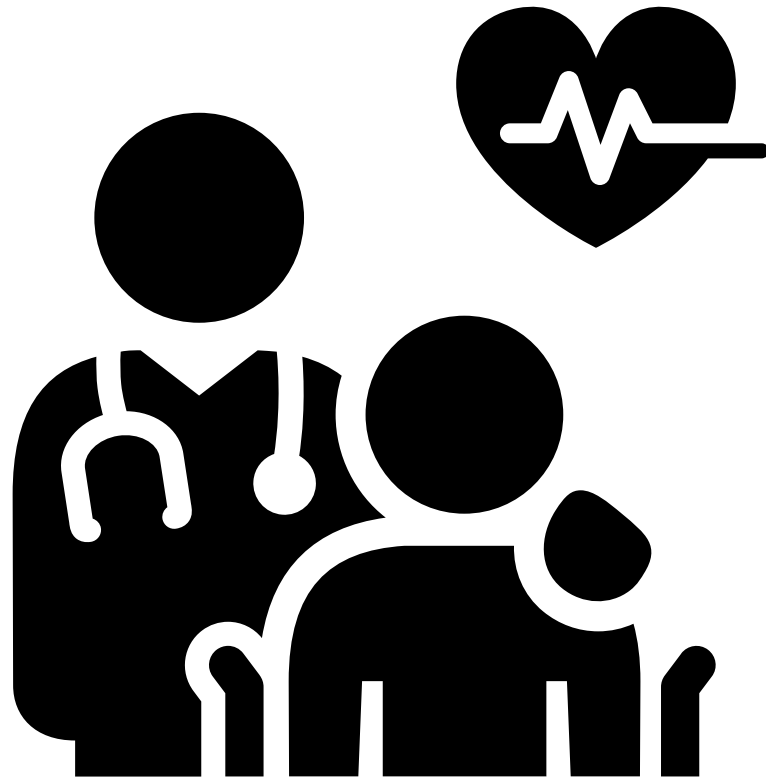


# Screening Connections

**Hospital Screening Team**

**September 11, 2024**

*Office of Community Living*

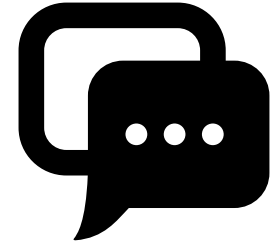


# Welcome!

You are appreciated.

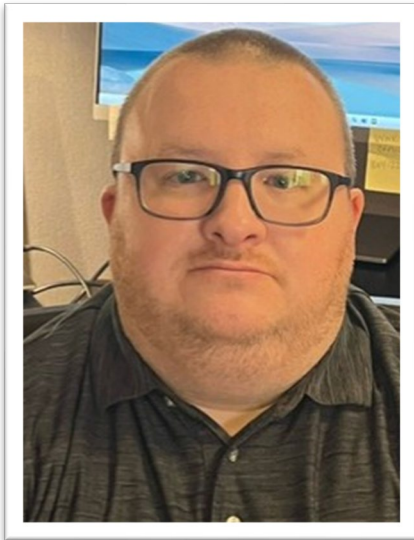
# LTSS Screening Connection Call

## Logistics

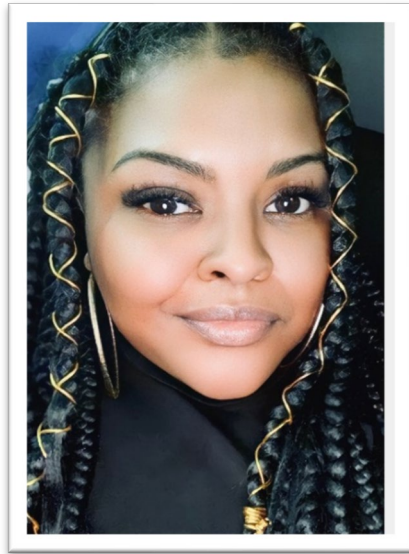


- Post your questions for today's session in the **Chat box**.
- Click the "Chat" bubble icon at the top of the screen to maximize the Chat feature.

