

Screening Connections

**Community Based and PACE
Screening Teams**

September 10, 2024

Office of Community Living



Welcome!

You are appreciated.

CBT and PACE Teams

August 2024 Data



Community Based Teams

Total Screenings	# Over 30 Days	% over 30 Days	Avg # of Days
2,322	164	7.06%	20.56

Submission Date from 8/1/2024 to 8/31/2024

PACE Teams

Total Screenings	# Over 30 Days	% over 30 Days	Avg # of Days
33	0	0.00%	5.15

Submission Date from 8/2/2024 to 8/30/2024



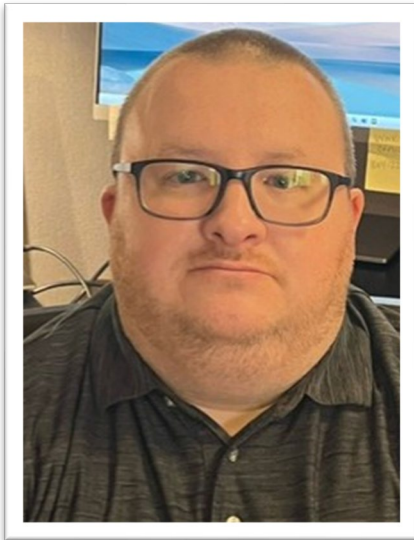
LTSS Screening Connection Call

Logistics

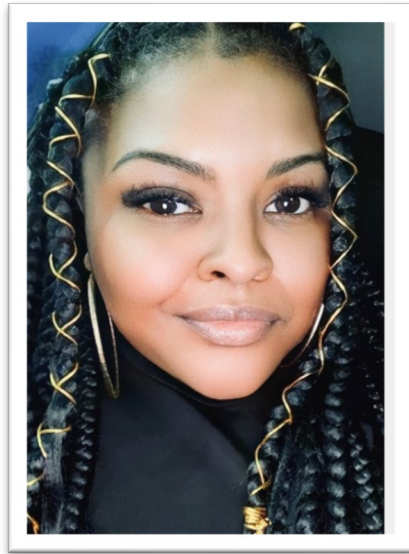


- Post your questions for today's session in the **Chat box**.
- Click the "Chat" bubble icon at the top of the screen to maximize the Chat feature.

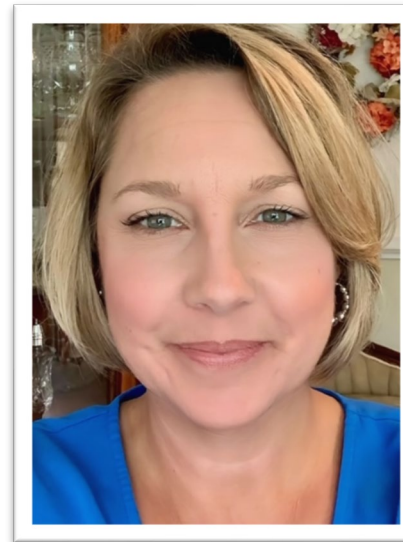
DMAS Office of Community Living (OCL) LTSS Screening Program Staff



