



LTSS Screening Connections

**Nursing Facility
Screening Team Focus**

June 27, 2024

Office of Community Living (OCL)

VIRGINIA'S MEDICAID PROGRAM

DMAS



“Caring for others is the highest expression of humanity.”

Harriet
Beecher
Stowe

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.



Update:

WELCOME OUR NEW SUPERVISOR



The DMAS Office of Community Living (OCL) has a new LTSS Screening Supervisor Ryan Fines.

- We would like to welcome Ryan Fines as the new LTSS Screening Supervisor. Ryan has a Masters in Public Health and a Bachelor's in Healthcare Administration with a minor concentration in Emergency Management. He comes from DMAS Integrated Care Division where he was on the Contract Monitoring Team working with folks on the waiver population, NF, and handling appeals.
- He has previous experience as a Care Manager working with both the Waiver Population and Nursing Facilities.
- Fun fact about Ryan-He has been involved in Fire & EMS for over 25 years now serving in both volunteer and professional roles as well as educating.



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 Agenda:



IMPORTANT UPDATES



**QUESTION AND ANSWER
PERIOD**



Today's Screening Team Focus:

Nursing Facility

Presented by Dena Schall, LTSS Screening Unit

Update:



LTSS Screening Connection Call Changes

Connection Calls will now be held quarterly

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

There will be a 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	September 12, 2024	December 12, 2024

Update:



Next LTSS Screening Connection Calls

- **Community Based Team: Tuesday September 10, 2024**
- **Hospital Team: Wednesday, September 11, 2024**
- **Nursing Facility Team: Thursday, September 12, 2024**

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 shows the MES Public Portal website. At the top, it says "MES Public Portal - Department of Medical Assistance Services" and "An official website of the Commonwealth of Virginia. [Here's how you know](#)". The MES logo is on the left, and navigation links for Appeals, CRMS, EDI, EPS, MES Training, and Providers are on the right. The "Provider Menu" is on the left, with "Memos/Bulletins Library" circled in red. The main content area is titled "Provider Resources" and features a photo of a smiling doctor. Below the photo, it says "Welcome to the MES Provider Resource area!" and provides information about the new location for Provider information and resources. It also mentions that links to all of the Medicaid Memos, Bulletins, Forms and Manuals have been updated and are available below. A search engine is provided, and there is a "Find-a-Provider Tool!" link at the bottom left.

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 Nursing Facility Teams:

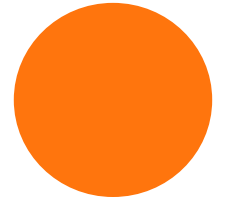
- It does not impact the Nursing Facility Teams.
- Just be aware that PACE localities will now be conducting LTSS Screenings in the Community when they receive a referral from the Community Based Team.

Big Update

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

What does this mean for the Nursing Facility Screening Teams:

It changes your responsibilities, admissions process, and who you conduct screenings on in the Nursing Facility.



Big Update



Changes to current practices:

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 Nursing Facility (NF) Screening Team is responsible for conducting Screenings on any individual with the legal representative's approval, if applicable that is:

- In the Skilled Nursing Facility (SNF) and is transitioning to the Custodial Long Term Nursing Facility (Long Term-LTC Portal IC Level 1) with the intention of Long-Term Medicaid as the payor source. It will no longer matter if they are Medicaid or Non-Medicaid members, you are doing 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 days will be allowed to have the admission line put in on the date of that admission.**
- **However, any days after the 3-business day period will not be reimbursed and LTSS payment will not occur until an appropriate LTSS Screening is fully completed in Accepted-Authorized status. The line put in can begin based off the Physician date of the LTSS Screening.**

Big Update



Three (3) Business Day Examples:

- John Doe is in the SNF and goes Custodial Long-Term care on Tues 6/25/2024 and the NF Screening Team conducts it and signs off on it on Fri 6/28/2024, the NF can go back in despite the physician signature date being 6/28/2024 and put the admission date for 6/25/2024.
- Bobby Sue is in the SNF and goes Custodial Long-Term care on Friday 6/28/2024 and the NF Screening Team conducts it and signs off on it on Tues 7-2-2024. They are within the 3-day business period because the business days are Mon-Fri. The NF can go back in and put the admission date for 6-28-2024.
- Joe Cool is in the SNF and goes Custodial Long-Term care on Friday 6/28/2024 and the NF Screening Team conducts the screening on 7-3-2024 and the physician does not sign until 7-10-2024 which **both dates** are past the 3-business day period then the NF can only put the line in for the date of the physician's signature.

