



CardinalCare
Virginia's Medicaid Program

Screening Connections

Hospital Screening Teams

May 14, 2024

Presented by the

Office of Community Living (OCL)



VIRGINIA'S MEDICAID PROGRAM

DMAS



Thank You!

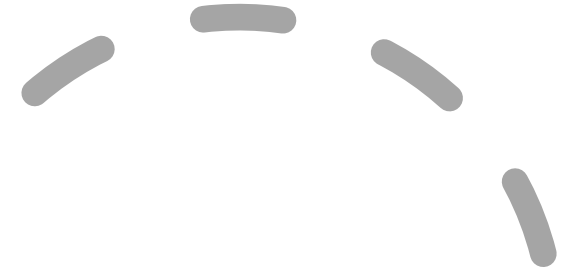
You are
Spectacular!

Logistics

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



Today's Agenda:



**IMPORTANT UPDATES,
AND REMINDERS**



**HOSPITAL TEAM
TOPIC REVIEW**



**QUESTION AND ANSWER
PERIOD**

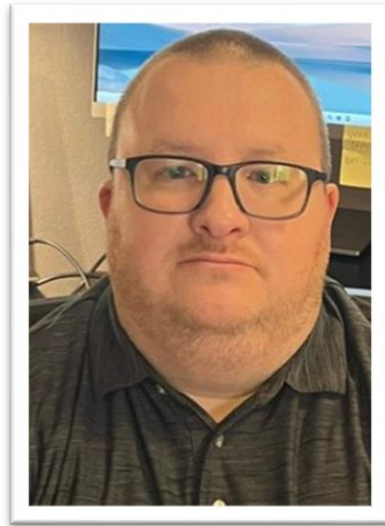
Update:

WELCOME OUR NEW SUPERVISOR

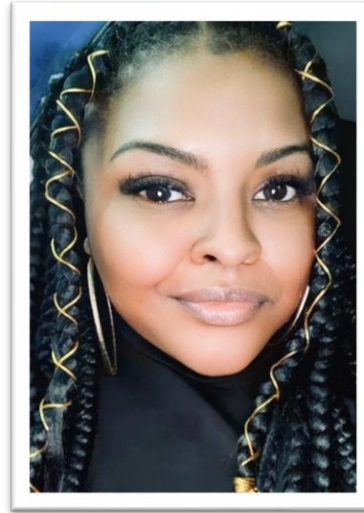


The DMAS Office of Community Living (OCL) has a new LTSS Screening Supervisor Ryan Fines.

- 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 Screening Team Focus:

Hospital

*Presented by Dena Schall, LTSS
Screening Unit*



2023 Total Screenings Conducted by the Hospital Team

	Totals	Active Treatment for MI/ID Condition (09)	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)
Grand Total	19461	9	2698	72	351	15770	421	140
📍 2023	19461	9	2698	72	351	15770	421	140

Not Auth.

HCBS-Auth.

HCBS-Auth.

Not Auth.

Facility Auth.

Not Auth.

HCBS-Auth.



These were mostly inpatient individuals with Medicaid who were discharging to a Nursing Facility (both SNF and Long Term Custodial)



Data pulled on 4-2024, number are subject to change as corrections are made.



Hospital Screening Data Check-In

2023 Break Down by Screening Team

Screening Team	Total Number of Screenings
Community Based (VDH/DSS)	23,395
Hospital	19,461
Skilled Nursing Facility	2,132
Total Number of Screenings in 2023	44,988

Includes Approved-Authorized and Approved-Not Authorized Screenings

Data pulled on 4-1-2024, number are subject to change as corrections are made.



Screening Data Check-In



2024 January through April Screenings

Hospital Screening Team Data

Year 2024	Month	Totals	Active Treatment for MI/ID Condition (09)	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)
Grand Total		6966	2	1127	34	130	5484	141	48
	Apr	1752	1	296	8	35	1369	32	11
	Mar	1647	1	282	12	36	1262	43	11
	Feb	1678	0	289	5	27	1315	28	14
	Jan	1889	0	260	9	32	1538	38	12

Data pulled on 5-2-2024, number are subject to change as corrections are made.



