



**CardinalCare**  
Virginia's Medicaid Program

# Screening Connections

**Hospital Screening Teams**  
*November 14, 2023*

*Presented by the*  
**Office of Community Living (OCL)**



VIRGINIA'S MEDICAID PROGRAM

**DMAS**

**Thank You  
for serving our  
Community**

---



# 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**



**FREQUENTLY ASKED  
QUESTIONS**



**QUESTION AND ANSWER  
PERIOD**

# Today's Screening Team Focus:

## Hospitals

*Presented by Dena Schall*



# Staff Update:



## Office of Community Living (OCL)

**Ramona Schaeffer has retired.**

**New Manager for LTSS Screening is Nicole Braxton**

**Make sure to send all LTSS Screening Questions to  
[ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov)**

**Do not send emails to individual staff members**



**Nicole Braxton**  
OCL Program Manager



**Myra Isaacs**  
Technical Assistance for  
Screening Assistance Mailbox  
and PASRR for MI/ID/RC



**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**



# Update:



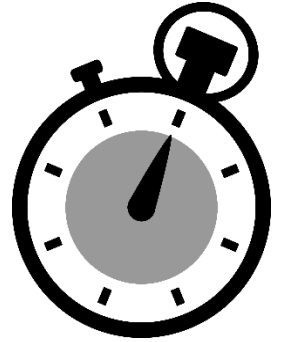
As of October 1, 2023, the Continuity Guideline will change **from 30 days to 180 days**

- Individuals are now allowed **180** days to transition between providers. After **180** days the individual must re-apply for Medicaid LTSS and a new screening is required.





# 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.

# Update:

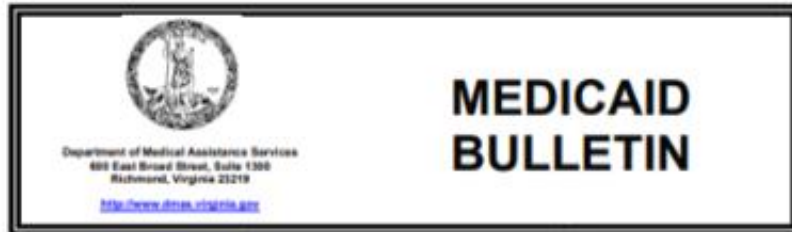


## Enrollment Member Correction Form

- The Screening Unit is aware that the Enrollment Division has been communicating with some screeners to send their requests and forms to a different email address [\[PatientPay@dmas.virginia.gov\]](mailto:PatientPay@dmas.virginia.gov) than what is listed in the form instructions for demographic corrections. This email is a legitimate DMAS email address. We are working on obtaining more details and will be educating you on this new process soon.

# Update:

## The Bulletin for SNF Post Admission Screenings came out 8-10-2023



**TO:** All Medicaid LTSS Screening Entities (Community Based Teams); other State Agencies involved in the Screening Process (DARS); Nursing Facilities, PACE sites; Acute Care Hospitals, and Medicaid Health Plans providing Care Coordination for LTSS

**FROM:** Cheryl J. Roberts, Director  
Department of Medical Assistance Services (DMAS) **DATE: 8/10/2023**

**SUBJECT:** Post-Admission Long-Term Services and Supports (LTSS) Screenings by Skilled Nursing Facilities Effective July 1, 2023

The purpose of this bulletin is to notify providers of DMAS's implementation of [House Bill \(HB\) 1681](#) and [Senate Bill \(SB\) 1457](#) passed during the 2023 General Assembly session.

In accordance with HB1681 and SB 1457, individuals admitted to a nursing facility (NF) for skilled nursing services that were required to have an LTSS screening prior to admission may have an LTSS screening performed by qualified staff of the skilled nursing facility after admission. In this situation, Medicaid reimbursement for institutional LTSS will not begin until six months after the initial admission of the individual unless sufficient evidence is provided to indicate that the admission without screening was of no fault of the skilled nursing facility. Admissions that have occurred prior to July 1, 2023, are not excluded and count in the calculation of the six months, but in no instance will payment cover dates of service prior to July 1, 2023.

In cases where an individual was enrolled in Medicaid, admitted to the skilled nursing facility for skilled nursing services, and no LTSS screening was performed prior to admission, the nursing facility may take the following steps to initiate enrollment for LTSS NF services:

1. The nursing facility must wait six months following the individual's admission to skilled care to initiate the individual's enrollment for LTSS NF services unless there is evidence that the skilled nursing facility admitted the individual without an LTSS screening due to no fault of their own.