Big Update

3-business day period reminders for SNF Screeners:

- Individual's must meet NF level of Care Criteria for Medicaid LTSS to be the payor source for the Long-Term Custodial Care.
- If the individual is deemed to not meet NF level of care (Not Authorized) after you have brought them over to your Custodial Long-Term Unit then the NF would have to ensure a safe discharge and the discharge planner/social worker can help assist the member to community resources.
- The individual in this scenario would have the option or right to appeal the screening and can go through the proper appeal channels which would allow for the individual to remain in the NF while going through the process. The individuals' appeals rights and instructions are included in the LTSS Screening Denial Letter that should be given to the individual after the Not Authorized Screening is conducted.



Reminder:



The NF Team is also responsible for conducting Screenings on those individuals discharging home from SNF with a need or interest of home and community-based services (CCC Plus Waiver or PACE). The screening is to be conducted before discharge home in the community.

- 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.



Big Update



New changes in process:

- LTSS Screenings will now need to be conducted in the SNF for scenarios where the individual **admitted to SNF from out of state, DBHDS facility, or a Veterans Administration** before transitioning to the Long-Term Custodial NF or discharging home with the need or interest of Medicaid LTSS. The exemption will no longer follow them through.
- Individuals that are in the Long-Term Custodial NF and want to discharge home with the CCC Plus Waiver or PACE AND do not have a screening to pass on to the provider (ex. Special circumstances didn't require one at admission), the NF Screening Team can now conduct the LTSS Screening before discharge. The NF will no longer have to contact the Community Based Team to come in and conduct it.

Big Update



New NF Screening Option:

- 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. This documentation may also need to be shared with the Medicaid Health Plan for proper reimbursement. 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.
- **Reminder, if the individual is deemed to not meet NF level of care (Not Authorized) after you have brought them over to your Custodial Long-Term Unit to conduct the Screening then the NF would have to ensure a safe discharge and the discharge planner/social worker can help assist the member to community resources.**

Big Update



Update to the “Post Admission LTSS Screenings by SNFs” Memo (6-month Penalty Guidelines):

An update has been made 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 Long Term Custodial NF 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. This means, if a NF admits anyone straight to custodial without a valid screening, then the NF would have a six-month penalty and the NF Screening Team would complete the screening and follow the memo instructions for path to payment.
- This excludes those emergent cases where the NF and Community Based Team is allowed to make an agreement for the NF Screening Team to conduct the LTSS Screening because the CBT could not do it within 30 days. The documented agreement will be used.

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 new 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 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:

- Nursing Facilities are responsible and have the authority to conduct the PASRR Level I/II MI/ID/RC and Level II referral upon admission for **private pay individuals** using the Non-Medicaid 95 Level I Form **and other scenarios agreed upon by the NF.**
- Individuals transferring from the CCC Plus Waiver or PACE (where the original screening did not warrant a DMAS 95 level or II referral) to a Nursing Facility, the NF can conduct the PASRR Level I or Level II referral if warranted before admission/level of care change using the Non-Medicaid 95 Level I Form and DMAS 95 Supplemental Form if a Level II referral is warranted.

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. 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.**

Big Update

NF Admissions/Business Updates and Reminders:

- Hospitals will still be required to conduct LTSS Screenings on Inpatient status individuals who have Medicaid **or** are Medicaid Pending **or** on those who directly request one that are **discharging straight to the Long-Term Custodial NF.** This is not a change. The NF Admissions staff should make sure to obtain a LTSS Screening before Long Term Custodial admissions from the hospital.
- The NF can now work with the Community Based Team to expedite a NF Screening on an individual living in the community with an imminent need.
- Admissions staff will not be requiring Hospitals to conduct a LTSS Screening for individuals coming into the Skilled Nursing Facility.
- For issues entering in Fee For Service (FFS) SNF Admissions into the LTC Portal, DMAS is working to fix the error message issue so that it does not look for a LTSS Screening on Short Term-Skilled Admissions. If you receive the error message for FFS entries contact the AEANDD@dmass.virginia.gov for assistance.
- For individuals in a Medicaid Health Plan, the Health Plan puts in the SNF Admissions.