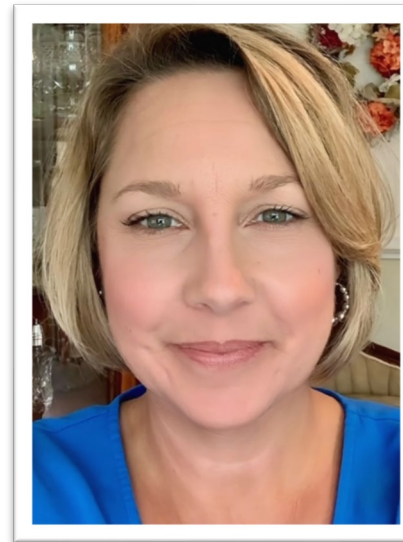
# DMAS Office of Community Living (OCL) LTSS Screening Program Staff



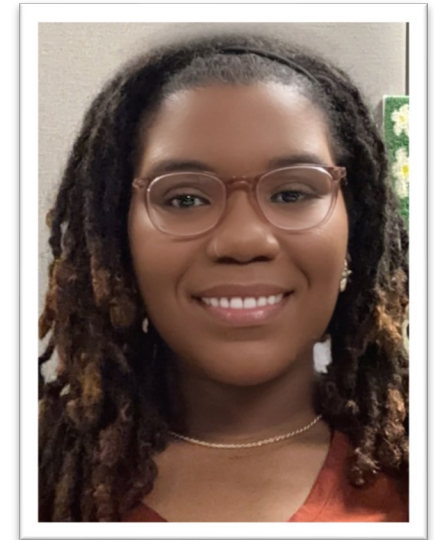
**Ryan Fines**  
LTSS Screening Supervisor



**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)**

# Hospital Data



## August 2024

Totals	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
1060	227	7	13	782	24	7
1060	227	7	13	782	24	7

## July 2024

Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
1249	1	253	10	19	932	27	7
1249	1	253	10	19	932	27	7

## June 2024

Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
1288	1	278	8	27	936	29	9
1288	1	278	8	27	936	29	9

## May 2024

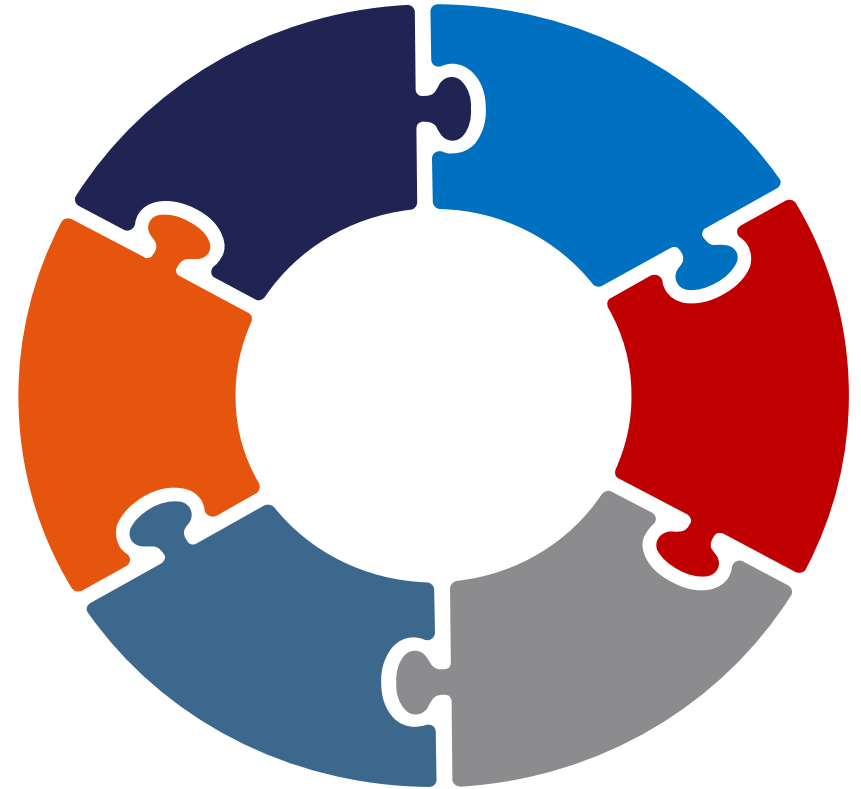
Totals	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
1583	250	6	33	1238	48	8
1583	250	6	33	1238	48	8