Medicaid Bulletin: Post-Admission Long-Term Services and Supports (LTSS) Screenings by Skilled Nursing Facilities Effective July 1, 2023  
DATE: 8/10/2023  
Page 2

2. The skilled nursing facility staff qualified to perform the LTSS screening may conduct the LTSS screening and enter it into eMLS. Once the screening is showing "Accepted Authorized" the skilled nursing facility shall complete the DMAS-80 and send it to the appropriate entity. If the individual is enrolled in a Commonwealth Coordinated Care Plus (CCC Plus) managed care organization, the DMAS-80 must be sent to the appropriate MCO. If the individual is fee-for-service, the DMAS-80 must be faxed to DMAS at 804-452-5456.
3. The DMAS-80 must include the individual's date of admission to the skilled nursing facility for skilled nursing care. The date of LTSS NF admission must be six (6) months after the admission date to the skilled nursing facility unless there is justification to show that the LTSS screening was not completed prior to the admission due to no fault of their own. For example, the facility may state at the time of admission the individual was Medicaid Pending and the skilled nursing facility was not aware of the pending application. The justification must be documented in the comment section of the DMAS 80. If there are no comments with information to justify waiving the six-month period, the LTSS admission date will be entered with a date of 6 months after the initial admission date.
4. The nursing facility must keep all documentation, including the LTSS screening, DMAS-80, admission documents, and any supporting documentation justifying waiving the six-month period in the individual's record.

## Bulletin language:

In accordance with HB1681 and SB 1457, individuals admitted to a nursing facility (NF) for skilled nursing services that were required to have an LTSS screening prior to admission may have an LTSS screening performed by qualified staff of the skilled nursing facility after admission. In this situation, Medicaid reimbursement for institutional LTSS will not begin until six months after the initial admission of the individual unless sufficient evidence is provided to indicate that the admission without screening was of no fault of the skilled nursing facility. Admissions that have occurred prior to July 1, 2023, are not excluded and count in the calculation of the six months, but in no instance will payment cover dates of service prior to July 1, 2023.

**If the Hospital does not screen individuals who are Medicaid Members or applying for Medicaid, it has negative consequences for Nursing Facility Payments and ultimately for the individual.**

# Bulletins and Memos can be found on the MES Home Page in the Provider Menu at:

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

The screenshot displays the MES Public Portal website. At the top, it reads "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, a "Provider Menu" sidebar lists various options, with "Memos/Bulletins Library" circled in red. 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." A search engine section is also visible, labeled "Try our new MES search engine:" with a search box and a magnifying glass icon.

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

# Reminder:



## Staffing and Hospital LTSS Screening Teams

- Hospital designates qualified individuals to conduct LTSS Screenings
- **Must have at least an RN reviewing each assessment, but RN is not required to sign off**
- Must have a Physician or Nurse Practitioner or Physicians Assistant under the direction of a Physician signing off on each Screening
- Very important to have back up staff assigned and trained for planned and unplanned staffing leaves of absence. **There should be staff available to conduct Screenings in the Hospital or it will cause issues for individual and the providers who will be serving them.**



# Reminder:

## Hospital Screeners should be screening individuals who:

- Are **NOT already on Medicaid LTSS (CCC Plus Waiver, PACE, or Custodial NF)**. You can check by asking the health plan, local DSS of the individual, or getting your business staff to check in the Medicaid System. If in doubt or don't know, do it.
- Are inpatient status
- Have Medicaid or Medicaid Pending
- Are inpatient and directly request a Screening from hospital staff regardless of Medicaid Status.
- Going to a Skilled NF or Custodial NF
- **Discharging home with a need or interest of home and community-based services (CCC Plus Waiver or PACE). DO NOT deny a Screening in the Hospital and tell the patient to ask for one by the Community Based Team when they get home. This can delay care for the individual.**



\* Don't forget, if you make an error on the Screening demographics and it comes back to you, you will need to fix it.

# Reminder:



## CCC Plus Waiver Private Duty Nursing Cases:

### Considerations:

- **“In Correction” status** occurs when a DMAS RN PDN Reviewer returns a CCC Plus Waiver w/PDN screening to the screener for corrections. In Correction allows the screener to make changes to the screening based on information discussed with the DMAS Reviewer or entered as a Comment by the DMAS Reviewer. **Examples: adding additional details to the screening regarding the individual’s medical needs, changing the DMAS 96 to reflect CCC Plus Waiver without PDN if appropriate, etc.**
- CCC Plus Waiver w/PDN screenings must give the DMAS PDN Reviewer **a complete picture** of the individual’s medical complexities and needs. Please make sure all sections of the screening that address an individual’s complex medical condition are completed and provide additional details in the Members Summary that are not previously documented in the screening. **Examples: MUST document all scheduled Medications, tube feeding schedules, ventilator orders, tracheostomy suctioning frequency on the DMAS 108/109 and Members Summary etc.**
- Individual’s who are **already enrolled in CCC Plus Waiver w/PDN do not need a new LTSS Screening when they turn 21 years old.** There are separate processes in place for the completion of the DMAS 108 form to determine if CCC Plus Waiver Adult Private Duty Nursing criteria is met