Screening Data Check-In



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.

Update:



LTSS Screening Connection Call Changes

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 11, 2024	September 10, 2024	December 10, 2024
Hospitals	March	June 12, 2024	September 11, 2024	December 11, 2024
Nursing Facilities	March	June 13, 2024	September 12, 2024	December 12, 2024

Update:



Next LTSS Screening Connection Calls

- **Community Based Team: Tuesday, June 11, 2024**
- **Hospital Team: Wednesday, June 12, 2024**
- **Nursing Facility Team: Thursday, June 13, 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 is working on a systematic implementation plan.
DMAS Memo/Bulletin is coming out very soon with more information.

Virginia's Legislative Information System
<https://lis.virginia.gov/lis.htm>



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". The "MES" logo is prominent. A navigation bar includes links for Appeals, CRMS, EDI, EPS, MES Training, and Providers. On the left, the "Provider Menu" is displayed with a list of items: PROVIDER HOME, MCO Provider, Provider Training, CRMS Resources, CRMS Training, Provider FAQ, Popular Downloads, Manuals Library, Memos/Bulletins Library (circled in red), MES Forms Library, EDI Resources, EPS Resources, and Login/Password Help. A red arrow points from the word "Forms" to the "MES Forms Library" link. The main content area features a "Provider Resources" header with a photo of a doctor. Below this, a welcome message states: "Welcome to the MES Provider Resource area! This is the new location for Provider information and resources. The information resources on the legacy Medicaid portal are no longer available, but don't worry - we've got you covered! Links to all of the Medicaid Memos, Bulletins, Forms and Manuals have been updated and are available below. MES will continue to provide the same resources you need to get your job done, and help provide for our Members' health care. We've just finished converting all of our Provider Manuals to PDF, for easier selection and downloading - give it a try." Below the message is a search engine section titled "Try our new MES search engine:" with a search box and a magnifying glass icon. At the bottom, there is a "What is MES?" section with a brief description of the Medicaid Enterprise System (MES).

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

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:



Download New Form from MES Homepage

DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM

It is essential that all Medicaid records for an individual match. When the records match, the LTSS Screening links to the individual's appropriate Medicaid record in the Medicaid System allowing the existence of an approved LTSS screening to be confirmed for enrollment. If the demographics do not match, the records may not link correctly, and the individual seeking LTSS could be denied services.

Member enrollment change requests are made when there is an error in one of the following key demographic fields in eMLS:

NAME, SSN, MEDICAID ID, DOB, GENDER, RACE, or a DOD error message.

These errors occur either by auto-fill in the demographic fields while starting a Screening OR when the Screener makes an error manually and processes the Screening (Accepted Status) with the incorrect information.

To resolve these problems, this form must be completed and submitted to:

PatientPay@dmas.virginia.gov

Please label email with the following subject line:

LTSS Screening Member Information Change Request

Allow at least 14 business days for all corrections.

Changes to the Medicaid record must be researched and confirmed to be appropriate. PLEASE do NOT send multiple change requests for the same person or repeatedly email the enrollment office or screening assistance.

Once DMAS Enrollment has researched and made changes to the Medicaid record, you will be notified. Once notified you must wait an additional 48 hours for these changes to be reflected in the eMLS system. After 48 hours you must return to eMLS, CANCEL the newly started screenings that auto filled or VOID/DELETE for processed screenings and then re-enter all the screening information and resubmit. If applicable, use all the original screening dates including original signature dates.

The Enrollment office can only address and make changes to the key demographic information. Please DO NOT send any other type of question to DMAS Enrollment. Other questions should go to ScreeningAssistance@dmas.virginia.gov.

It is essential you fully and accurately complete this form, as applicable, for all Medicaid record change requests.

Revised 11.28.2023

DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM

Submission Date of this Form to Enrollment: _____

LTSS SCREENER INFORMATION: Please print or type.