# Trend

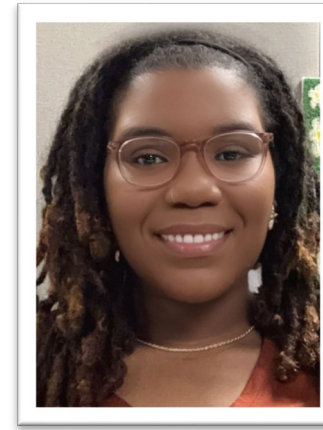
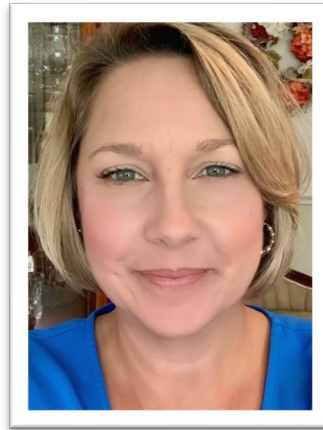


# Today's Agenda:

- **Updates and Hot Topics**
- **Question and Answer Period**



# Today's Screening Team Focus: Hospital Teams



Presented by Dena Schall and Whitney Singleton,  
LTSS Screening Program Specialists

# Update:

## Overview of new changes for Hospital Screenings

**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.**



# Update:

## Overview of new changes for Hospital Screenings

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

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

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

# Reminder:

## LTSS Hospital Screenings

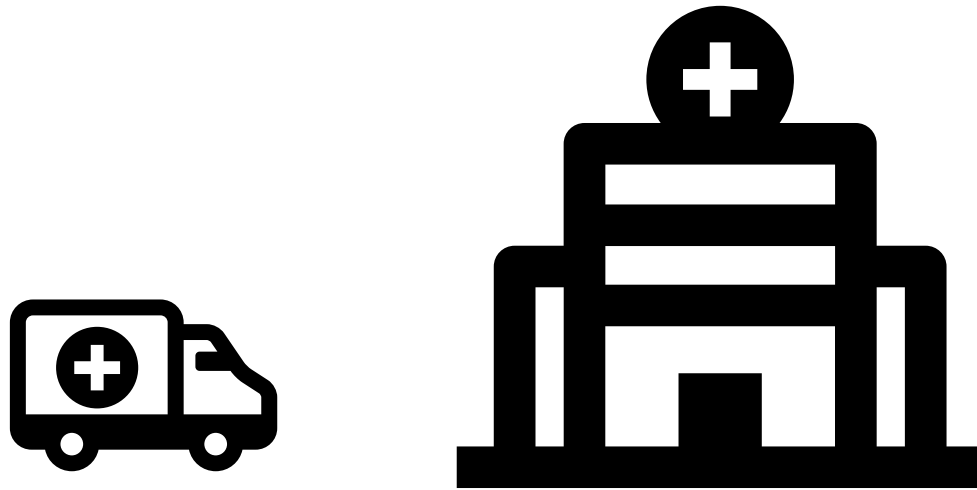
Don't forget to conduct Screenings on those individuals with Medicaid who are inpatient and discharging home with a need or interest of home and community-based services (CCC Plus Waiver or PACE).

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.

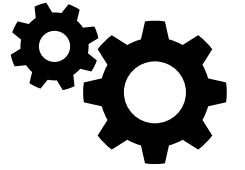
# Reminder:

## Emergency Department or Observational Unit Screenings

- The Hospital Team may conduct a screening in the ED/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.



# Updates:



## Quick Glance at Other Screening Team Guidelines

- Community Based Teams conduct Screenings on individuals that reside in the Community who request one.
- PACE Teams conduct Screenings on individuals referred to them by the Community Based Team.
- Nursing Facilities will now be conducting LTSS Screenings on individuals who are in their Skilled Nursing Facility and are transitioning to the Long-Term Custodial NF or discharging home with a need or interest in the CCC Plus Waiver or PACE.
- When LTSS Screenings are not obtained or conducted per the guidelines for admission to Medicaid Long-Term Custodial NF there are special instructions for a path to payment with a 6-month Penalty.

