CardinalCare
Virginia's Medicaid Program

Screening Connections

Community Based and
PACE Screening Teams

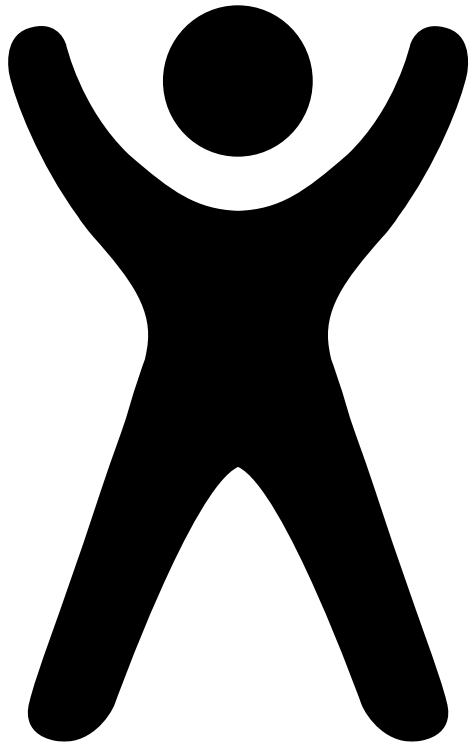
September 9, 2025

Office of Community Living

DMAS

CardinalCare
Virginia's Medicaid Program

Welcome!

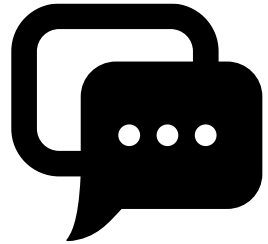


You are appreciated!

DMAS

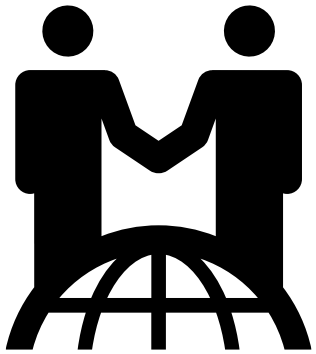
LTSS Screening Connection Call

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



Nicole Braxton

OCL Program Manager (Now Assistant OCL Director)
Temporarily Supervised the LTSS Screening Unit

Whitney Singleton

Former LTSS Screening Program Specialist
Now our new LTSS Screening Supervisor

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

Whitney Singleton
New 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

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

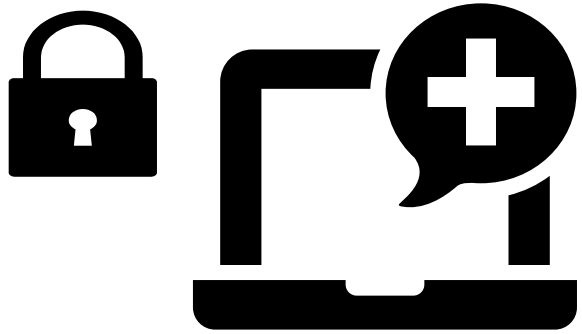
CBT and PACE Teams

ALL QUESTIONS GO TO SCREENING ASSISTANCE EMAIL

ScreeningAssistance@dmas.virginia.gov

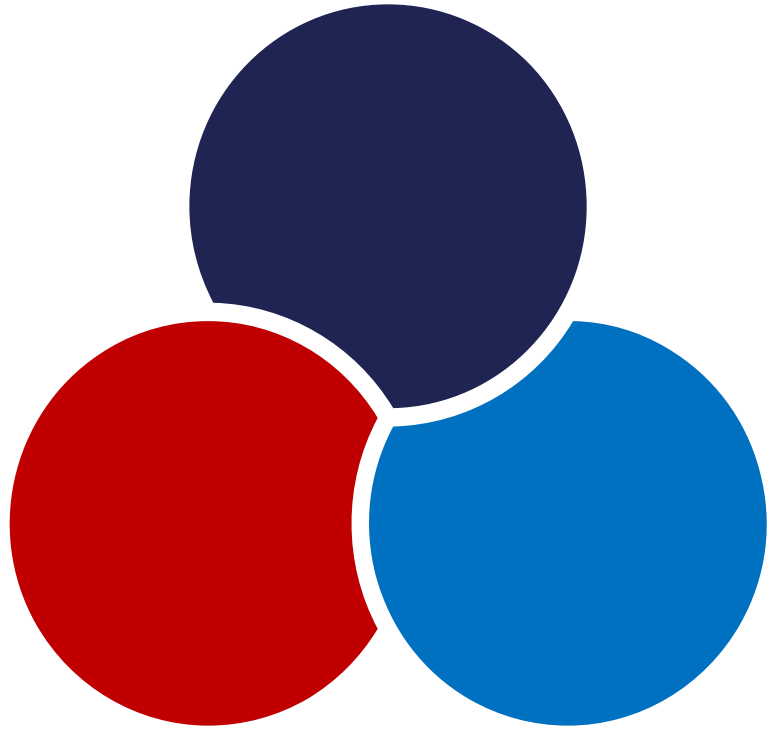
Include your name, place of employment, your contact information in addition to the individual's information so we can research and reach out to you if needed.

For Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI), ENCRYPT your emails that contain protected information. DO NOT put Names, Social Security Numbers, or Medicaid Numbers in the Subject Line!



Todays Agenda:

- Data
- Updates and Reminders
- eMLS and Corrections
- Question and Answer Period



Community Based and PACE Team Focus

Presented by Dena Schall,
LTSS Screening Program Specialist

CBT and PACE Teams

January-August 2025 Trend Data

CardinalCare
Virginia's Medicaid Program

Community Based Teams

Totals	# of Screenings	17385
	# of Submitted> 30 Days	1003

		2025							
		Aug	Jul	Jun	May	Apr	Mar	Feb	Jan
Totals	# of Screenings	2357	2428	2074	2262	2362	2312	1760	1830
	# of Submitted> 30 Days	144	166	176	128	134	81	62	112
	% of Submitted> 30	6.1%	6.8%	8.5%	5.7%	5.7%	3.5%	3.5%	6.1%

PACE Teams

	Totals	2025-Aug	2025-Jul	2025-Jun	2025-May	2025-Apr	2025-Mar	2025-Feb	2025-Jan
Totals	605	86	93	111	81	64	64	52	54

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Team Comparison

January-August 2025 Trend Data

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Virginia's Medicaid Program

Nursing Facility

	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)
Grand Total	**3442**	**3**	**234**	**2**	**42**	**3096**	**56**	**9**

Hospital

	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)
Grand Total	**7526**	**10**	**2044**	**63**	**172**	**5050**	**152**	**35**

Community Based

	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)
Grand Total	17384	17	10534	22	2151	975	3552	133

PACE

	Totals	CCC Plus Waiver (04)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	**605**	**68**	**44**	**16**	**11**	**466**

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CBT and PACE Teams

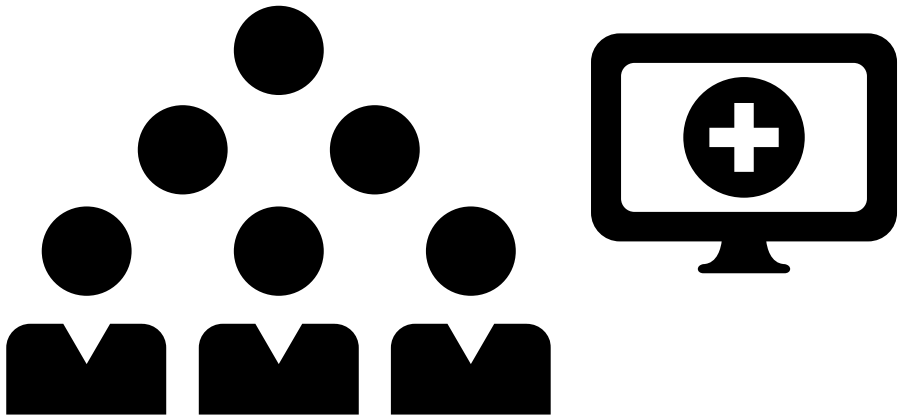
Update

A survey has gone out to Screeners and Screening Teams asking their thoughts about the days and times of the Connection Call. If you have not received one, please contact SA mailbox.