# Reminder:



## Scoring and Rating for Children and Babies:

### Considerations must be given for Children with Complex medical Needs or equipment.

#### Example

**Rating Criteria for Bathing:** Bathing entails getting in and out of the tub, preparing the bath (e.g., turning on the water), actually washing oneself, and towel drying. Some individuals may report various methods of bathing that constitute their usual pattern. For example, they may bathe themselves at a sink or basin five days a week, but take a tub bath two days of the week when an aide assists them. The questions refer to the method used most or all of the time to bathe the entire body.

**Screening considerations for children, as age appropriate, include: safety concerns such as seizure activity; balance; head positioning; awareness of water depth, temperature, or surroundings (i.e. location of faucet); and/or other characteristics that make bathing very difficult such as complex medical needs or equipment.** If the child's situation includes any of these, rate accordingly, as age appropriate.

- Does Not Need Help (I): The child and caregiver as a unit, or the child, as age appropriate, gets in and out of the tub or shower, turns on the water, bathes entire body, or takes a full sponge bath at the sink.
- **Children younger than 12 months are developmentally expected to be totally dependent on another person/caregiver for bathing. If there are no other complex medical needs or equipment, then the child is rated as independent.**
- Children age 1 to 4 are developmentally expected to physically participate in bathing but require caregiver supervision, physical assistance, and help getting in and out of the tub. If the child and caregiver as a unit can achieve this task; the child is participating as appropriate; **and there are no other complex medical needs or equipment, then they are independent.**
- Children age 5 to 18 years are developmentally expected to physically and cognitively perform all essential components of bathing safely and without assistance. The child should be able to bathe independently (if they are not able to achieve this task, then refer to one of the other functional capacities listed below and rate accordingly)

# Frequently Asked Questions



## Is this Screening still valid?

### 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.

### 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](mailto:ScreeningAssistance@dmas.virginia.gov)**

# Frequently Asked Questions

## What are the guidelines for the DMAS Eligibility Renewal/Unwinding Project?

- Individuals who lose coverage after failing to renew within the 30-day window may still submit their paperwork for renewal during the 90 days following the date that their package was sent.
- Anyone who renews within that 90-day grace period may have their Medicaid reinstated if they're still eligible, with coverage being retroactively applied through the date of termination to eliminate any gaps.
- **Individuals will not require a new screening during this grace period.**



# Frequently Asked Questions



**If the Hospital is too busy or short staffed, can they just focus on conducting SNF or NF Screenings?**

- **NO, by law your Hospital must conduct screenings for those who are Inpatient, have Medicaid or are Medicaid Pending, going to the SNF or Custodial NF, AND those discharging home with a need or interest of Home and Community Based Services (CCC Plus Waiver or PACE).**

We have been getting complaints from individuals and family members that they are requesting a LTSS Screening, and some hospitals are stating that they are too busy or that they are just doing Screenings for those going to SNF or Custodial NF.



# Frequently Asked Questions



**What is the referral process that Hospitals are required to do once the Screening is conducted and processed in the system?**

- If the Screening is Accepted-Authorized then a copy of the Screening goes to the individual or legal representative, Health Plan/MCO if they are in one, and the provider of choice.
- The Hospital must pass along the hard copy of DMAS 97 form that was pen/ink signed by the individual and then keep a copy of the form in the individuals hospital record.
- **A copy of the DMAS 96 form only MUST go to the local DSS of the Individual for them to get services. DSS Fax numbers are in the LTSS Screening Manual.**
- An Approval or Denial Letter must be given or sent to the individual.



# Frequently Asked Questions



**Can the Hospital recertify or update an old Screening from months ago and have the Physician resign with new dates versus conducting a new Screening?**

- No, LTSS Screenings and assessments are conducted new each time. There is no such thing as recertifying or updating a LTSS Screening.



# Frequently Asked Questions



**If an individual is in-patient status and discharging home from the hospital and the Hospital conducted one that was authorized for the CCC Plus Waiver, who sets up the service with the CCC Plus Waiver Provider?**

- If the individual is in a Medicaid Health Plan, then you are to contact the Health Plan so they can help set up services for when the patient goes home
- If the individual is FFS Medicaid then the Hospital Screener helps set up the CCC Plus Waiver Provider like they would for OT or PT or Nursing.