# Updates:

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## Issues

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



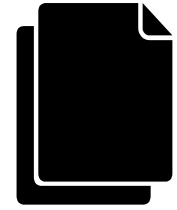
# Reminders:



## Interviewing and Assessing the Individual for all Screening Teams

- Educate the individual about Medicaid LTSS is and its three options (CCC Plus Waiver, PACE, or Custodial Long-Term NF).
- Explain to the individual that the LTSS Screening is an application for Medicaid LTSS and the importance of providing accurate information about their ADLs and personal needs to the Screener to determine their eligibility. The individual could be embarrassed to share certain information.
- Remind individuals that if they refuse a Medicaid LTSS Screening then they will not obtain certain services through Medicaid if it is needed. Make sure to document the refusal in the individual's records.
- Screeners must obtain permission from the individual and/or the individual's legal representative to conduct the Screening. People close to the individual should be included in these conversations if the individual gives permission.
- Screeners **MUST** observe, assess, and interview the individual excluding institutional dependencies. Screening information is not obtained by chart review alone. Some type of documentation should be obtained to verify ongoing Medical Nursing Need determination.

# Reminders:



## For All Screening Teams

- A full copy of the Screening Packet (all completed forms) is always provided to the individual or the individual's representative.
- Every individual screened should receive an Approval or Denial Letter from the Screening Team (use DMAS template).
- Screeners will need to retain copies of the Screening packet per retention policy (10 years for adults). **This includes the copy of the DMAS 97 form with the individual's or representatives hand signature.**
- Screeners will need to determine whether individuals are in a Medicaid Health Plan-MCO and if so, forward the completed Screening packet to the health plan for use by the individual's assigned care coordinator. Contact and FAX numbers are listed on the MES Homepage.
- Screeners are responsible for sending a copy of the DMAS 96 form only to the local DSS benefits staff where the individual resides. If you don't have this list, contact [ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov).

# Reminders:



## Record and Retention Laws

**Screening Teams, must retain or be willing to pull the screening information for:**

- **10 years for Adults**
- **Age 28 for a Child**

If your facility conducted the Screening, then your staff are responsible for retrieving copies for Individuals, Providers, Health Plans, and other Screening Teams who may need it.



# Tool:



## All Screening Teams

If an individual is FFS or applying or Medicaid Pending, then the Screening Team is responsible for providing a list of Medicaid Provider options during the Screening Process. If the individual is in a Medicaid Health Plan, then the Health Plan is responsible for providing this list.

**Medicaid Provider Search Tool:** <https://vamedicaid.vaxix.net/Search>

The screenshot shows the 'Search Provider' interface on the vamedicaid.vaxix.net website. 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 copyright notice at the very bottom reads '© 2024 ALL RIGHTS RESERVED'.

# 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

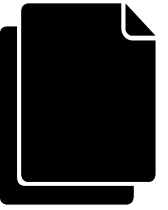
Business Name  Location Name   Accepting New Patients  ADA Compliant

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

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

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# Reminder:



## eMLS Corrections: Cancel versus Voids

### Cancel

- Use when screening is “In Progress” status to correct auto-fill fields (Name, DOB, Gender, Race, SSN, Medicaid #) or incorrect Request and Screening dates.
- Must be re-entered with correct information.

### Void-Correction (Clone)

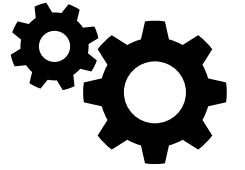
- Used to make changes to fully processed “Accepted” status screenings in any of the fields that are NOT auto-fill demographics or Request/Screening Date. Auto-fill fields will be greyed out and cannot be changed.
- A new MLS screening number will be assigned to the cloned screening.