We want as many Screening Teams to attend as possible!

We will announce in December the results and new schedule for the NEW YEAR.

Please participate and pass along to your team members.



CBT and PACE Teams

Update

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Some of the survey questions will be:

- **What is your Screening Type and role?**
- **What is your preferred time of day for attending the Screening Connections Webinar?**
- **What days of the week are most convenient for you to attend? Mon-Thurs**
- **How frequent should they occur? Monthly, Bi-Monthly, or Quarterly**
- **What topics would you like to see covered?**
- **Do you have any additional comments or suggestions?**

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CBT and PACE Teams

UPDATE AND MEMO

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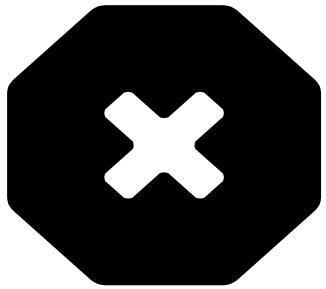
Virginia's Medicaid Program

Medicaid LTSS-CCC Plus Waiver Terminations

If an individual is terminated for one of the following reasons or codes, then a new LTSS Screening is required. Effective now and Memo coming soon.

MMIS Reason Codes for CCC+ Waiver Termination	
002	Moved out of state
003	NF LOC criteria not met
431	Overdue LOCERI
504	No services



If a MCO or Health Plan requests a new LTSS Screening due to a recent termination, you can ask for the termination code to make sure they need a new LTSS Screening.

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CBT and PACE Teams

UPDATE AND MEMO

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Checking Terminations

- **If the individual is in a Health Plan, then the Health Plan should confirm the termination codes.**
- **Individuals, Eligibility Workers, and Service Providers should consult with the Health Plan before asking for a new LTSS Screening.**
- **Some CBTs may have access for checking the termination or end codes in the system, but not all have access.**
- **If the individual is FFS, then you can contact ScreeningAssistance@dmas.virginia.gov.**

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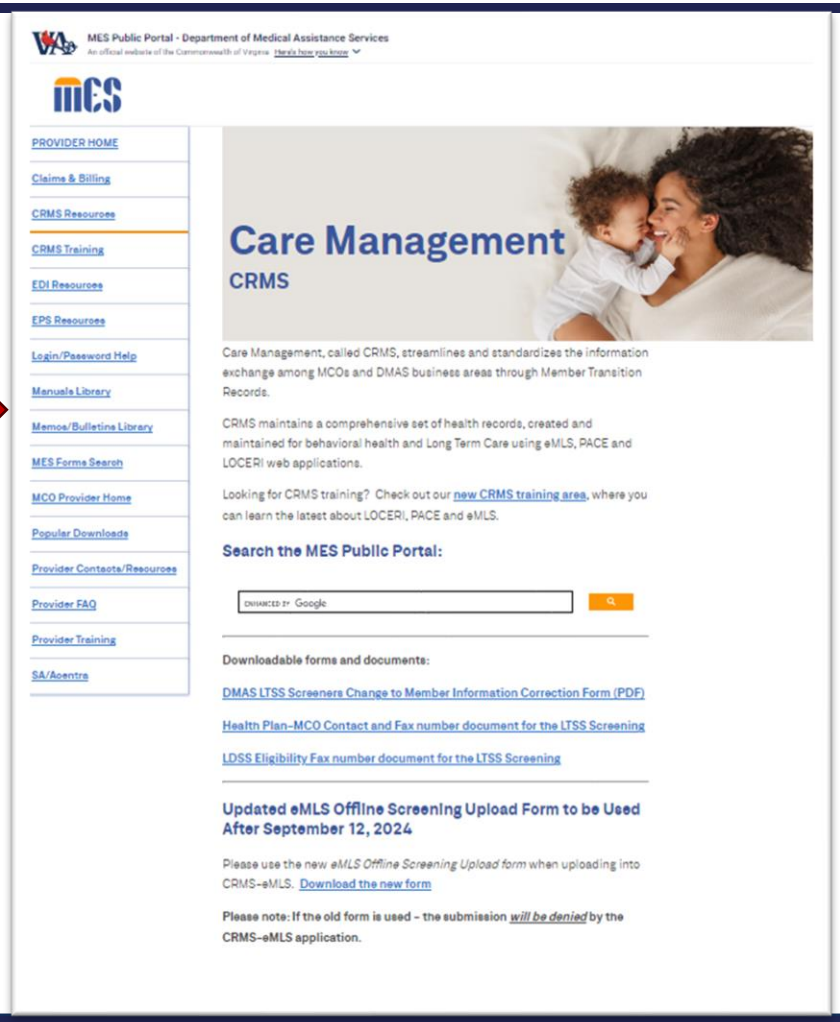
MES Homepage: Bulletins and Memos

Memos/Bulletins Library



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

Updated Screening Timelines

- Individuals who have a screening conducted have 1 year of the physician's date 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.

- **If the individual is terminated for any of the following then a new LTSS Screening is required to reapply for Medicaid LTSS: Moving out of state Code 002, Not Meeting NF Level of Care Criteria Code 003, having an overdue LOCERI Code 431, or not having services Code 504.**

- **Individuals are allowed 180 days to transition between Medicaid LTSS Choices (NF, CCC Plus Waiver, or PACE). After 180 days the individual must re-apply for Medicaid LTSS and a new screening is required.**

- When in doubt, screen the individual.

CBT and PACE Teams

Reminder

Validity Concepts:

- Screening must have all its required forms and be in Accepted Authorized status for Medicaid LTSS to begin (CCC Plus Waiver, PACE, and Long-Term Custodial NF)

- Screening must be for the correct individual and correct Medicaid Number/Social Security Number (except for rare circumstances in adoption cases-contact SA for these cases). The Medicaid ID and Social Security Number are directly related to how the Screening is attached in the Medicaid MES System. If this is incorrect, it could cause issues with payment because the LTSS Screening will not be found in the system under correct identifying information.

- Be within the General Timelines (previous slide).

- If the individual already has Medicaid LTSS and this is a transition from one LTSS to another then the original Screening used to enroll the individual into LTSS is used and passed onto the new provider. Keep in mind Screenings conducted prior to July 1, 2019, may or may not have a tangible screening to pass on and are grandfathered in.

- The only way to check for Medicaid LTSS continuity is to have access to the Medicaid System's Eligibility tabs. If the individual is in a Health Plan, they should be contacted and can help with this information.

CBT and PACE Teams

Reminder

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Direct Screening Requests and Appeal Process:

- If a LTSS Screening Team conducts a screening and the individual is determined to not meet NF level of Care Criteria, they will receive a Denial letter with appeal rights.

- The individual has 35 days from the date of the letter to appeal. This is why it is important for Screening Teams to get these letters out in a timely manner.

- If an individual happens to come back and request another LTSS Screening after the denial letter is given whether they decide not to appeal or if they are in the middle of an appeal process, the LTSS Screening Team is to honor the LTSS Screening Request.

- There are no stipulations stating that the individual can not ask for another screening while in the appeal process.

- If another Screening is conducted while in the appeal process and the new determination is that the individual meets criteria, the Screening Team does not have the authority to cancel the hearing once it is initiated. It is important for the Screening Team to communicate with the Appeals Division staff. The new Screening can be provided as additional information to the Appeal hearing staff.

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CBT and PACE Teams

Reminder

Appeal Process Tips:

- Every screening team should have access to the Appeals system called AIMS.
- AIMS has its own training and instructions that is provided from the Appeals Division.
- When an Appeal occurs, the Appeals Division will contact the Screening Team (via email, portal, etc.)