\* We had a few families contact us this month because they didn't know what the next steps were because the Hospital nor the Health Plan provided guidance



# Resources

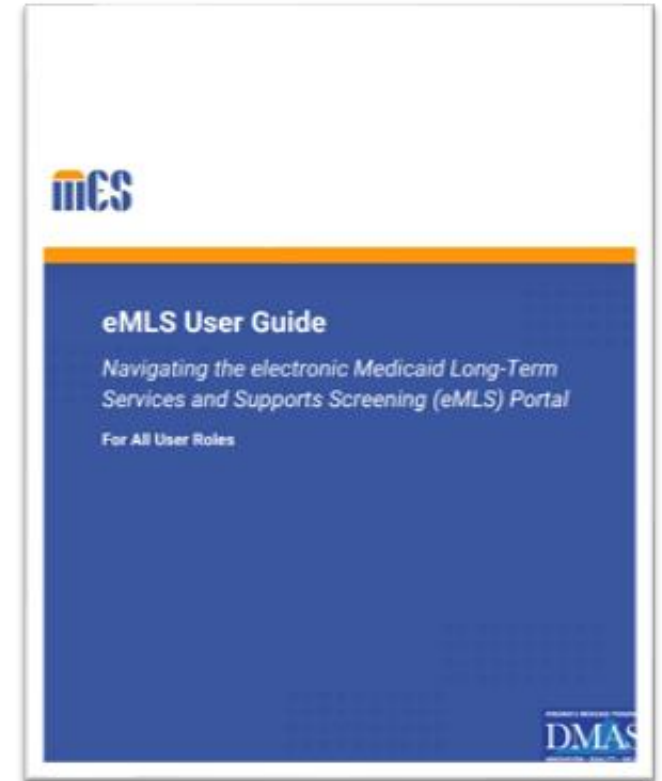
---





# 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

# 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 the following items: "Applicants", "Members", "Providers", "Appeals", "COVID-19", "Open Data", and "About Us". A red arrow points to the "Providers" tab. Below the navigation bar, there is a large image of a man in a plaid shirt. Overlaid on the image is the text "Programs and Initiatives" with a red arrow pointing to it. Below this text, a list of programs is shown: "Electronic Visit Verification, Program of All-Inclusive Care, Civil Monetary Penalty, Screening". Below the image, there is a section titled "Resources - Programs and Initiatives" which contains four cards. The cards are: "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

Providers

Programs and Initiatives  
Electronic Visit Verification, Program of All-Inclusive Care, Civil Monetary Penalty, Screening

Resources - Programs and Initiatives

- Electronic Visit Verification  
The federal 21st Century CURES Act of 2016 requires states to implement Electronic Visit Verification (EVV).
- Program of All-Inclusive Care  
PACE helps adults ages 55+ who are living with chronic health care needs and/or disabilities to receive community-based services and support.
- Civil Monetary Penalty  
Civil Monetary Penalty (CMP) funds help improve the quality of life for individuals residing in Nursing Facilities within the Commonwealth.
- Screening  
Screening ensures Medicaid-eligible individuals, and those who will become eligible for Medicaid within six months, meet the required level of care criteria.

# Need a Refresher?

## VCU Medicaid LTSS Screening Training

at: <https://medicaidltss.partnership.vcu.edu/login>

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

The screenshot shows the login page for the VCU Medicaid LTSS Screening Training. The page has a purple header with the VCU logo and the text "VIRGINIA COMMONWEALTH UNIVERSITY". Below the header, there is a navigation bar with "Menu", "Medicaid Long-Term Services and Supports (LTSS) Screening Training", "Login", and "Register". The main content area contains a login form with the following elements:

- 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.

A red oval highlights the "Email address" and "Password" input fields. A yellow arrow points to the "eLearning Modules" link in the footer.

Helpful links  
eLearning Modules  
Partners  
Feedback

# Need Help?

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

# Upcoming Connection Call Schedule and Team Focus

2023				
<u>SCREENING TEAM TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Nursing Facility				
Hospitals				
Community Based Teams (CBTs)				December 12

2024				
<u>SCREENING TEAM TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Nursing Facility	January 9	April 9	July 9	October 8
Hospitals	February 13	May 14	August 13	November 12
Community Based Teams (CBTs)	March 12	June 11	September 10	December 10

# SHARE INFORMATION WITH YOUR TEAM

- Other Screeners
- Supervisors, Managers, Directors





SAVE  
the  
DATE

## Next Call:

- **Community Based Screening Team Focus**
- **December 12, 2023 at 3:30**
- **Any team can join the call and listen, but the focus will be on CBT Issues**



# Question and Answer Time