

Screening Connections

Nursing Facility Screening Team

March 13, 2025

Office of Community Living

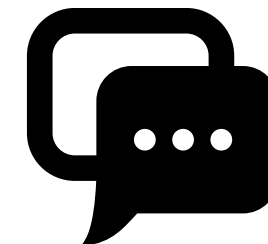
Welcome!

Thank you for your hard work!

**Today's Screening Team Focus:
Nursing Facility**

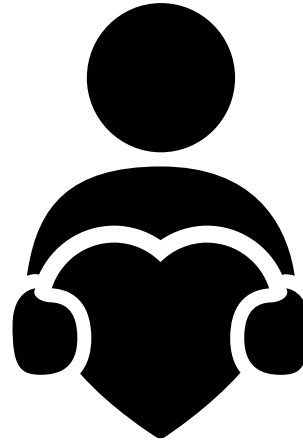


Call Logistics



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

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



Ryan Fines

LTSS Screening Supervisor

Ivy Young

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

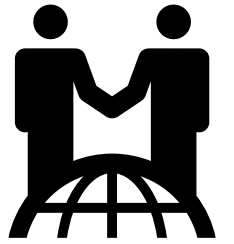
Dena Schall

Technical Assistance for
Screening Assistance
Mailbox, CBTs, Hospitals,
and eMLS

Whitney Singleton

Technical Assistance for
Screening Assistance Mailbox,
Nursing Facilities, MCOs, PACE and
PASRR

Communicating with Screening Assistance



Screening program staff will be reaching out to Nursing Facilities around the state to connect, educate, provide resources, and retrieve contacts for your facility.

We want to improve:

- Communication
- Connection Call Attendance
- LTSS Screening Accuracy

Communicating with Screening Assistance



ALL LTSS Screening Questions are sent to ScreeningAssistance@dmas.virginia.gov

- Emails are answered in the order of the receipt, please allow 72 hours for a response.
- Do not reply to your email thread before receiving a response to your original inquiry. This moves your email to the end of the queue.
- Provide enough information for us to research your inquiry and contact you, when necessary. (Your full name, place of employment, phone number, member's identifying information, etc.)

Communicating with Screening Assistance



Health Insurance Portability and Accountability Act (HIPAA)

- Emails containing Protected Health Information (PHI) MUST be encrypted
- Do NOT put names, SSNs, Medicaid numbers, or any other PHI in the subject line
- Screening Assistance will send you a secure email, when requested.

Failure to encrypt PHI is a HIPAA violation!

Communicating with Screening Assistance



Requests for copies of LTSS Screenings should go to the following entities, allowing a reasonable response time, BEFORE sending a request to Screening Assistance:

- **Team who conducted the Screening**
- **Individual's Managed Care Organization**
- **Individual's previous LTSS provider**

Attempts to obtain the LTSS Screening from the proper sources should be noted in your request to Screening Assistance.

Increased volume of Screening requests, will delay response time for all inquiries.

Today's Screening Team Focus: Nursing Facility Teams

Presented by Whitney Singleton,
LTSS Screening Program Specialist

Today's Agenda:

- **Data**
- **Updates**
- **NF Screening team review**
- **Frequently Asked Questions**
- **Q&A Period**

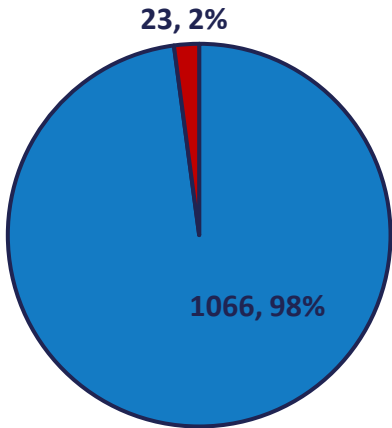


Nursing Facility Screening Team Data

LTSS Screenings conducted by Nursing Facility Screening Teams December 2024 – February 2025