Name: _____ Contact information (phone and email): _____

Full Name of Agency, Hospital, or Nursing Facility (please do not use initials): _____

LTSS Screening Number: _____ Date of Screening: _____

REQUIRED INDIVIDUAL INFORMATION:

Correct Name _____ Correct DOB _____

Correct SSN _____ Correct Medicaid ID _____

Please check all that apply: Auto fill is Incorrect Error Made by Screener

<input type="checkbox"/> Incorrect Name	<input type="checkbox"/> Incorrect Date of Birth	<input type="checkbox"/> Incorrect Gender
<input type="checkbox"/> Incorrect Social Security Number	<input type="checkbox"/> Incorrect Date of Death	<input type="checkbox"/> Race:

*How have you verified the correct information, please explain (ex. Used social security card, driver's license, etc.)? This area **MUST** be completed.

Please note that ALL name changes **MUST** match with the individual's Social Security card. If the SS card is wrong the individual **MUST** contact the SS Administration before any Medicaid record can be corrected. It is not required to send a copy of the individual's social security card with this form, but it can expedite the process if you do so.

For items needing correction: Please list the wrong information entered or auto filled and the correction needed.

Name of Individual	Wrong:	Correct:
Date of Birth	Wrong:	Correct:
Gender	Wrong:	Correct:
Race:	Wrong:	Correct:
Social Security Number:	Wrong:	Correct:
Medicaid Number:	Wrong:	Correct:

Comments: _____

Return this Form as an Attachment to DMAS Enrollment at **PatientPay@dmas.virginia.gov**

Revised 11.28.2023

Update:



Downloadable Forms and Documents on the MES Homepage

mES

PROVIDER HOME

- [MCO Provider](#)
- [Provider Training](#)
- [Provider Contacts/Resources](#)
- [Provider FAQ](#)
- [Popular Downloads](#)
- [Manuals Library](#)
- [Memos/Bulletins Library](#)
- [MES Forms Library](#)
- [CRMS Training](#)
- [CRMS Resources](#)
- [Claims & Billing](#)
- [EDI Resources](#)
- [EPS 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 Records.

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

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

Search the MES Public Portal:

ENHANCED BY Google

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

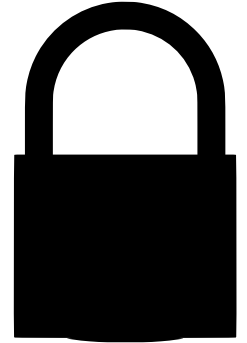
New Health Plan Fax Numbers

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.



Reminder:



Screener Electronic Signature and Title on the DMAS 96 in eMLS

- Please make sure to note if you are a RN or SW, etc. in the title field.

This authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member.

By checking this box and entering your certification number below as the screener 1, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that this member. Any person who knowingly submits this form containing any misinterpretation or any false, incomplete or misleading information may be guilty of a criminal act punishable under

Screener 1 Certification Details:

Certification Number *	Last Name *	First Name *
[REDACTED]	[REDACTED]	
Title *	Phone *	Email *
SOCIAL WORKER		

By checking this box and entering your certification number below as the screener 2, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that this member. Any person who knowingly submits this form containing any misinterpretation or any false, incomplete or misleading information may be guilty of a criminal act punishable under

Screener 2 Certification Details:

Certification Number	Last Name	First Name
Title	Phone	Email

By checking this box and entering your name as the Physician below, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that all other resour. Any person who knowingly submits this form containing any misinterpretation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may

Physician Certification Details:

Certification Number *	Last Name *	First Name *
	[REDACTED]	
Title	Verified Date *	
	01/25/2022	

Reminder:



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

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



Reminder:



While interviewing and assessing the individual in the institutional setting (Hospital):

- 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.



Reminder:



Scoring and Rating in the LTSS Screening:

Must use the LTSS Screening Manual for rating and scoring individuals. DMAS definitions may be slightly different with certain provisions for each task or category.