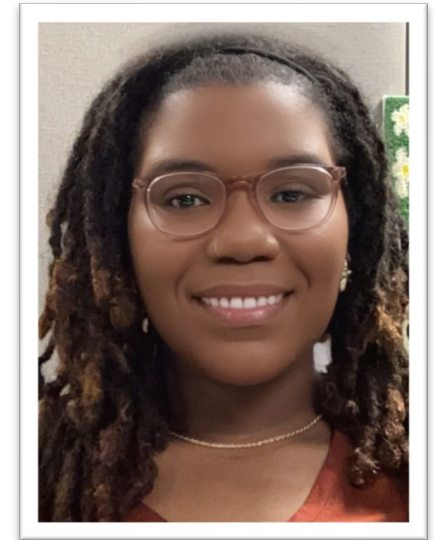
Ryan Fines
LTSS Screening Supervisor



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



Dena Schall
Technical Assistance for
Screening Assistance Mailbox
and eMLS

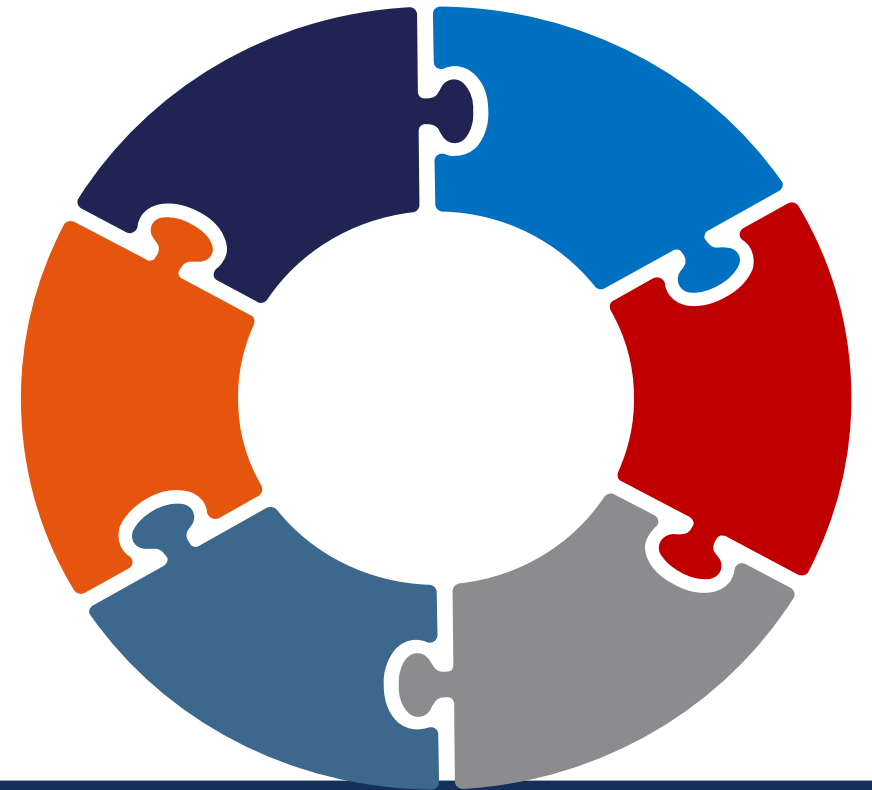


Whitney Singleton
Technical Assistance for
Screening Assistance Mailbox
and PASRR

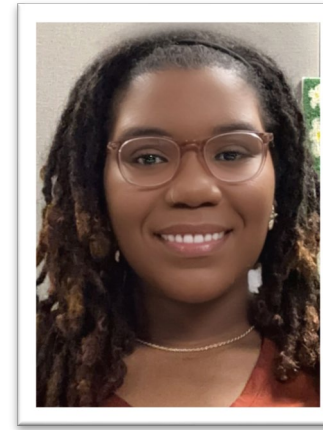
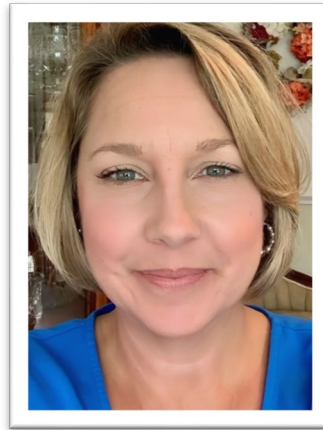
Send all LTSS Screening Questions to ScreeningAssistance@dmas.virginia.gov

Today's Agenda:

- **Updates and Frequently Asked Questions**
- **Question and Answer Period**



Today's Screening Team Focus: Community Based and PACE Teams



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

Updates:



Overview of CBT and PACE Team Changes

The Community Based Screening Teams (CBTs) conduct screenings on individuals who request one in the community or their locality.

New Guideline: 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 is responsible for documenting the agreement for the nursing facility to conduct the screening in their records.**

Updates:



Overview of CBT and PACE Team Changes

The new PACE Screening Teams conduct LTSS Screenings when the Community-Based Teams are unable to complete the screening within 30 days and/or the individual has requested enrollment in a PACE program.