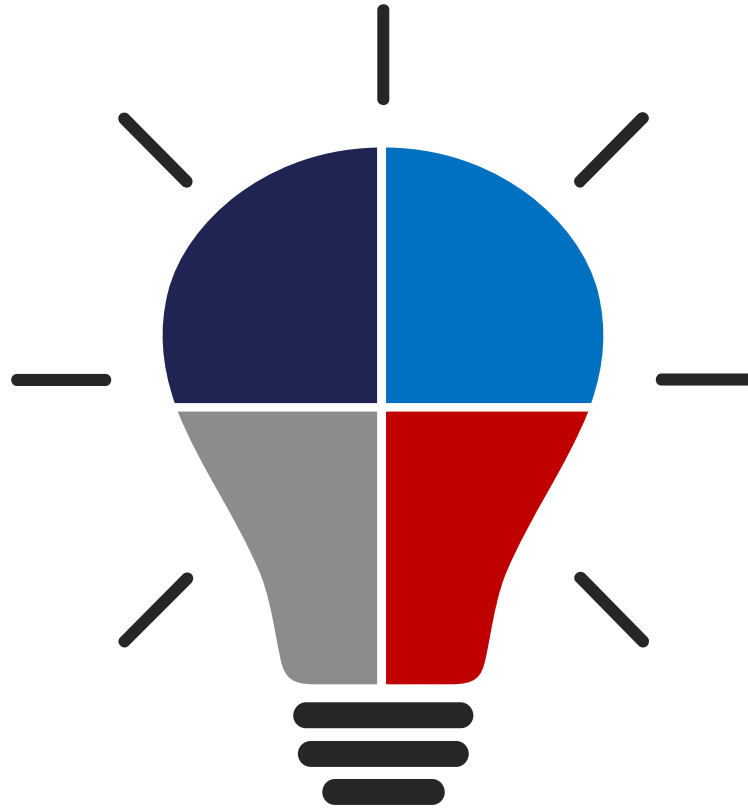
	Totals	NF Services	CCC Plus Waiver	PACE	No Other Services Recommended	Other Services Recommended	Active Treatment for MI/ID Condition
Dec 2024	327	295	30	-	2	-	-
Jan 2025	415	377	25	-	10	2	1
Feb 2025	347	314	24	1	4	3	1
Totals	1089	986	79	1	16	5	2
98% of Screenings conducted were approved (Authorized LTSS)							
91% Authorized NF Services				7% Authorized HCBS LTSS (CCC Plus waiver & PACE)			

Approvals vs Denials



Accepted - Authorized Accepted - Not Authorized

LTSS Screening Updates



CRMS-eMLS Access



Primary Account Holder and Delegate Administrator Responsibility

Primary Account Holders and Delegate Administrators are responsible for managing MES access for staff.

- eMLS access MUST be tailored to the user's role on the LTSS Screening Team.
- Each user should have only **ONE** eMLS role
 - eMLS Viewer: Staff who may need to view or print Screenings
 - eMLS Creator: Screeners (those involved in conducting the Screening)
 - eMLS Approver: Authorizing Physicians
 - **PAH/DAs should review current access to make sure everyone has just one eMLS role.**
- eMLS access should be promptly removed or adjusted when a user is separating from employment or their role on your Screening team. **This is a security issue.**

LTSS Screening Program staff does not have the ability to identify your PAH or DAs.

eMLS: Update!



EMLS ENHANCEMENT: DMAS 96 SIGNATURE SECTION

- Screener Title is now a required field for both Screener 1 and 2
- New dropdown box to choose: Registered Nurse, Social Worker, or Other
- If you are not a RN or SW, select "Other" to manually enter your title
- **NF Screening Teams are REQUIRED to have a RN Screener on EVERY Screening**

Title *

Please Select

Please Select

Registered Nurse (RN)

Social Worker

Other

Screener 2 Certification Details:

- NPs assuming the RN Screener role are to choose the RN title selection in the drop down.
- **An NP cannot be BOTH the RN Screener and Authorizing Physician on the same Screening.**

eMLS: Update!



EMLS ENHANCEMENT: DMAS 96 SIGNATURE SECTION

- **RN signature is MANDATORY, and they MUST sign as Screener 1**
- Social workers or other assessors will sign as Screener 2
- When the RN title is not selected for Screener 1, an error message is displayed advising of the RN Screener requirement.

Title *

Social Worker

eMLS screening must have a licensed RN to sign off.

☒ By checking this box and entering your certification number below as the screen... any misinterpretation or any false, incomplete or misleading information may b



EMLS: DMAS 96 SIGNATURE SECTION

**IF YOU ARE NOT A RN, DO NOT SELECT THE RN
TITLE TO FORCE SCREENING SUBMISSION!**

Screeners submit the following attestation each time they sign off on a Screening:

By checking this box and entering your certification number below as the screener2, you attest that 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. 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 be subject to civil penalties.

THIS WILL BE CLOSELY MONITORED!

VCU LTSS Screening Training Portal: **UPDATE!**



MANDATORY ACCOUNT PASSWORD RESET

The VCU LTSS Screening training portal has updated password security rules.