- Be careful using PT/OT notes or FIMS Scores if the staff conducting those assessments are not using the DMAS Screening manual definitions for each task or including information from the individual or family.
- The purpose for certain Hospital and Medicaid LTSS assessments might be different. Some Hospital assessments may be trying to justify that the individual is able to do certain tasks in order to be discharged safely and the LTSS Screening is documenting that the individual may need supervision or physical assistance or could benefit from Medicaid Long Term Services and Supports to be safe and remain in their home. They are similar but have different purposes.

Reminder:



Scoring and Rating in the LTSS Screening:

- Gather information based on how the person would conduct the activities or tasks in a home setting, in their current physical condition. Not necessarily how things are done in a Hospital where help is available with environmental modifications for safety such as a call bell, aids for physical assistance and verbal prompting, grab bars, walk in shower in their room, safety pull strings or where the Hospital must provide a service (institutional dependency), i.e. medication administration. Screeners can not rate based on institutional dependencies.
- Can the individual perform the task safely, completely, and solely by themselves in their home or do they truly need some supervision, prompting, and/or cuing to be safe. This is where the family or people close to the individual can help provide accurate information. The individual who is afraid of losing their independence may say that they are completely safe performing the task (i.e. holding on to unsteady doors in their home shower/bathtub but they say they can do it independently).
- Individuals must meet the requirements as defined in our LTSS Screening Manual for Functional, Medical Nursing Need, and At-Risk Categories in order to meet NF level of Care and to be Accepted-Authorized in eMLS for CCC Plus Waiver, PACE, or Custodial Long-Term NF.



Reminder:



Other Mandatory processes:

- Approval and Denial Letter with Appeal Rights: MUST be provided for every LTSS Screening
- Hard Copy DMAS-97 Form: Get the individual or their legal representative to physically-Pen/Ink sign this form and then transcribe it into eMLS.
- IF the LTSS Screening meets criteria then there is a Referral Process that needs to occur: Send a copy of the DMAS-96 form only to the individuals local DSS; copy of the whole LTSS Screening goes to the Health Plan and Provider of Choice; and a copy is given to the individual.
- Assist the individual in getting those services set up if possible before they discharge from the Hospital (Transfer to NF or CCC Plus Waiver Provider set up in the home if possible or PACE site contacted)

We have been getting complaints from individuals that they don't know what to do once they are at home after discharge with an approved LTSS Screening for CCC Plus Waiver.



Screening Team Topic Review:

Authorized Representative

Authorized Representative:

If an individual is not able to make decisions for themselves then their legal representative must give permission and be involved in the LTSS Screening Process.

This may mean that you will need to:

- Provide an option for the legal representative to be present while the Screening is being conducted.
- Make special arrangements via telephone conference calls if the legal representative lives out of state.
- Send the DMAS 97 Choice Form to the representative for them to sign and send back if they can't be there in person.

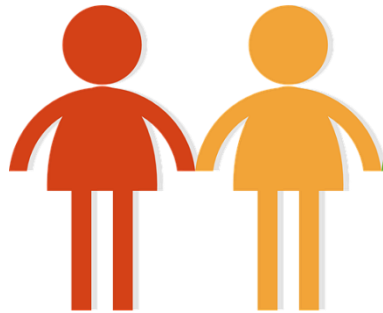


Authorized Representative:

What is a legal representative?

LTSS Screening Manual Chapter IV:

"Representative" means a person who is legally authorized to make decisions on behalf of the individual.