The CBT can contact the local PACE site to see if they are able to conduct the LTSS Screening and document the outcome. The intention is for PACE sites to take referrals for individuals who are interested in PACE.

If PACE sites are contacted directly for a potential new enrollment, they may accept the request and conduct the screening. If the PACE Team in your locality is not ready or set up to conduct LTSS Screenings yet then the CBT should conduct the Screenings like usual.

Updates:

PACE Teams

Some PACE sites are not ready to conduct LTSS Screenings. ScreeningAssistance@dmas.virginia.gov can help with any questions or issues that are related to:

- Getting your site set up to conduct LTSS Screenings
- LTSS Screening Training and Scoring/Rating
- Basic Primary Account Holder and Delegate Administrator issues
- LTSS Screening process



Updates:



Collaboration between the CBT and PACE Teams

The Community Based Team and PACE Screening Team should collaborate and plan what their process will look like in their locality.

- **What happens if someone calls the CBT and at intake states that they are interested in PACE?** Establish who from intake will contact the PACE site to see if they are able to conduct the screening faster and if there is a specific contact person at the local PACE to call.
- **How will the CBT document this agreement?** Establish who will keep it and where. Examples: VDH electronic system, DSS records, or other tracking mechanism.
- **What happens if the individual calls the PACE site directly interested in PACE and needs a LTSS Screening?** If the PACE Team is set up and ready to conduct LTSS Screenings, they may take the request and conduct the Screening. IF the PACE Team is not ready then the PACE team should contact the CBT to let them know that they are not able to conduct screenings at this time and the CBT will take the referral.

Updates:



Changes to current practices for Community Based Teams

- CBT Screeners will no longer have to go into the Custodial NF and conduct a LTSS Screening on individuals who do not have one before discharge back into the community. Their NF Team can now conduct them.
- You may still have to do them for those NON-MEDICAID Nursing Facilities and other rare circumstances with DMAS approval.

Reminders:

Community Based Teams and conducting LTSS Screenings in the Hospital

- If an individual is in the Emergency Room or in Observational Status in the Hospital and there is 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 Based) should confer as to which team can most expediently conduct the LTSS Screening.



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. Screening information is not obtained by chart review alone. Some type of documentation should be obtained to verify ongoing Medical Nursing Need determination.

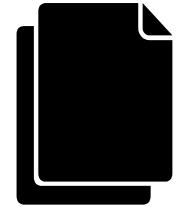
Reminders:



Interviewing and Assessing the Individual for all Screening Teams

- During the interview, while collecting background information, make sure to ask if the individual has Medicaid (or a Medicaid card) or if they have already applied for Financial Medicaid either on-line or with their local DSS. If they have then it is not needed to provide them with additional information on how to apply for Financial Medicaid. **Navigating the Healthcare system can be confusing for potential members and they may take what you say literally and reapply.**
- For individuals with Developmental Disabilities, make sure to ask if they are currently on any other Waivers such as the DD Waiver or if they have a CSB Case Manager or Support Coordinator. **IF they do, then they should be informed.**

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 Choice 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.

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.

Reminders:



Completion of LTSS Screenings within 30 days

- Completing screenings within 30 days is a requirement by law.
- It is also a CMS requirement/metric in relation to individuals having access to the CCC Plus Waiver.
- DMAS reports monthly on the numbers of screenings, choices people make, and localities that have screenings over 30 days.
- Annually, reports are sent to the Governor.

If your locality is completing LTSS Screenings over 30 days, you should be working with your state liaisons for a resolution.