### Void-Delete

- Used to delete fully processed “Accepted” status screenings that are duplicates, submitted for the wrong person, submitted with an incorrect SSN or incorrect information in any of the auto-fill fields or demographic fields.
- Must be re-entered with correct information after an enrollment correction form is completed.

Cancelled and Voided screenings will show in eMLS under their original MLS # with a status of “Cancelled” or “Void” . For more information review the eMLS user guide on the MES homepage.

# Frequently Asked Questions:



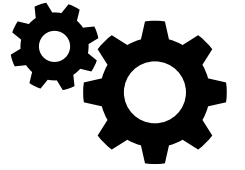
## Topic: eMLS

**Q:** Do I contact MES Assist if I am having trouble navigating eMLS or receiving error messages that I don't understand?

**A:** No, you should always go to the eMLS user guide and tutorial first as a resource but if you continue to have questions then it is best to contact [ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov).

[MES-Assist@dmas.virginia.gov](mailto:MES-Assist@dmas.virginia.gov) is contacted when you can't log into Medicaid Enterprise System (MES) or cannot get into CRMS or the MES System is down.

# Frequently Asked Questions:

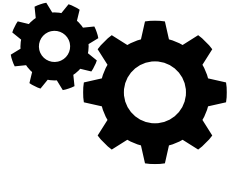


## Topic: eMLS

**Q:** What do I do if I receive an error message when I try to use the P98 Upload feature in eMLS?

**A:** Make sure that you have downloaded a brand-new upload form from the MES Homepage before each use and do not change the form in any way such as saving in a different format or deleting tabs. If you continue to have issues contact [ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov)

# Frequently Asked Questions:



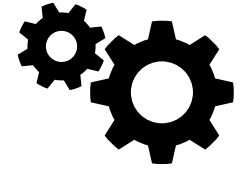
## Topic: eMLS and CCC Plus Waiver with Private Duty Nursing

**Q:** Why is CCC Plus Waiver w/PDN my only Choice on the DMAS 96 along with No Other Services Recommended and Other Services Recommended when I am wanting to authorize an individual for Medicaid LTSS?

**A:** The individual does not meet Nursing Facility Level of Care. This should be a RED FLAG to go back and review the functional, medical nursing need, and at-risk sections of the LTSS Screening to make sure that you have scored and rated correctly. Error message will read “Criteria is not met”.

Do Not choose CCC Plus Waiver w/PDN just because it is the only option in eMLS. Only individuals who need Private Duty Nursing per guidelines should use a PDN selection. If you do, it will start the cycle of the screening going to a DMAS PDN Reviewer who will have to review the screening, make a comment, contact you and send the screening back to be corrected. This can cause delays in processing the screening.

# Frequently Asked Questions:



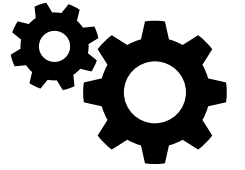
## Topic: eMLS and CCC Plus Waiver with Private Duty Nursing

**Q: What is an eMLS status of “In Review”?**

**A:** A screening that is submitted with CCC Plus Waiver w/PDN chosen on the DMAS 96 and signed by the Physician goes into an “In Review” status

- Screeners and Physicians cannot Cancel or Void a screening that is in the “In Review” status
- “In Review” is an extra step built into eMLS for the DMAS RN PDN Reviewer to look at the screening and confirm that the individual does meet CCC Plus Waiver PDN criteria
- If the DMAS PDN Reviewer has questions about the screening, or whether the individual meets criteria, they have the ability to send a comment back to the screener in eMLS, and/or they may call the screener to discuss the screening
- If the individual does not meet CCC Plus Waiver PDN criteria, the DMAS Reviewer will return the screening to the screener and they should consider the individual for CCC Plus Waiver without PDN

# Frequently Asked Questions:



## Topic: Conducting Screenings

**Q:** If an individual who has Medicaid had a Screening scheduled in the Community with a Community Based Team, then something happened where they had to go to the hospital and is inpatient status, at discharge does the Hospital have to conduct a LTSS Screening if the individual requests one from the Hospital Team?

**A:** Yes, the Hospital Team should conduct a LTSS Screening on any individual who is inpatient status and directly requests a Screening from the team.