It is best practice that the screeners who conducted the Screening be involved in the hearing process, if possible.

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Reminder

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Appeal Process Tips:

When Screening Determinations are overturned during the Appeal Process, the Screening must be amended in eMLS to reflect the changes determined by the Hearing Officer:

- Nursing Facility Level of Care Criteria (ADLs, Medical Nursing Need, Risk)
- Determination on the DMAS 96 Authorization Form/Tab
- Documentation in the Member's Summary about the Appeal to include what information on the screening was amended and why

In eMLS:

- Select the Void and Appeal option to amend the Screening and use the same Request and Screening Dates as the original screening.
- Screener and Physician must re-sign the DMAS 96
- Signature dates should be the date of the Hearing Officer's written appeal decision, unless there is a different effective date in the written decision
- New Approval letter with copy of amended screening showing Accepted-Authorized status must be sent to Individual, Provider, and Medicaid Health Plan
- Follow any additional instructions given by the Hearing Officer/Appeals Division
- If you have continuing questions, contact your state liaison or Screening Assistance

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CBT and PACE Teams

Reminder

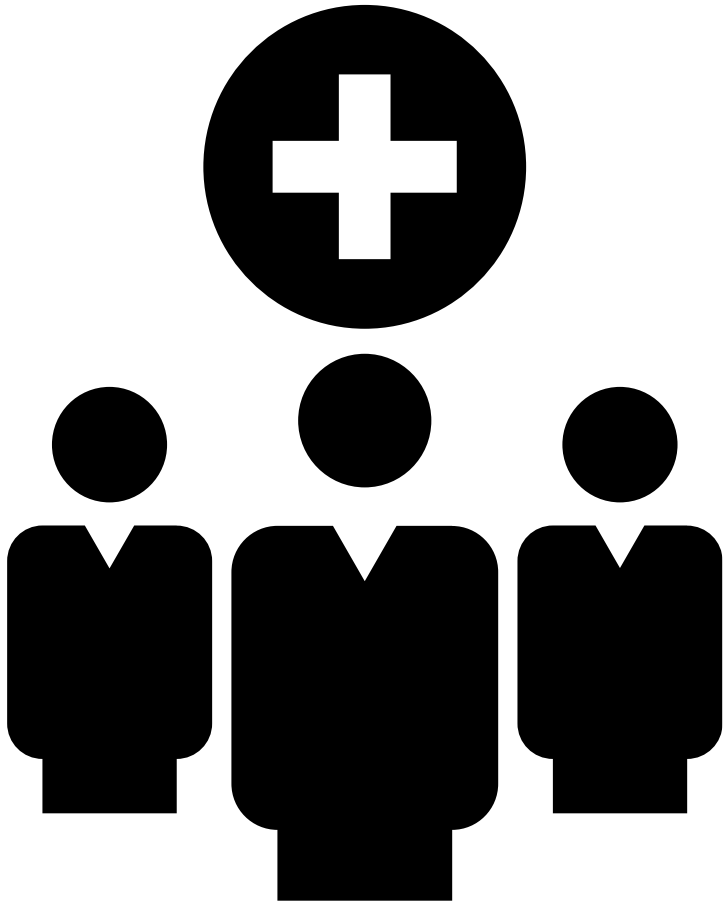
The LTSS Screening Manual and Training are currently under review and being updated.

- **Continue to attend the Connection Calls for updates and information.**
- **If you are unsure, contact: ScreeningAssistance@dmas.virginia.gov**

CBT and PACE Teams
Reminder

- **If your locality is completing LTSS Screenings over 30 days or are having issues, you <u>are</u> to:**

- Discuss issues among your counterpart team first (VDH/LHD or DSS).
- Notify and discuss with local Management (VDH/LHD and DSS) for attempted resolution.
- Contact and work with your state liaisons for a resolution.



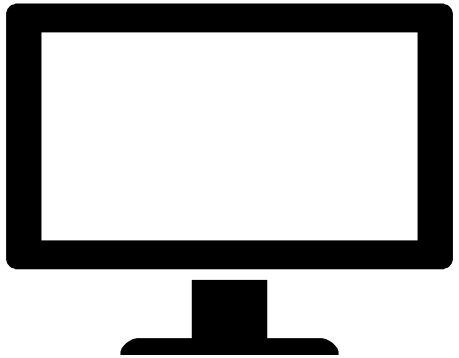
CBT and PACE Teams

Reminder

eMLS Overview

The electronic Medicaid Long Term Services and Supports Screening (eMLS) portal is the web-based tool that certified LTSS screeners use to create and submit individual screenings for Virginia Medicaid Long Term Services and Supports (LTSS).

The eMLS portal is located on the Virginia Medicaid Enterprise System (MES) in the Care Management Solutions (CRMS) module.



CBT and PACE Teams

Reminder

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eMLS User Guide

The user guide outlines the steps for navigating, creating, and managing LTSS screenings in the eMLS portal in MES, including the following tasks:

- Accessing and logging in
- Navigating eMLS features and functions
- Searching for existing Medicaid individuals and screenings
- Creating and submitting new LTSS screenings
- Resolving pre- and post-submission screening errors
- Managing screening status
- Reviewing and approving screenings

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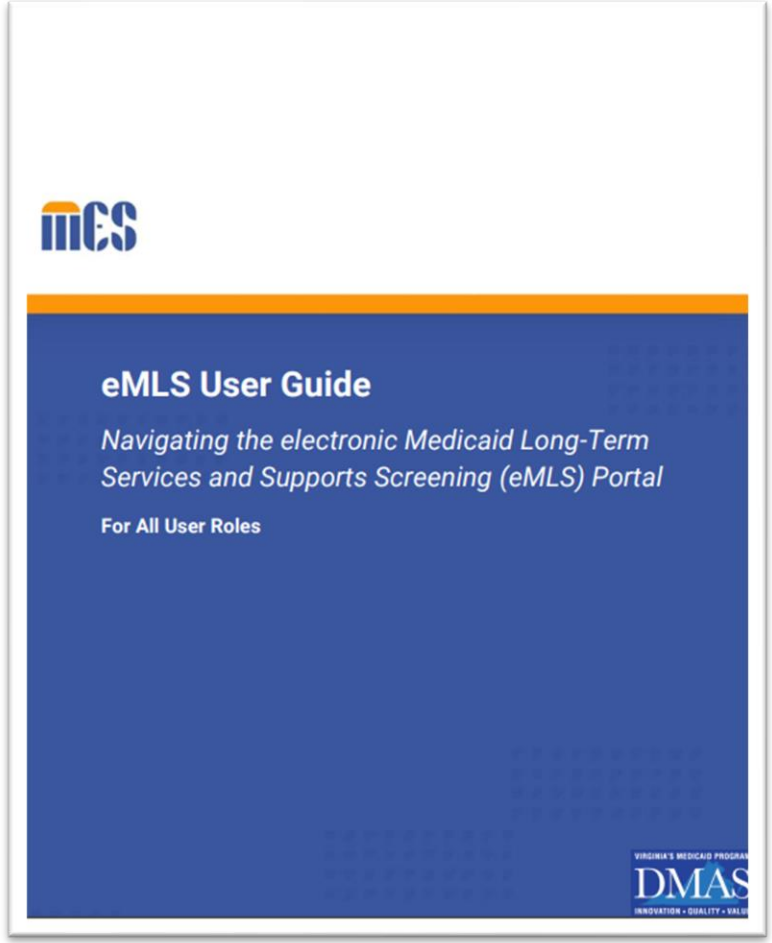
Use eMLS User Guide and Training

Screening Team staff should take the eMLS training and have a copy of the User Guide on hand if they use eMLS.

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

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



eMLS Log-In Access

How do we add new users to eMLS?