Manual Title	Chapter	Page
Screening Manual for Medicaid-Funded Long-Term Services and Supports (LTSS)	IV	
Chapter Subject	Page Revision Date	
HCBS Waivers, PACE and Nursing Facility	10/25/2021	

CHAPTER IV

Authorized Representative:

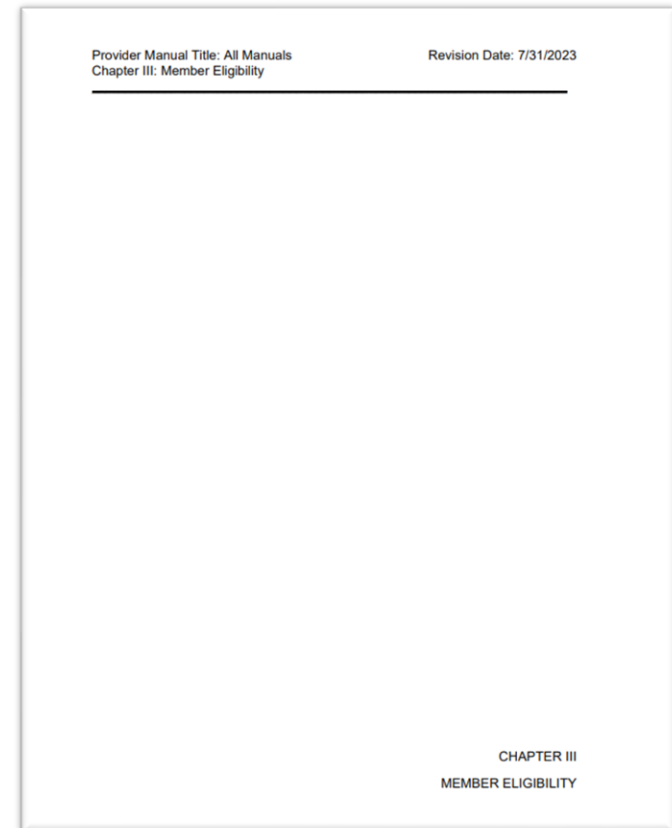
What is a legal representative?



LTSS Screening Manual Chapter III : Pages 10-12

SECTION: MEDICAID APPLICATIONS--AUTHORIZED REPRESENTATIVE POLICY

- Medicaid eligibility requirements require an applicant **or someone conducting business on his or her behalf** to verify citizenship or alien status, declare all income and assets, and make assignment of insurance and medical support benefits.
- In order to accurately determine eligibility, **Screening Team** must ensure that an individual who files an application or someone conducting business on behalf of the applicant **has full knowledge of the applicant's situation and can provide correct information.**
- A Medicaid applicant must sign the application form **unless the application is filed and signed by the applicant's legal guardian or conservator, attorney-in-fact, or other person who is authorized to apply on the applicant's behalf.**
- **If the applicant is unable to sign his or her name (due to physical limitations) but can make a mark, the mark must be designated "his/her mark" and witnessed by one person.**



Authorization Representative:



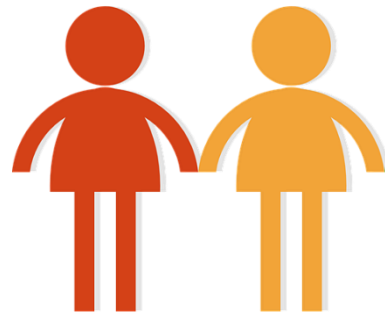
What is a legal representative? Continued

- A child under age 18 cannot legally sign a Medicaid application for himself or herself unless he or she is **legally emancipated** from his or her parents.
- If a child is not legally emancipated, **his or her parent or legal guardian, an authorized representative designated by the parent or legal guardian, or a caretaker relative with whom the child lives must sign the application.**
Exception: A minor child under 18 years of age may apply for Medicaid on behalf of his or her own child.
- A legally competent individual age 18 or older may authorize anyone age 18 or older to file a Medicaid application on his or her behalf **provided that the authorization is in writing, identifies the individual or organization authorized to conduct business on his or her behalf, and is signed by the individual giving the authorization.**

Authorized Representative:

What is a legal representative? Continued

- When an individual has been **determined by a court to be legally incompetent or legally incapacitated**, the individual's legally appointed guardian or conservator is the individual's authorized representative and can apply for Medicaid on the individual's behalf. Example: Legal Guardianship sought out after an individual became incapacitated.



Authorized Representative:



What if an individual does not have a legal representative assigned?