# Reminders:



## Pre-Admission and Resident Review (PASRR) Process

- Federal law requires that ALL individuals (regardless of payer source) who apply as a new admission to a Medicaid certified NF, be evaluated for evidence of possible Mental Illness, Intellectual Disability or Related Condition. This screening is conducted to ensure that individuals are placed appropriately, in the least restrictive setting possible and that individuals receive needed services, wherever they are living.
- Medicaid-certified NFs must have a policy on file describing how the MI/ID/RC screening (Level I) and referral for evaluation and determination (Level II), when needed, will be handled for non-Medicaid-eligible individuals and other scenarios in which they are to conduct it. There is a special paper Non-Medicaid 95 Form for the NFs.

# Reminders:



## Pre-Admission and Resident Review (PASRR) 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.

# Reminders:



## Pre-Admission and Resident Review (PASRR) Process

- If someone has a history of ID, DD, MI and there is a “YES” on the DMAS-95, Level I then a referral for a Level II evaluation and determination must be made.
- Only Maximus, the contractor for Level II and resident review evaluation can conduct a Level II.
- Maximus professionals evaluate the status of the individual and then submit that evaluation to the Department of Behavioral Health and Developmental Disability to make a determination regarding what specialty services (aside from nursing and/or custodial care) are to be provided to the person.

# 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 fields for "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.

# Updates and Reminders:



## Pre-Admission and Resident Review (PASRR) Process

### NEW PROCESS For Hospitals and Nursing Facilities

- **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.**

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



**CardinalCare**  
Virginia's Medicaid Program

**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 PRIOR to 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?  
 a.  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 (MI)?  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, somatoform 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, Frederick's ataxia, spina bifida), other than MI, found to be closely related to ID because this condition may result in impairment of general intellectual 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 (Either "a" or "b" must be checked.) \_\_\_\_\_ DATE LEVEL II REFERRAL MADE \_\_\_\_\_  
 a.  Refer for Level II evaluation (NF Placement = Level II refer to Ascend Maximus 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 "a" is checked, the individual may NOT be authorized for Medicaid-funded NF LTSS until the Level II evaluation has been completed.

b.  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 severe physical illness (e.g. documented evidence of coma, functioning at brain-stem level, or other conditions which results 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 2/2019

**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 (Check evaluations submitted upon receipt of referral)

<input type="checkbox"/> Neurological Evaluation	<input type="checkbox"/> Psychosocial Functional Assessment
<input type="checkbox"/> Psychological Assessment	<input type="checkbox"/> History and Physical Examination
<input type="checkbox"/> Psychiatric Assessment	<input type="checkbox"/> Other (please specify) _____

2. RECOMMENDATION  
 Specialized services are not indicated.  
 Specialized services are indicated.  
 Comments: \_\_\_\_\_

3. Date referral package received: \_\_\_\_\_ Date package sent to DBHDS: \_\_\_\_\_

_____ QMHP 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 \_\_\_\_\_

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

Date referral package received: \_\_\_\_\_ Concur with recommendations of specialized services?  yes  no  
 Comments: \_\_\_\_\_

Copies of referral package sent to:	Representatives Name	Date Package Sent
<input type="checkbox"/> PAS representative	_____	_____
<input type="checkbox"/> Community Services Board	_____	_____
<input type="checkbox"/> Admitting/retaining 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"/> Appeals information included.	_____	_____

Signature of State MH/MRA \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_  
DMAS-95 MI/IDD/RC Supplement (Revised 12/15)



# 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  
o Assisted Living Facility \_\_\_\_\_  
o Group Home \_\_\_\_\_  
o State Hospital \_\_\_\_\_  
o Other \_\_\_\_\_