- All entities or providers that use our MES Medicaid System have a Primary Account Holder (PAH) and can issue Delegate Administrators (DAs) to provide access to the system. This is through the NPI or API. Both DSS and VDH have a general facility NPI/API for doing DSS and VDH normal business transactions (example: Clinics, etc.).
- **For LTSS Screenings**, the Community Based Team (CBT) has been given a special joint API that allows both the DSS and VDH agencies to work in the same LTSS Screening and the CBT has DMAS as their Primary Account Holder (PAH).
- Both DSS and VDH has designated certain staff from each locality to be Delegate Administrators that are responsible for setting up and providing MES-CRMS-eMLS Log-in access to their Screeners and Physicians.
- Screeners and other staff are set up in CRMS with Creator Role access and Physicians are set up with an Approver Role. Other staff who will just view or print screenings should be set up with Viewer Role.

Specific training for your DAs only, on how to add Delegates or Users can be found at: Provider Training Resources | MES (virginia.gov) PRSS 118. If you have DA issues, contact MES-Assist@dmas.virginia.gov

CBT and PACE Teams

Reminder

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eMLS Demographic or Assessment Date Corrections to a LTSS Screening

Depends on the status of the screening:

- Screenings "in progress" status just need to cancel the screening and start over.
- Screenings "in Accepted-Authorized or Not Authorized status will have to void and delete their screenings then send in a Member Correction Form to PatientPay@dmas.virginia.gov. Once the information has been corrected in MMIS Medicaid System and Patient Pay has notified you, then you can re-enter your information using the same original dates for screening assessment date, request date, screener signature date, and Physician date.

DMAS

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 filled out completely or they will get sent back.

CBT and PACE Teams

Reminder

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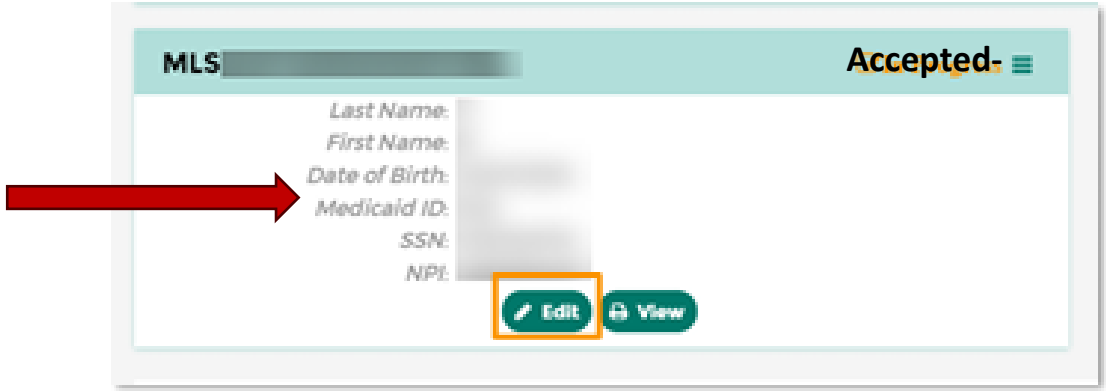
eMLS Overview

- **Please make sure to put the correct Medicaid Number in each Correction Request Form <u>regardless of whether they have active Medicaid or not.</u>**

- **If the individual has never applied for Medicaid before and has a LTSS Screening submitted (Accepted status), eMLS will generate a 975 Medicaid number in MMIS Medicaid System through the screening process. You can find this newly generated Medicaid Number on the Screening Information card in eMLS.**

- **The Medicaid Number and Social are linked in every record in MMIS and eMLS.**

- **If you make an error with the Social Security Number and the individual already had a Medicaid Number but you didn't have it and the system accidentally generates another one creating a duplicate wrong record in MMIS, then you will need to put the correct Medicaid number and then the Wrong Medicaid Number that was generated on the Member Correction Form.**



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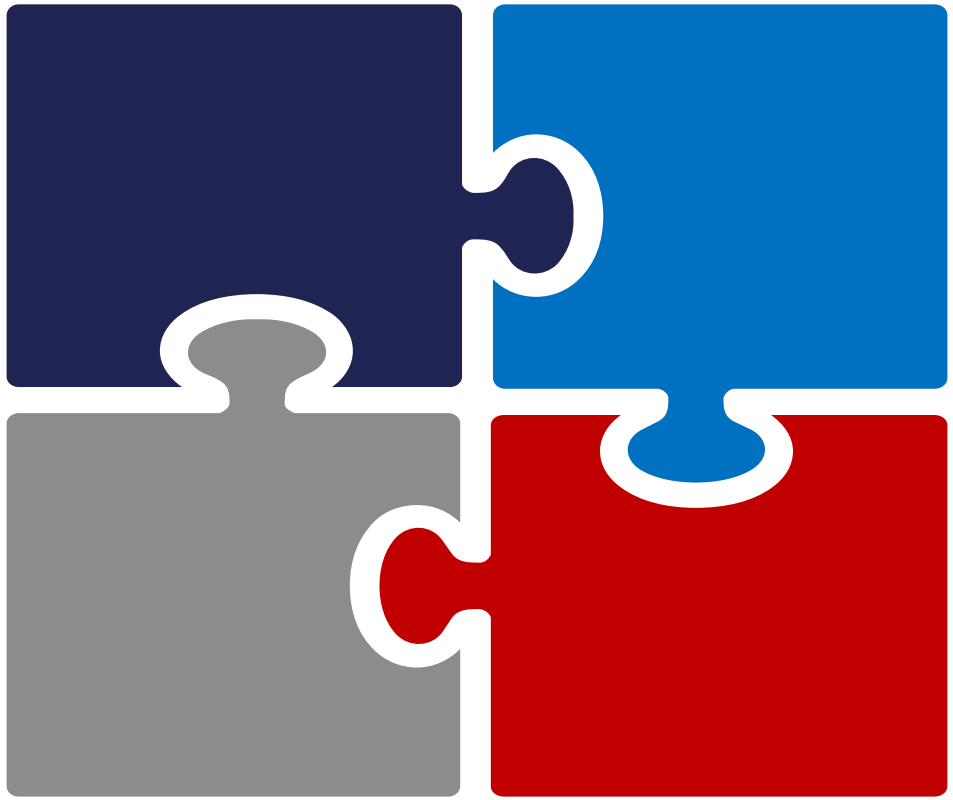
Resources:



DMAS

Connection Call Power Points

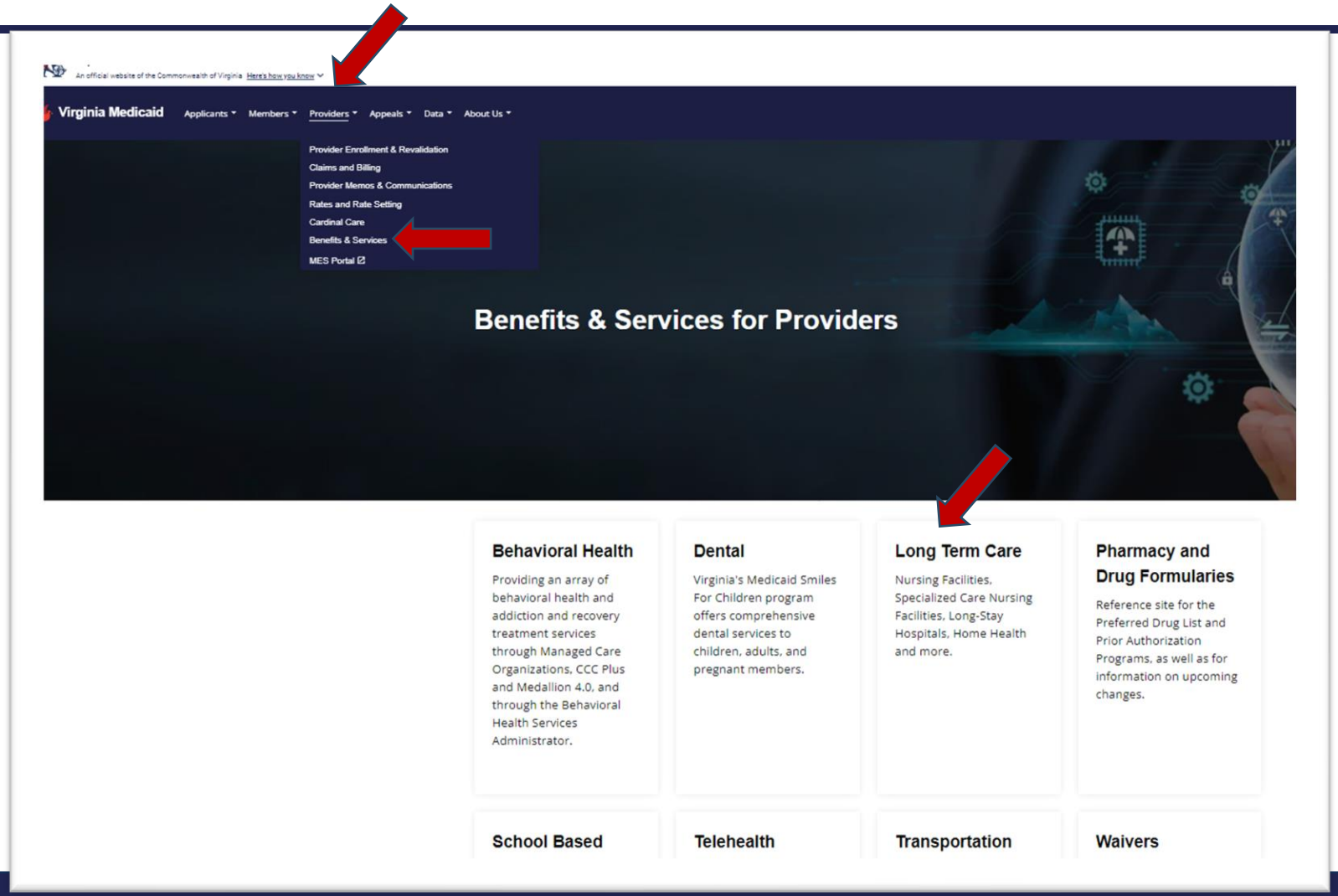
Posted on the DMAS Website:
www.dmas.virginia.gov

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

If the Power Point is not on the website yet, you can contact Screening Assistance for a copy.



Required:

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.

Fax Cover Sheet for PASRR Level II:

CardinalCare
Virginia's Medicaid Program

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

Fax

maximus

Subject: Virginia PASRR Level II Referral

To Name:	Assessment Pro	**From Name:**	_____
To Fax Number#:	(877) 431-9568	**From Fax #:**	_____
Reason for referral:	check one	**Resident Review:**	☐
		Preadmission Screening:	☐

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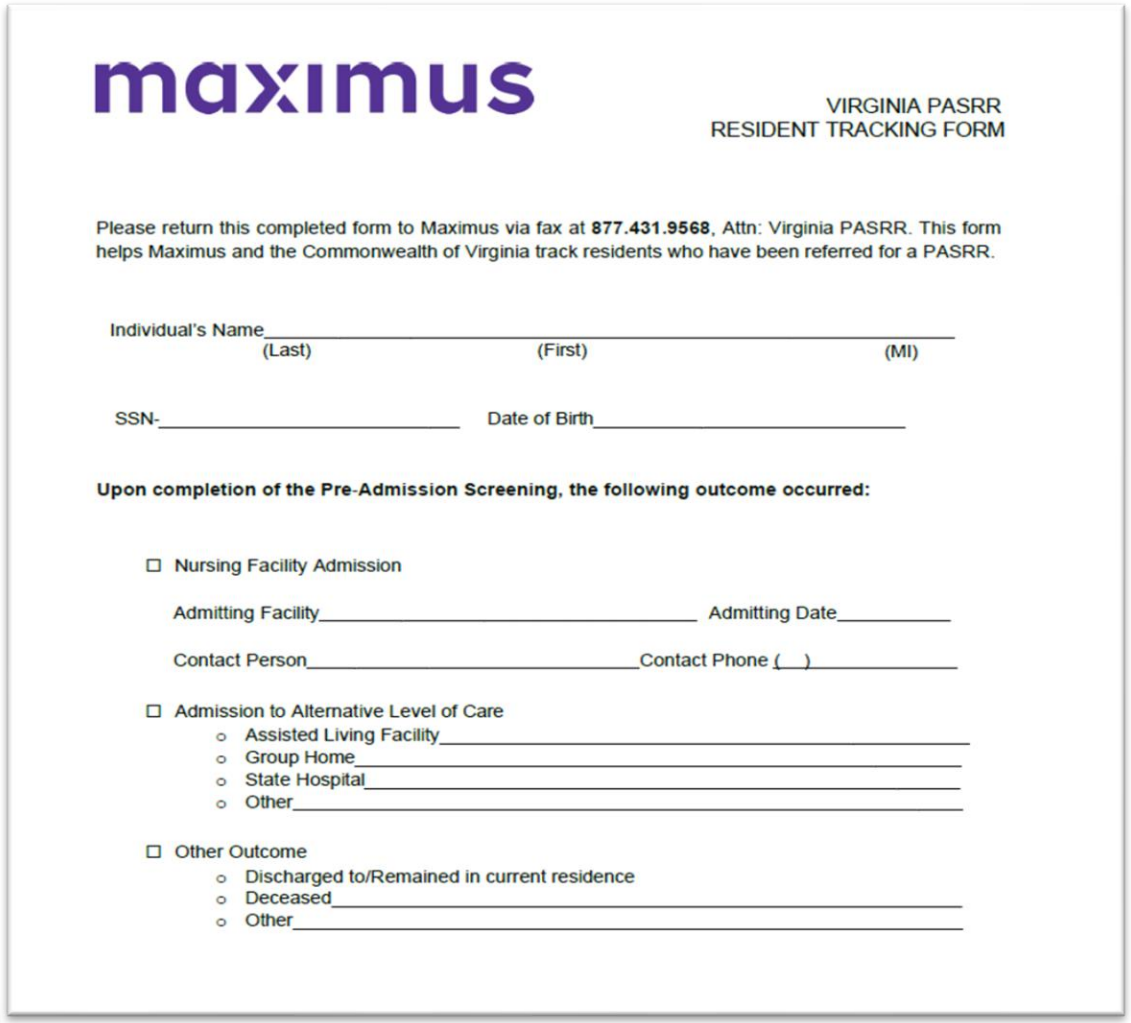
PASRR TRACKING