Big Update



NF Admissions/Business Updates and Reminders:

- As a reminder, those who are already enrolled in LTSS Custodial as private pay and then become Medicaid eligible, the current process will remain where the screening is not required and the MDS along with other required paperwork is used.
- Special Circumstance and exemptions will remain for individuals admitting straight to **Custodial Long-Term NF**. Individuals who admit to the Long-Term Custodial NF under a special circumstance or LTSS Screening exemption where the screening is not required will also use the MDS along with other required paperwork.
- Special Circumstances or legitimate exemptions to the LTSS Screening in the Custodial or Long-Term NF include individuals who come from out of state, from a DBHDS Facility, from a Veterans Administration Facility, those under Hospice Benefit, and those that come in as Private Pay. Please have Admissions staff document these exemptions upon intake in the individuals record.

Big Update



NF Admissions/Business Updates and Reminders:

- For level of care changes, any PHE- Emergency Orders for COVID that exempted the Screening as well as the "Grandfather Provision" for individuals who enrolled into Medicaid LTSS prior to July 2019, these individuals may or may not have a full or valid screening and this is acceptable as documented on the DMAS 80 (#7 and #8).
- Governor's Emergency Order for COVID were exemptions of the LTSS Screening for Hospital to NF/SNF Admissions only. COVID Flexibility dates were: 3.13.2020 - 6.31.2021 and 1.10.2022 - 3.22.2022.

Big Update



Overview of Responsibilities for Hospitals:

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**
- **Are discharging home with a need or interest for Home and Community Based Services (HCBS) such as the CCC Plus Waiver or PACE.**
- Hospitals may conduct a LTSS Screening in the ER or Observational Unit when it is deemed an emergency or the individual's life is endangered upon return to a community home, or the case involves APS, LTSS teams (hospital and community) should confer as to which can most expediently conduct the LTSS Screening.

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

Big Update



Overview of Responsibilities for Community Based Team:

- The Community Based Screening Teams (CBTs) made up of the local Health Department and the Department of Social Services conducts screenings on individuals (with the legal representative's approval, if applicable) who directly request one in their Community or locality. Individuals who are referred for a Screening must agree, or their legal representative must agree to a screening before being conducted.
- CBTs only go into the NF in the following scenarios: Non-Medicaid NFs when the individual needs to transfer to another NF or discharge home with Medicaid LTSS or other rare circumstances as approved by DMAS on a case-by-case basis.
- The CBT can only go into the Hospital ER or Observational Unit when it is deemed an emergency or the individual's life is endangered upon return to a community home, or the case involves APS, LTSS teams (hospital and community) should confer as to which can most expediently conduct the LTSS Screening.
- 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.

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.
- Screenings do not have to be conducted for those individuals who are discharging from the Hospital to a NF under Hospice benefit as listed in the Special Circumstances section of the LTSS Screening Manual.
- The NF Team must have at least an RN assessing and electronically signing off on each Screening along with the Physician approver.
- Each Screener/Physician must attest and electronically sign off for themselves.



Reminder:



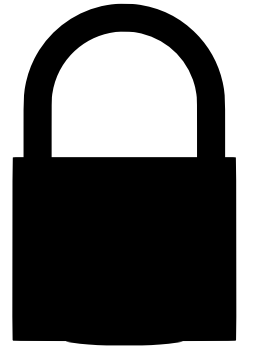
For All Screening Teams:

- 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 representative's 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.

Reminder:

PROTECTED HEALTH INFORMATION AND ENCRYPTION

- Do not put the full Name of the individual, Medicaid Number, Social Security Number, or Screening Numbers in the subject line of your emails to Screening Assistance.
- Make sure to encrypt your messages that have personal information in them.
- Put all identifying information in the body of your encrypted email. For the subject line, you can put the topic and individuals' initials if you need to.