- If an individual does not have a legal guardian or authorized representative and is mentally unable to sign an application or designate a representative, **the individual's spouse will be considered the authorized representative for Medicaid purposes.**
- In situations where the individual is not married, is estranged from his or her spouse, or the spouse is unable to represent him or her, **a relative of the individual who is willing to take responsibility for the individual's Medicaid business may be considered his or her authorized representative.**

Relatives who may be considered authorized representatives in this situation are, in the following order of preference:

1. The Individual's Adult Child;
2. Parent;
3. Adult Sibling;
4. Adult Niece or Nephew;
5. or Adult Aunt or Uncle.

Authorized Representative:



- If it is determined that an individual cannot sign an application and does not have an attorney-in-fact or authorized representative (no relatives or relatives willing to act as the representative), **a Medicaid application may be filed by someone other than an authorized person provided the individual's inability to sign the Medicaid application is verified by a written statement from the individual's doctor. The statement must indicate that the individual is unable to sign and file a Medicaid application because of his or her diagnosis or condition. Examples: People who are not listed, friend, neighbor, etc..**
- The Screening Team will pend the application until it can be appropriately signed **if it is determined that court action has been initiated to have a guardian or committee appointed for the individual or until an Adult Protective Services investigation concludes that guardianship proceedings will not be initiated. Example: Guardianship is in process or pending.**



Authorized Representative:



- Under no circumstances can an employee of, or an entity hired by, a medical service provider who stands to obtain Provider Medicaid payment file a Medicaid application on behalf of an individual who cannot designate an authorized representative. Example: LTSS Screeners, Service Providers, Health Plan Staff, etc..



Resources



Reminder:

Health Plan

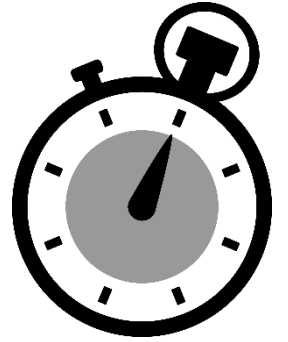
If the individual is in a **Medicaid Health Plan**, then contact the Health Plan for assistance in checking for Validity of the LTSS Screening.

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

Fee For Service

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

Current Screening Timelines:



- Individuals who have a screening conducted have 1 year of the date of the physician's signature to enroll in CCC Plus Waiver, PACE or Custodial Nursing Facility care.
- Screenings completed prior to a discharge from a SNF for persons who are enrolled into Medicaid while in the SNF, including health plans and FFS, have **180 days** post SNF discharge to enroll in the CCC Plus Waiver or PACE or a new LTSS Screening is required. If the individual is not a Medicaid member (non-Medicaid) at SNF discharge, the person has one year from the date of physician's signature on the screening to be enrolled in LTSS. After a year, a new LTSS Screening is required.
- Once an individual is ENROLLED in CCC Plus Waiver, PACE or NF, a screening does NOT expire or need to be updated as long as the individual continues to receive Medicaid LTSS.
- Individuals are allowed **180 days** to transition between providers. After **180 days** the individual must re-apply for Medicaid LTSS and a new screening is required.
- If the individual is terminated because they didn't meet NF LOC requirements, then the individual would need a new LTSS Screening to reapply for Medicaid LTSS.
- When in doubt, screen the individual.

Connection Call PowerPoints

Posted on the DMAS Website Under the Provider Tab:

Long Term Care:

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

SCREENING FOR LTSS

Look down the page for Screening Connection call information

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

Privacy Policy | Sitemap | MDS Portal Login

Search the site

Applicants | Members | **Providers** | Appeals | COVID-19 | Open Data | About Us

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 displays the login interface for the VCU Medicaid LTSS Screening Training. At the top, the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY' are visible, along with the slogan 'WE ARE THE UNCOMMON.' and a 'GIVE TO VCU' button. The page title is 'Medicaid Long-Term Services and Supports (LTSS) Screening Training'. The navigation bar includes 'Menu', 'Login', and 'Register'. The main content area shows a login form with the following elements:

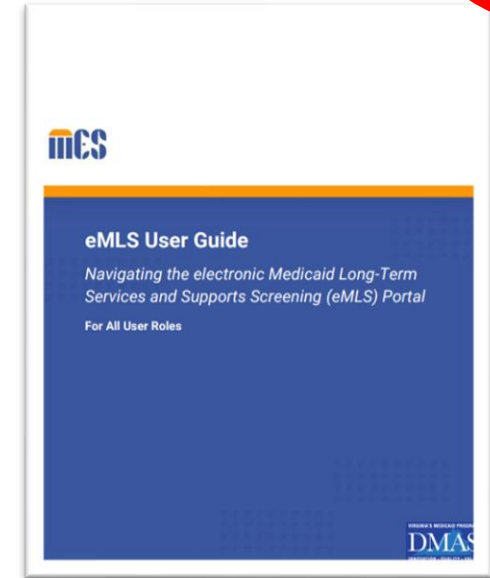
- A breadcrumb trail: 'Dashboard / Login'
- A 'Login' button highlighted in yellow.
- An 'Email address' input field.
- A 'Password' input field.
- A 'Remember me' checkbox.
- A 'Login' button and a 'Forgot Your Password?' link.

The footer contains contact information for the Virginia Commonwealth University Partnership for People with Disabilities School of Education (700 East Franklin Street) and a 'Helpful links' section with buttons for 'eLearning Modules', 'Partners', and 'Feedback'. A yellow arrow points 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

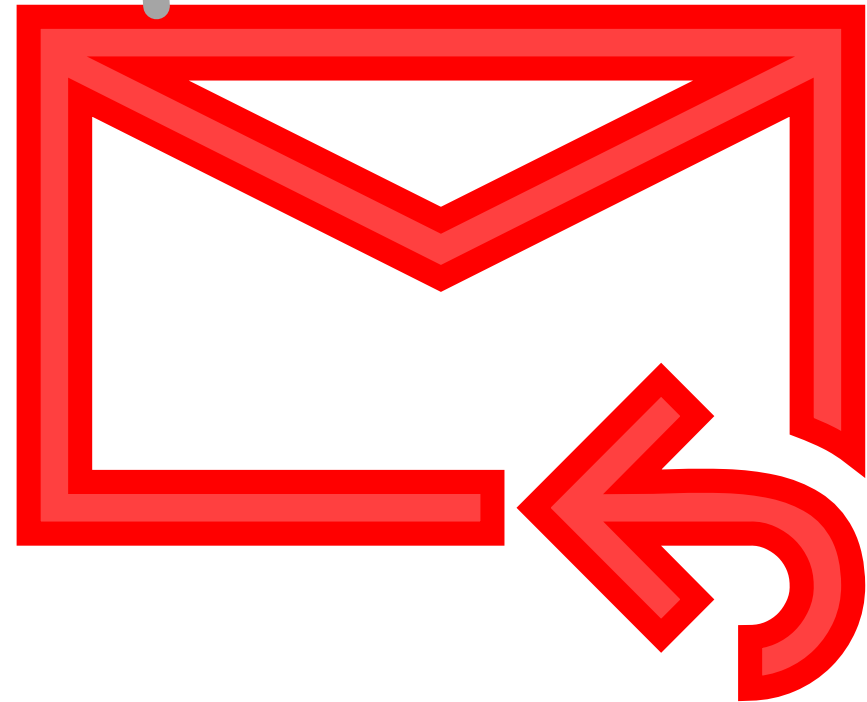


<https://vamedicaid.dmas.virginia.gov/training/crms>

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 11, 2024	September 10, 2024	December 10, 2024
Hospitals	March	June 12, 2024	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

SHARE



SAVE
— the —
DATE

Next Call:

- **Community Based Team**
Tuesday, June 11, 2024
- **Hospital Team**
Wednesday, June 12, 2024
- **Nursing Facility Team**
Thursday, June 13, 2024



Question and Answer Time

