to be conducted for those individuals who are discharging from the Hospital to a Nursing Facility under Hospice benefit as listed in the Special Circumstances section of the LTSS Screening Manual.

Reminder:



Don't forget to conduct Screenings on those individuals with Medicaid who are inpatient and 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.



Reminder:



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.
- 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 in the LTSS Screening Manual.



Resources

Reminder:

Health Plan

If the individual is in a **Medicaid Health Plan**, then contact the Health Plan for assistance in checking for Validity of the LTSS Screening.

Once you have contacted the Health Plan, if you have continued deputed contact:
cccplus@dmas.virginia.gov

Fee For Service

If the individual is Fee For Service or is not in a Medicaid Health Plan, then contact the DMAS LTSS Screening Unit at:
ScreeningAssistance@dmas.virginia.gov

Reminder:

Updated Health Plan-MCO Contact and Fax Numbers for Referral Process

On the MES Homepage

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.

Update:



NEW 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.**
- **Make sure to use all the same dates that was in the original Screening (request, screening, and Screener/Physician signature dates).**
- The eMLS system **DOES NOT** automatically correct the Screening with the new information.
- Instructions are written on the form.

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

Update:



Downloadable Forms and Documents on the MES Homepage

mES

PROVIDER HOME

- MCO Provider
- Provider Training
- Provider Contacts/Resources
- Provider FAQ
- Provider Downloads

Manuals Library

- Manuals/Bulletins Library

MES Forms Library

- CRMS Training
- CRMS Resources
- Claims & Billing
- EOL Resources
- CPL Resources
- Login/Password Help

Care Management CRMS

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

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

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

Search the MES Public Portal:

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>

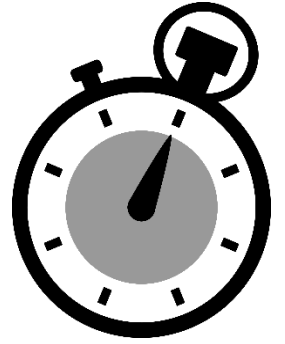
Please note: If the old form is used - the submission *will be denied* by the CRMS-eMLS application.

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

New Enrollment Correction Form

New Health Plan Fax Numbers

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.

Connection Call PowerPoints

Posted on the DMAS Website Under the Provider Tab:

Long Term Care:

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

SCREENING FOR LTSS

Look down the page for Screening Connection call information

The screenshot shows the Virginia Medicaid website interface. At the top, there is a navigation bar with tabs for 'Applicants', 'Members', 'Providers', 'Appeals', 'COVID-19', 'Open Data', and 'About Us'. A red arrow points to the 'Providers' tab. Below the navigation bar is a large image of a man in a plaid shirt working in a kitchen. Overlaid on the image is the text 'Programs and Initiatives' with a red arrow pointing to it. Below this text, a list of programs is shown: 'Electronic Visit Verification, Program of All-Inclusive Care, Civil Monetary Penalty, Screening'. Below the image is a section titled 'Resources - Programs and Initiatives' which contains four cards. A red arrow points to the 'Screening' card.

Virginia Medicaid
Department of Medical Assistance Services

Providers

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

Resources - Programs and Initiatives

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

Need a 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 purple header with the VCU logo and navigation links: Menu, Medicaid Long-Term Services and Supports (LTSS) Screening Training, Login, and Register. Below the header is a white box containing the login form. The form has a 'Login' button highlighted in yellow. Below the form is a 'Remember me' checkbox and a 'Forgot Your Password?' link. A red oval highlights the login form. At the bottom of the page, there is a purple footer with the VCU logo and text: 'Virginia Commonwealth University Partnership for People with Disabilities School of Education 700 East Franklin Street'. To the right of the footer is a 'Helpful links' section with a yellow arrow pointing to the 'eLearning Modules' link.

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

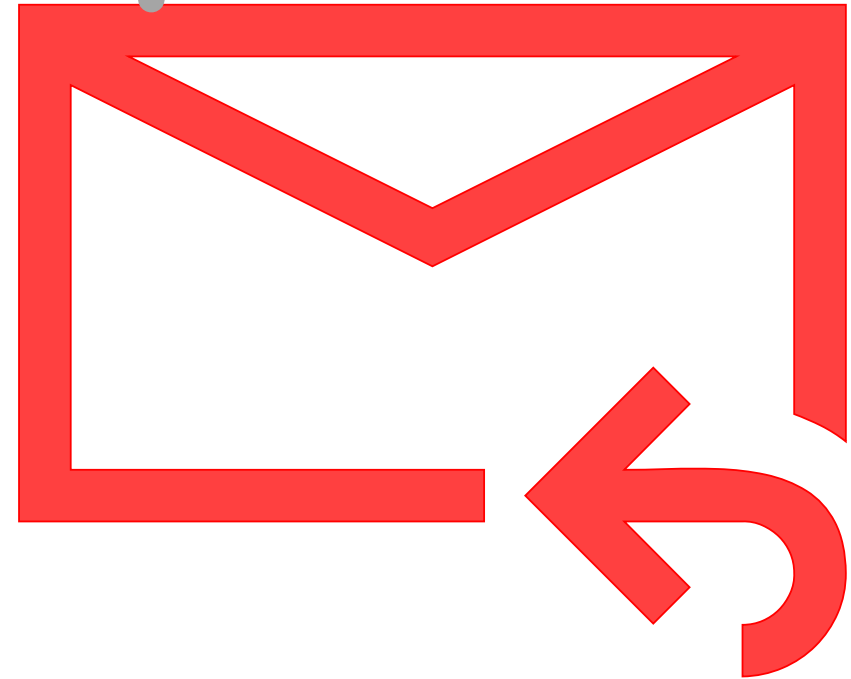


<https://vamedicaid.dmas.virginia.gov/training/crms>

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

Need Help?

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



Reminder:



LTSS Screening Connection Call Changes

Connection Calls will now be held quarterly

- March, June, September and December
- 3pm to 4:30pm



There will be an individual scheduled call for each LTSS Screening Team in these months

- Community Based Teams, Hospital Teams, and Nursing Facility Screening Teams

We will be sending out a survey to gather more information about your Screening Teams availability and feedback.

Connection Call Schedule and Team Focus

2024				
<u>SCREENING TEAM TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Community Based Teams (CBTs)	March	June	September 10, 2024	December 10, 2024
Hospitals	March	June	September 11, 2024	December 11, 2024
Nursing Facilities	March	June 13, 2024	September 12, 2024	December 12, 2024

SHARE INFORMATION WITH YOUR TEAM

- Other Screeners
- Supervisors
- Managers
- Directors





Next Call:

**Hospital Team:
Wednesday,
September 11, 2024
3 to 4:30pm**



Question and Answer Time