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

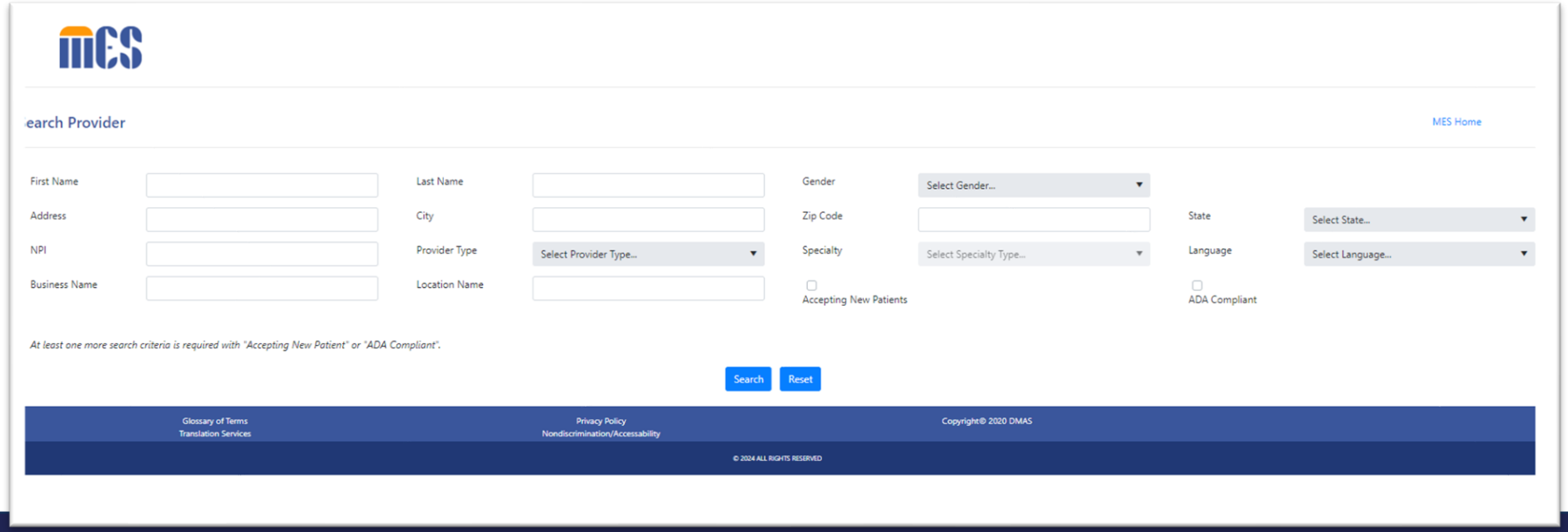
Please be sure to return the Virginia PASRR Resident Tracking form back to Maximus

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.

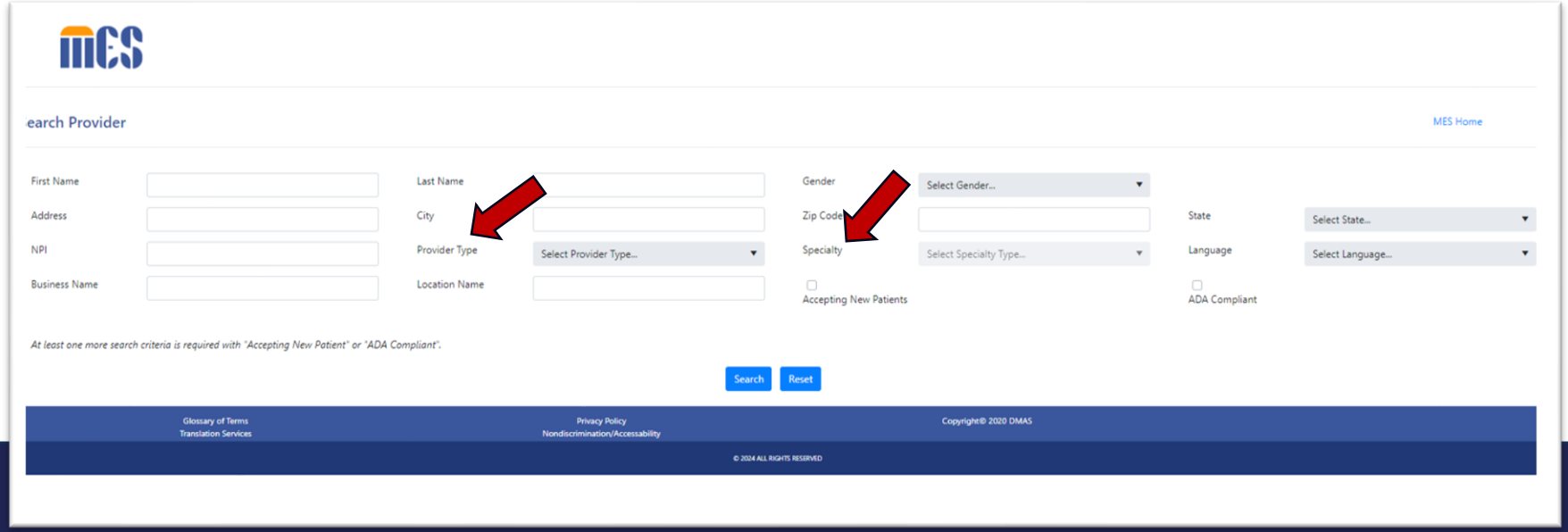
Medicaid Provider Search Tool: https://vamedicaid.vaxix.net/Search



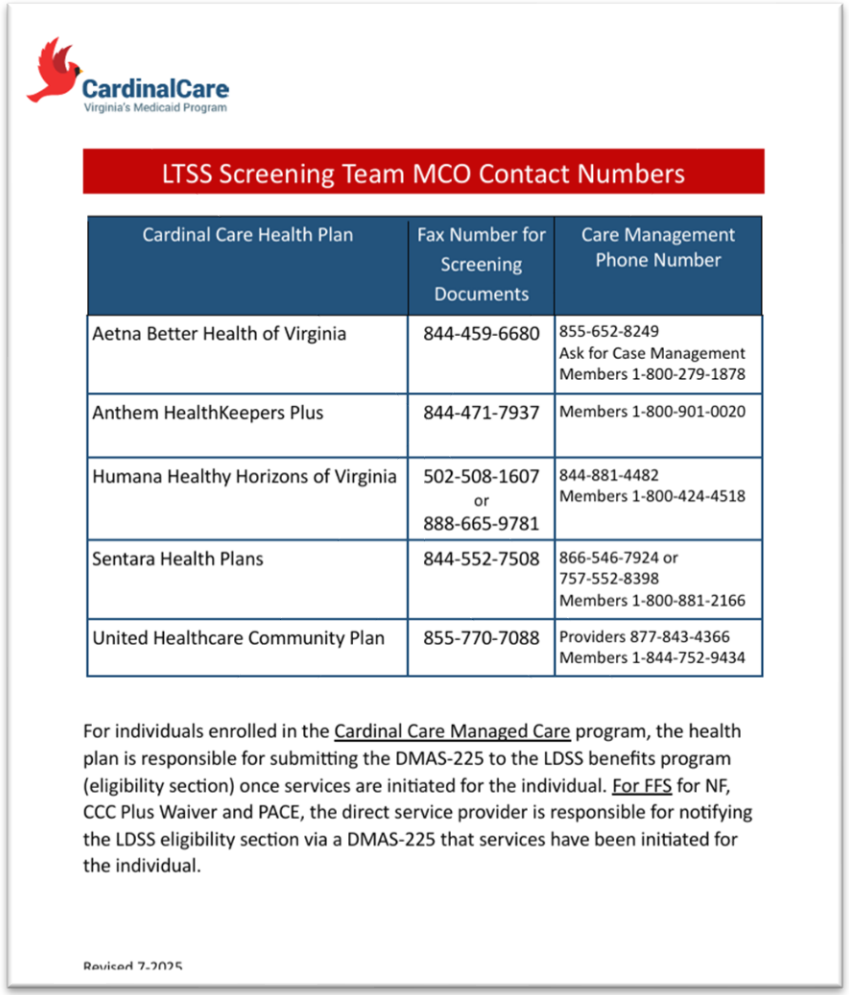
Reminders:

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.