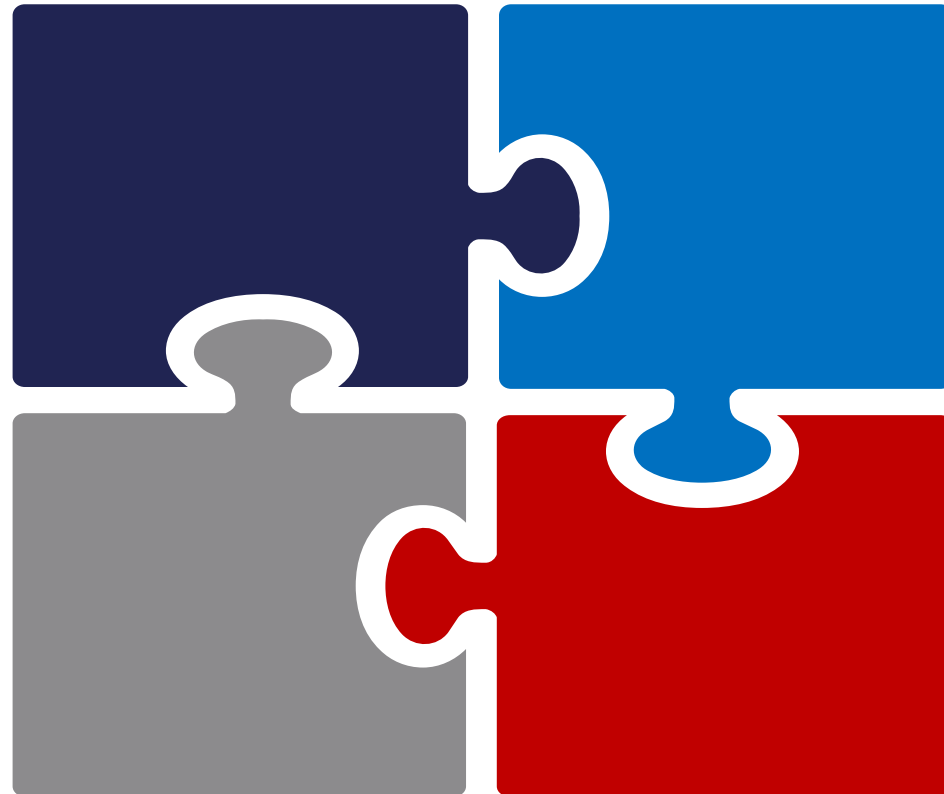
Other Outcome  
o Discharged to/Remained in current residence \_\_\_\_\_  
o Deceased \_\_\_\_\_  
o Other \_\_\_\_\_

MAXIMUS, as the Level II Evaluator tracks Disposition of Individuals

**Please be sure to return the Virginia PASRR Resident Tracking form back to Maximus**



# Resources:





# 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>

# Updated Enrollment Member Correction Form on the MES Homepage

For demographic corrections, all Enrollment Member Corrections Forms are to be sent to [PatientPay@dmas.virginia.gov](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).**
- Instructions are written on the form.

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

# Downloadable Forms and Documents on the MES Homepage

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' section with a header image of a woman and child. Below the header, there is a search bar and a section titled 'Downloadable forms and documents:' which contains two links: 'DMAS LTSS Screeners Change to Member Information Correction Form (PDF)' and 'Health Plan-MCO Contact and Fax number document for the LTSS Screening'. A red arrow points to the 'MES Forms Search' link in the sidebar. 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**

# 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 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, there is a navigation bar with the following items: Virginia Medicaid, Applicants, Members, Providers, Appeals, Data, and About Us. A red arrow points to the 'Providers' tab. A dropdown menu is open under 'Providers', listing: Provider Enrollment & Revalidation, Claims and Billing, Provider Memos & Communications, Rates and Rate Setting, Cardinal Care, Benefits & Services, and MES Portal. A second red arrow points to the 'Benefits & Services' option. Below the navigation, the main heading is 'Benefits & Services for Providers'. A red arrow points to this heading. Underneath, there are eight categories of services, each in a white box with a dark header and a brief description:

- Behavioral Health**: 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.
- Dental**: Virginia's Medicaid Smiles For Children program offers comprehensive dental services to children, adults, and pregnant members.
- Long Term Care**: Nursing Facilities, Specialized Care Nursing Facilities, Long-Stay Hospitals, Home Health and more.
- Pharmacy and Drug Formularies**: Reference site for the Preferred Drug List and Prior Authorization Programs, as well as for information on upcoming changes.
- School Based**
- Telehealth**
- Transportation**
- Waivers**