Resources

Update:

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

mCS

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>

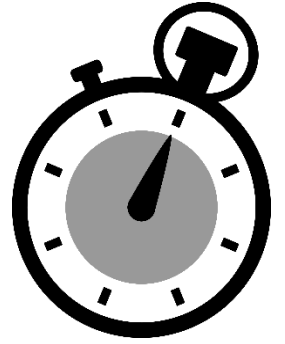
Please note: If the old form is used - the submission *will be denied* by the CRMS-eMLS application.

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

New Enrollment Correction Form

New Health Plan Fax Numbers

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. At the top, there is a navigation menu 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 menu 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 the image, the text reads: 'Electronic Visit Verification, Program of All-Inclusive Care, Civil Monetary Penalty, Screening'. Below this is a section titled 'Resources - Programs and Initiatives' which contains four cards: 'Electronic Visit Verification', 'Program of All-Inclusive Care', 'Civil Monetary Penalty', and 'Screening'. A red arrow points to the 'Screening' card.

Virginia Medicaid
Department of Medical Assistance Services

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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>

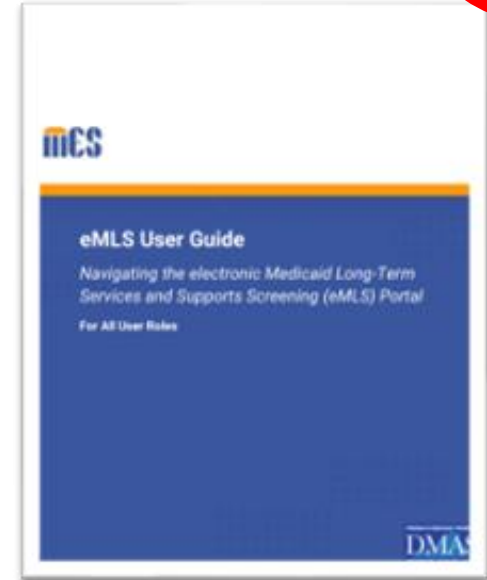
- Log-in Using your email address and created password
- To Access the Training Modules go to helpful Links – eLearning Modules

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. The main content area is white and contains a login form. The form has two input fields: 'Email address' and 'Password'. Below the fields is a checkbox for 'Remember me' and two buttons: 'Login' and 'Forgot Your Password?'. A red oval highlights the login form. In the footer, there is a 'Helpful links' section with a yellow arrow pointing to the 'eLearning Modules' link.

Use eMLS User Guide and Training

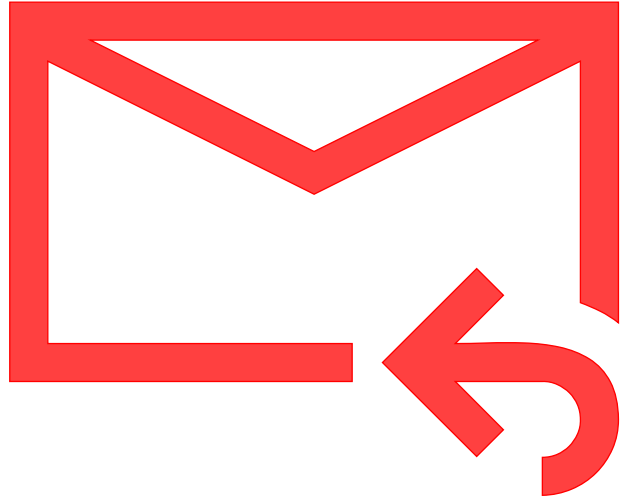


- Access, System Requirements, User Access Roles, and Logging In
- Navigation and Functions of System
- Error Message Meaning
- Searching of an Existing Screening
- Data Entry and Submission of New Electronic LTSS Screenings
- Screening Status and Watermarks
- Voiding and Corrections of Existing Screenings
- 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

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/Administrators
- Corporate
- Admissions
- Business





Next Call:

- **Nursing Facility Screening Team Focus**
- **Thursday September 12, 2024 at 3:00pm**
- **Any team can join the call and listen, but the focus will be on the NF Team**



Question and Answer Time