Health Plan-MCO Contact and Fax Numbers for Referral Process



CardinalCare
Virginia's Medicaid Program

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 HealthKeepers Plus	844-471-7937	Members 1-800-901-0020
Humana Healthy Horizons of Virginia	502-508-1607 or 888-665-9781	844-881-4482 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

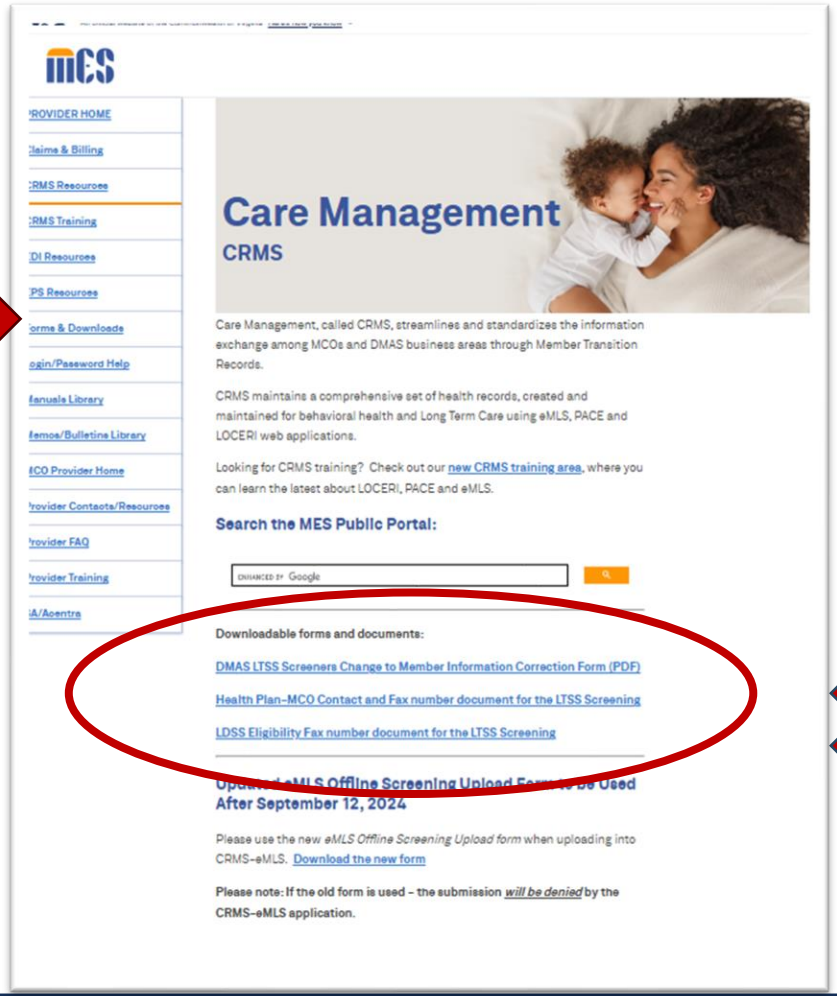
For individuals enrolled in the Cardinal Care Managed Care program, the health plan is responsible for submitting the DMAS-225 to the LDSS benefits program (eligibility section) once services are initiated for the individual. For FFS for NF, CCC Plus Waiver and PACE, the direct service provider is responsible for notifying the LDSS eligibility section via a DMAS-225 that services have been initiated for the individual.

Revised 7-2025

Found on MES Homepage
https://vamedicaid.dmas.virginia.gov/crms

Downloadable Forms and Documents on the MES Homepage

Forms and Downloads



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

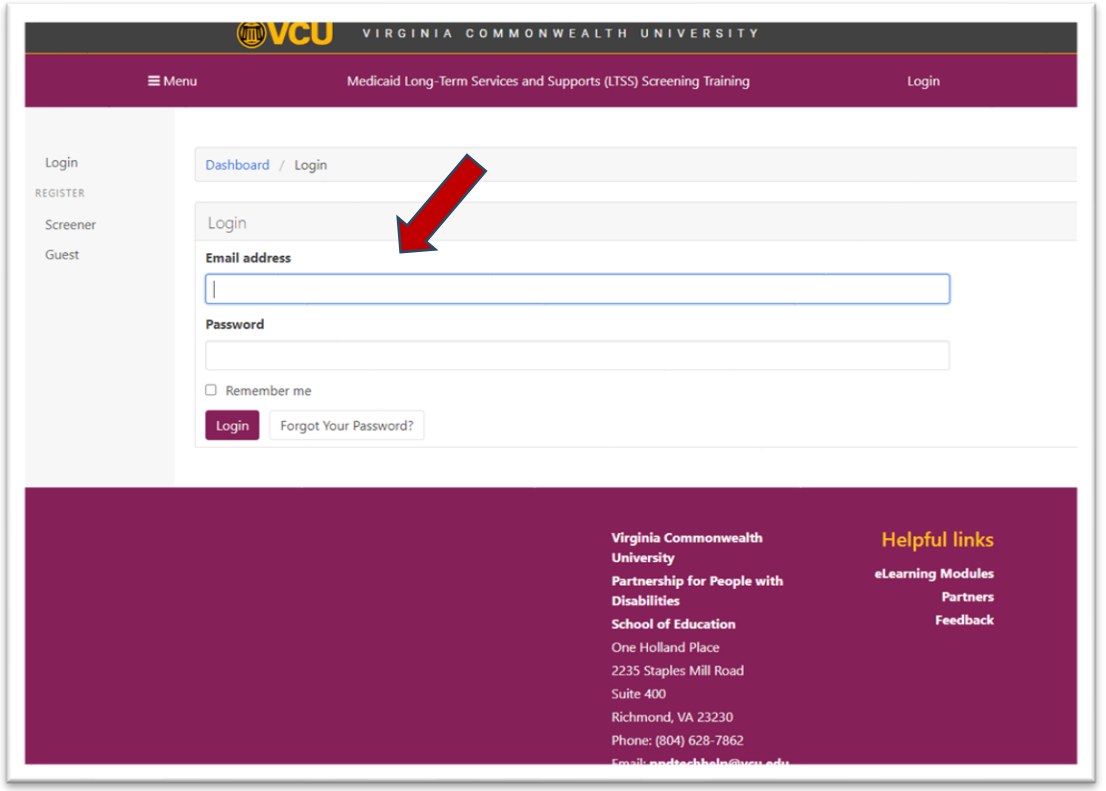
*** NEW Updated eMLS Offline Screening Upload Form to be Used After September 12, 2024**

New Enrollment Correction Form

New Health Plan Fax Numbers

VCU Medicaid LTSS Screening Training and Refresher

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

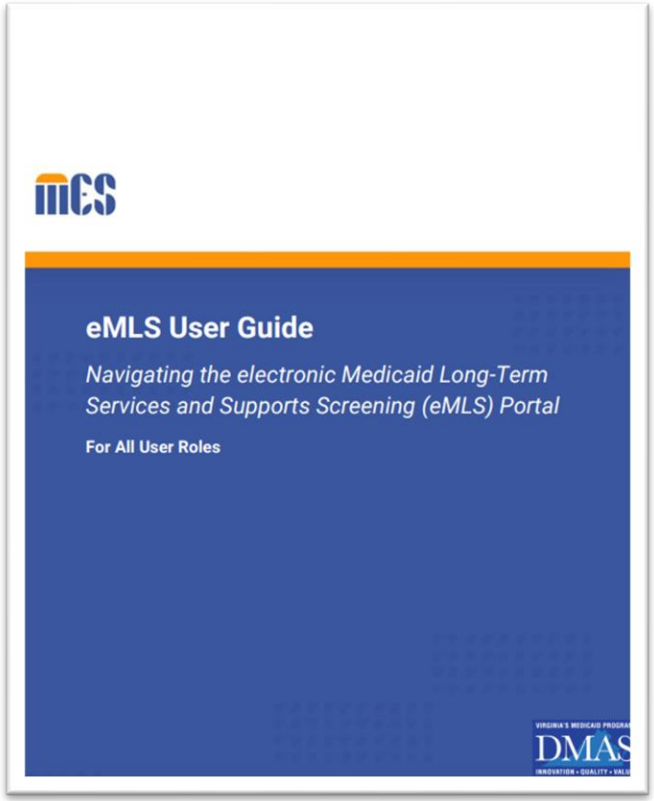


- Log-in Using your email address and created password
- To Access the Training Modules go to helpful Links – eLearning Modules

Note: In the process of updating the Manual and Training.