# VCU Medicaid LTSS Screening Training and Refresher

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

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

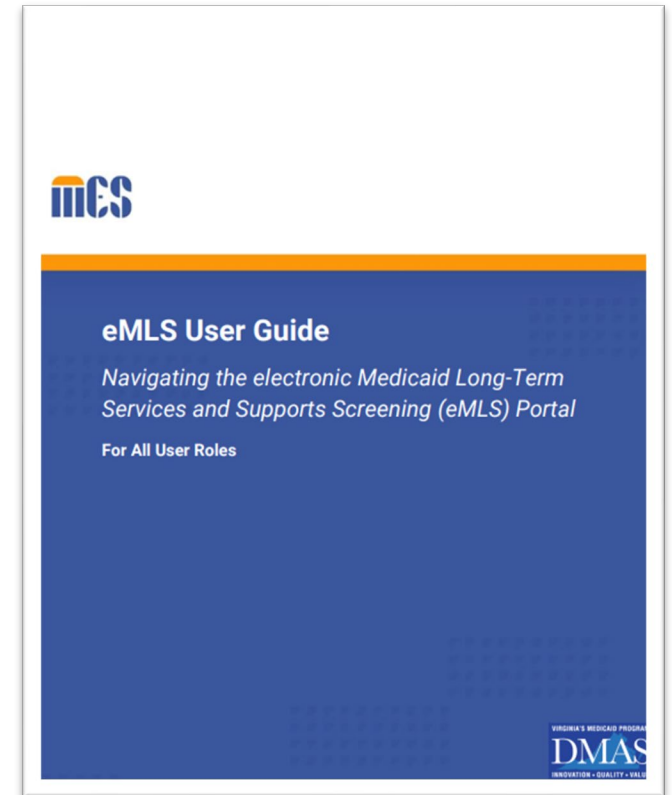
The screenshot shows the login interface for the VCU Medicaid LTSS Screening Training. The page has a purple header with the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY'. Below the header, there is a navigation bar with a 'Menu' icon, the page title 'Medicaid Long-Term Services and Supports (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 Virginia Commonwealth University Partnership for People with Disabilities, including the address 'One Holland Place, 2235 Staples Mill Road, Suite 400, Richmond, VA 23230', phone number '(804) 628-7862', and email 'pndtechhelp@vcu.edu'. There are also '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

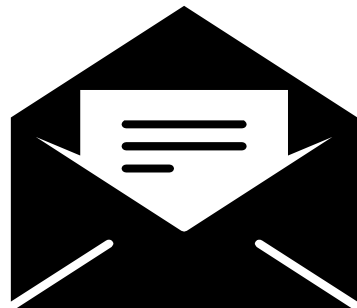
<https://vamedicaid.dmas.virginia.gov/training/crms>

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



# 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)



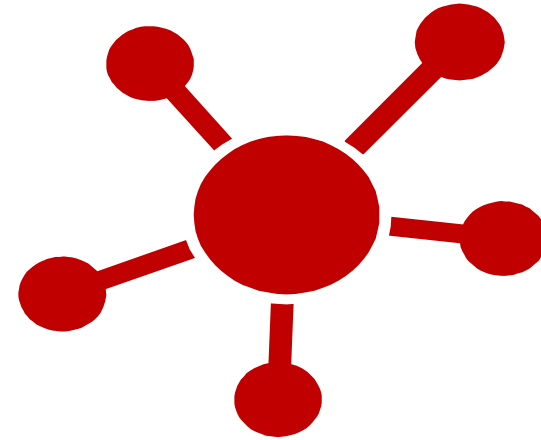


# LTSS Screening Connection Call Schedule

2024				
<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	June		December 10, 2024
<b>Hospitals</b>	March	June	September 11, 2024	December 11, 2024
<b>Nursing Facilities</b>	March	June	September 12, 2024	December 12, 2024

# Share Information with your Team

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



# Save the Date:

**Hospital Screening Team Focus**

**Wednesday, December 11, 2024**

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



# Question and Answer