Reminders:



All Screening Teams

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

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

The screenshot shows the 'Search Provider' interface for the Medicaid Provider Search Tool. The interface includes the following fields and options:

- Search Provider** (Title)
- MES Home** (Link)
- First Name** (Text input)
- Last Name** (Text input)
- Gender** (Dropdown menu: Select Gender...)
- Address** (Text input)
- City** (Text input)
- Zip Code** (Text input)
- State** (Dropdown menu: Select State...)
- NPI** (Text input)
- Provider Type** (Dropdown menu: Select Provider Type...)
- Specialty** (Dropdown menu: Select Specialty Type...)
- Language** (Dropdown menu: Select Language...)
- Business Name** (Text input)
- Location Name** (Text input)
- Accepting New Patients**
- ADA Compliant**

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

Search **Reset**

Footer: Glossary of Terms, Translation Services, Privacy Policy, Nondiscrimination/Accessibility, Copyright © 2020 DMAS, © 2024 ALL RIGHTS RESERVED

Reminders:



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

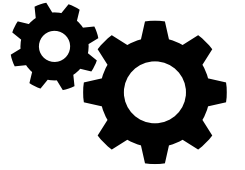
Business Name Location Name Accepting New Patients ADA Compliant

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

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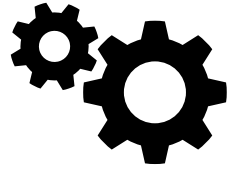
Updates:



Quick Glance at Other Screening Team Changes

- Hospitals will no longer be conducting LTSS Screenings on individuals discharging to the Skilled Nursing Facility.
- Hospitals will continue to conduct Screenings on individuals who are inpatient, have Medicaid or Medicaid Pending, and are discharging to the Long-Term Custodial NF or discharging home with a need or interest in the CCC Plus Waiver or PACE.
- 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.

Frequently Asked Questions:



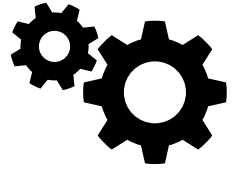
Topic: eMLS

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.

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

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 an unchecked checkbox), and "Preadmission Screening:" (with an unchecked checkbox). A large QR code is positioned in the lower right quadrant of the form.

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 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 staxia, 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.)
 a. Refer for Level II evaluation. DATE LEVEL II REFERRAL MADE _____
 (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 _____

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
 Assisted Living Facility _____
 Group Home _____
 State Hospital _____
 Other _____

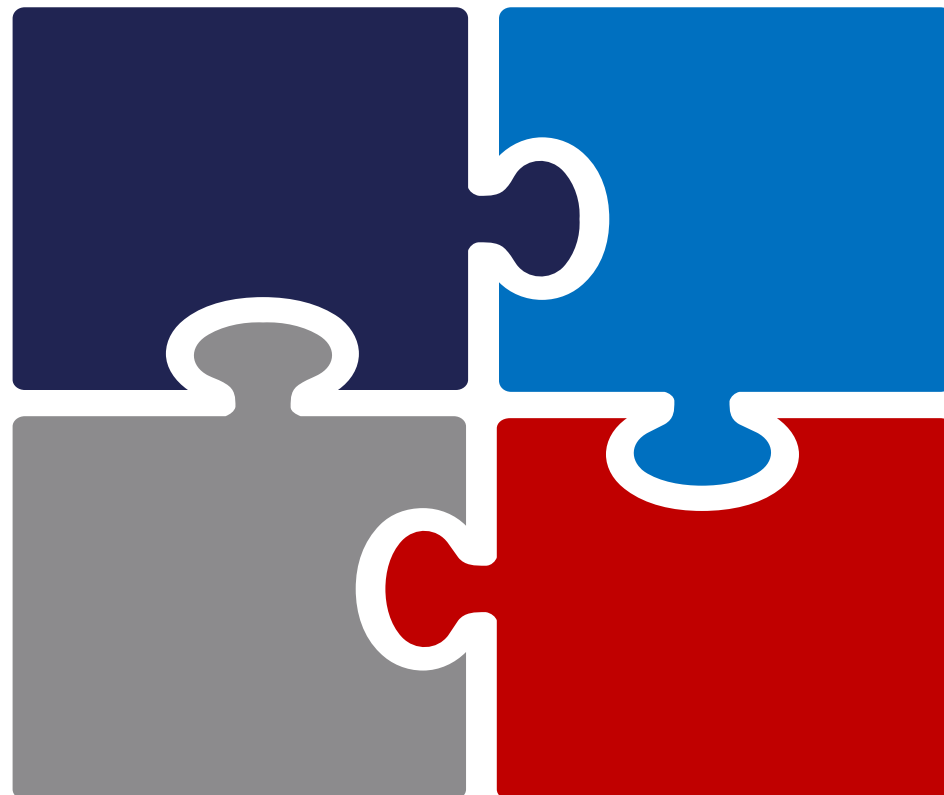
Other Outcome
 Discharged to/Remained in current residence _____
 Deceased _____
 Other _____