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



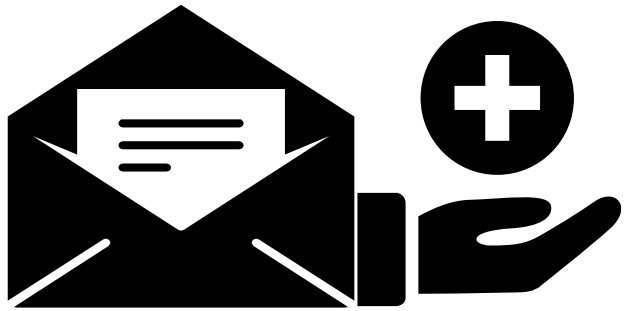
https://vamedicaid.dmas.virginia.gov/training/crms
Complete courses, CRMS-101,103,104,106, & download the e-MLS User Guide

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



LRI or Paid Caregiver

CCC Plus Waiver

Any questions on LRI or Paid Caregivers should go to:

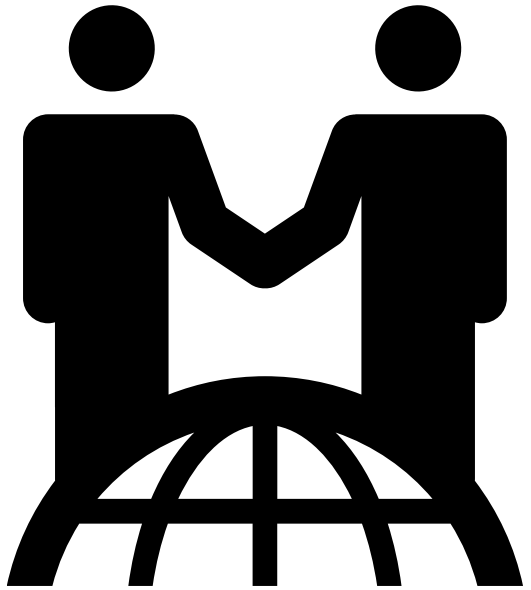
cdlri@dmas.virginia.gov

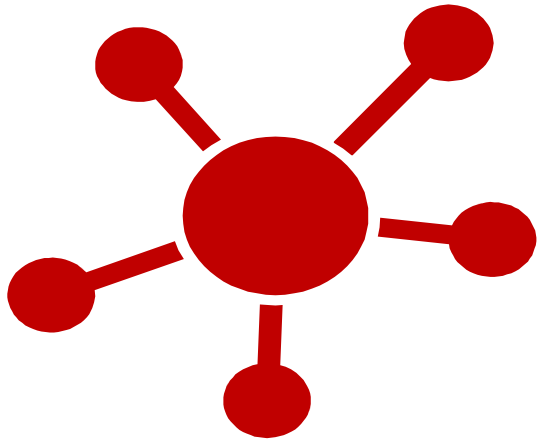
LTSS Screening Connection Call Schedule

2025				
SCREENING TEAM TYPE	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Community Based Teams (CBTs) & Program of All-Inclusive Care for the Elderly (PACE)			September 9	December 9
Hospitals			September 10	December 10
Nursing Facilities			September 11	December 11

Share Information with your Team

- Other Screeners
- Supervisors
- Managers
- Administrative Staff



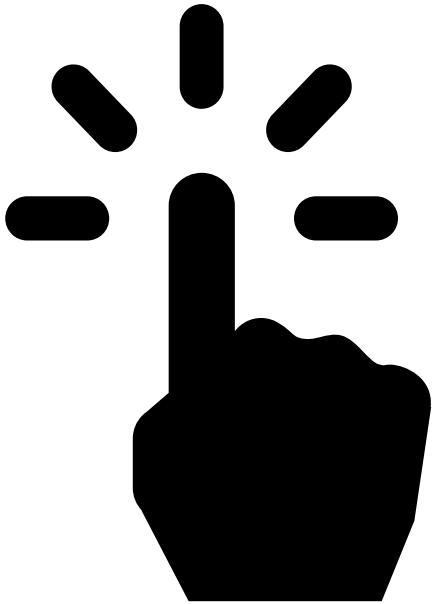
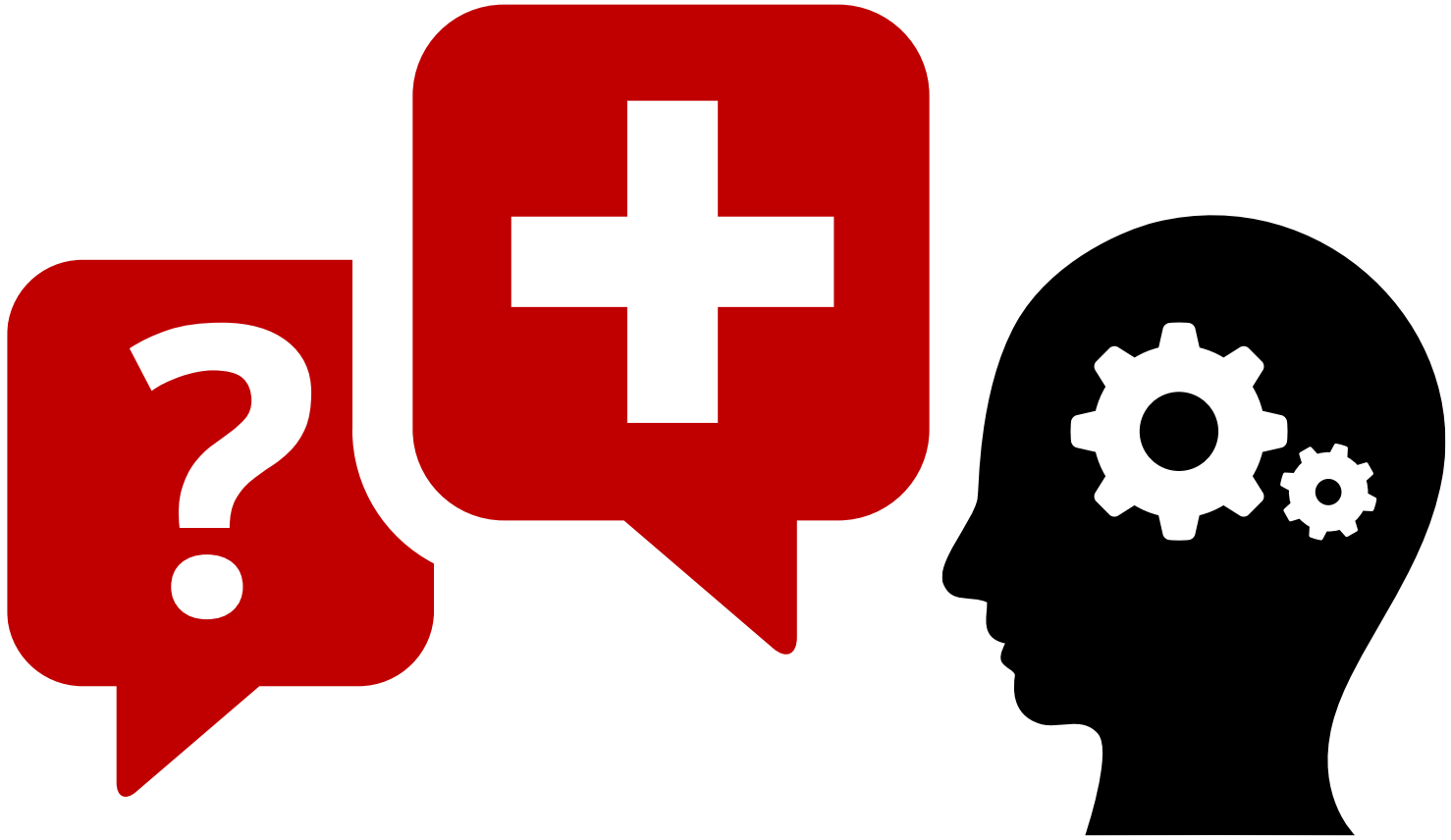


Save the Date:

Community Based and PACE Screening Team Focus

Tuesday, December 9, 2025

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



Question and Answer