MAXIMUS, as the Level II Evaluator tracks Disposition of Individuals

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



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

- 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 is titled 'Care Management CRMS' and includes a search bar and a section for downloadable forms and documents. 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

Under the Provider Tab, select from dropdown- Benefits and Services, then select Long Term Care, Programs and Initiatives, and LTSS Screening.

SCREENING CONNECTIONS FOR LTSS

Look down the page for list of Screening Connection calls

The screenshot shows the Virginia Medicaid website interface. At the top, the navigation menu includes 'Applicants', 'Members', 'Providers', 'Appeals', 'Data', and 'About Us'. A red arrow points to the 'Providers' tab. A dropdown menu is open under 'Providers', with a red arrow pointing to the 'Benefits & Services' option. Below this, the page title is 'Benefits & Services for Providers'. A second red arrow points to the 'Long Term Care' category in a grid of service areas. The grid includes:

- Behavioral Health**: 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

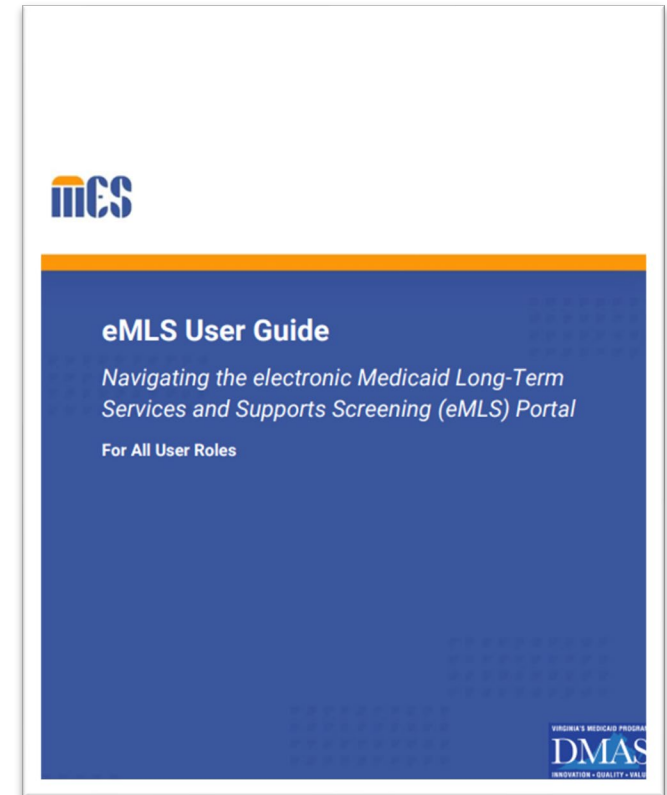
The screenshot shows the login interface for the VCU Medicaid LTSS Screening Training. The page has a purple header with the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY'. Below the header, there is a navigation bar with a 'Menu' icon, the page title 'Medicaid Long-Term Services and Supports (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 contains contact information for the Virginia Commonwealth University Partnership for People with Disabilities and helpful links for eLearning Modules, Partners, and Feedback.

Use eMLS User Guide and Training

- Access, System Requirements, User Access Roles, and Logging In
- Navigation and Functions of System
- Error Message Meaning
- Searching of an Existing Screening
- Data Entry and Submission of New Electronic LTSS Screenings
- Screening Status and Watermarks
- Voiding and Corrections of Existing Screenings
- Printing Screenings
- Uploading and Downloading the P-98 offline form
- And many more concepts

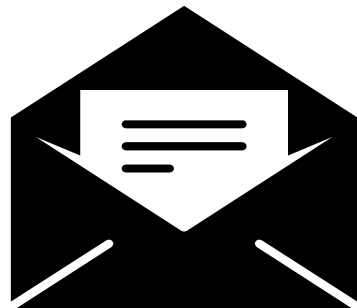
<https://vamedicaid.dmas.virginia.gov/training/crms>

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



Need Help?

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

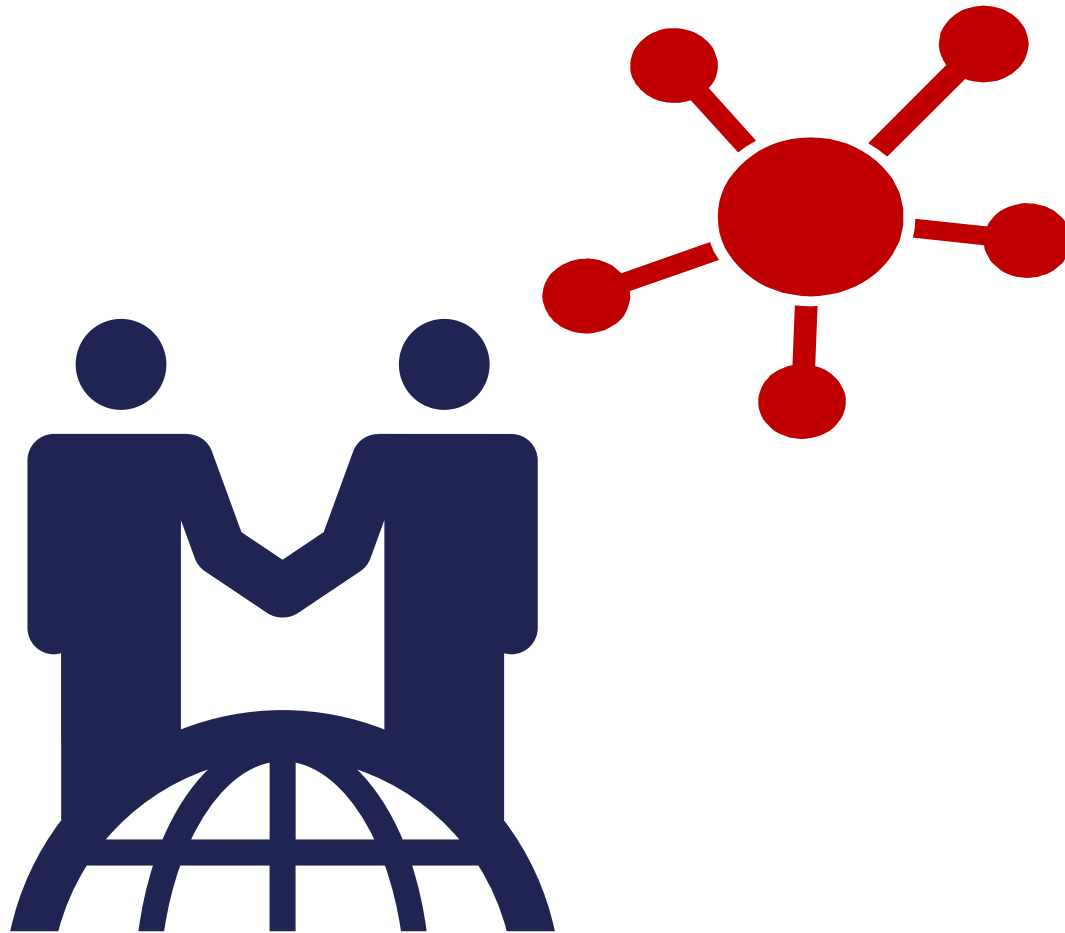


LTSS Screening Connection Call Schedule

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

Share Information with your Team

- Other Screeners
- Supervisors
- Managers
- Administrative Staff



Save the Date:

Community Based and PACE Screening Team Focus

Tuesday, December 10, 2024

Any team can join the call and listen, but the focus will be on the Community Based and PACE Team



Question and Answer