- Passwords not meeting the new criteria have been reset
- Login to update your password to meet the following criteria:
 - ✓ Be **at least 12 characters** in length
 - ✓ Contain **at least one uppercase letter** (A-Z)
 - ✓ Contain **at least one lowercase letter** (a-z)
 - ✓ Contain **at least one number** (0-9)
 - ✓ Contain **at least one special character** (e.g., @, #, \$, %)

Please update your password by Monday, March 24, 2025

VCU LTSS Screening Training Portal: <https://medicaidtss.partnership.vcu.edu/login>

For assistance email: ppdtechhelp@vcu.edu

LTSS Screening Training and Manual: **UPDATE!**

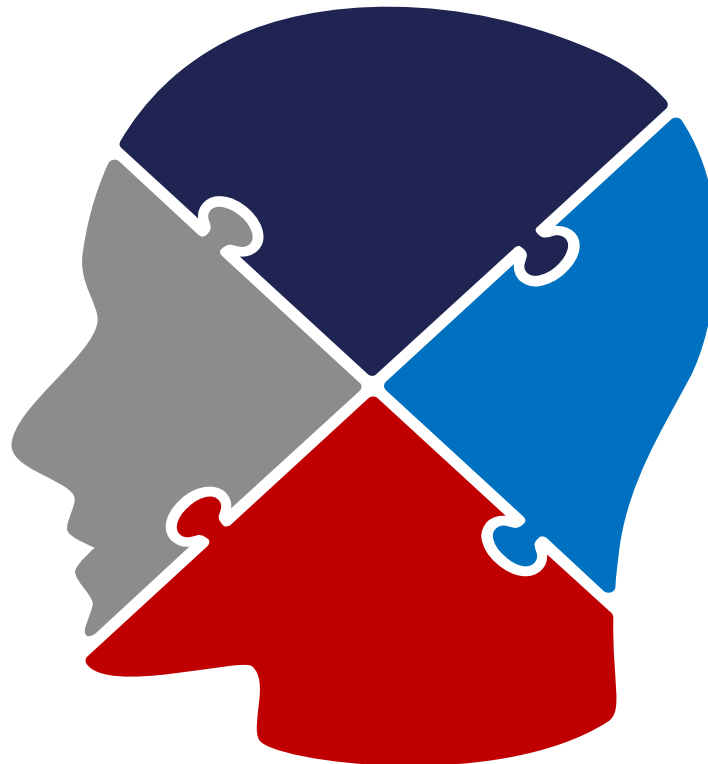


Updates to the LTSS Screening Manual and Training are underway!

A Memo/Bulletin will go out when the updated versions are available.

Memos/Bulletins can be found on the MES homepage:
<https://vamedicaid.dmas.virginia.gov/crms>

Nursing Facility Screening Team Review





LTSS Screening Review

Nursing Facility Screening Team Requirements

Must have an RN conducting the assessment and signing off with a Physician authorizer (includes NP/PA) on each Screening!

Social workers, discharge planners, or other members of the team may be included in the Screening process but are not required.

LTSS Screening Review



Nursing Facility Screening Team – When is the NF responsible for conducting the Screening?

Skilled (LOC 2) admission transitioning to custodial care (LOC 1)

- Screening is to be completed within 3 business days of the individual's transition to Custodial long-term care with the intention of Medicaid as the payor source.

Individuals discharging with a need/interest for CCC Plus waiver or PACE

- Screening MUST be completed prior to discharge

When an individual requests or is referred for a Screening

LTSS Screening Review



Nursing Facility Screening Team – Other NF Screening Scenarios

Community based individual with imminent need for NF placement

- CBT is unable to conduct Screening within 30 days of the request. NF has documented agreement with the CBT to conduct Screening.

NF admitted Medicaid/Medicaid pending individual directly to custodial/LTC without a valid Screening or applicable special circumstance – **6 MONTH**

PENALTY

- NF may conduct Screening but MUST wait 6 months to initiate NF LTSS enrollment and reimbursement.

LTSS Screening Review



Nursing Facility Screening Team

Nursing Facilities experiencing issues impacting their ability to conduct Screenings should notify LTSS Program staff by sending an email to ScreeningAssistance@dmas.virginia.gov.

The CBT is no longer responsible for conducting Screenings on individuals in NF.

LTSS Screening Review



Nursing Facility Screening Team - Special Circumstances and exclusions

Private Pay Individual admitting to NF for custodial care

- Individuals with 100% alternate forms of payment, who are not expected to need Medicaid.
- Private pay status for a minimum of 6 months is no longer a requirement.
- Includes individuals who remain in your NF private pay during a period of Medicaid ineligibility.

COVID PHE Hospital to NF admissions during the dates of 3/13/2020 – 6/30/2021 or 1/10/2022 – 3/22/2022.

Skilled Nursing care (LOC 2) admissions

- This is used ONLY to enter the LOC 2 segment into the LTC portal. LTSS Screening is required for the LOC change to custodial (LOC 1).

Hospice Enrollees admitting to NF

LTSS Screening Review



Nursing Facility Screening Team - Special Circumstances and exclusions cont.

Direct admissions to a Virginia NF for custodial care (LOC 1):

- Out of state residents (community setting)
- Inpatient of an out of state hospital
- Inpatient of an in-state or out-of-state veteran's or military hospital
- Patient or resident of a DBHDS facility

Applicable special circumstances should be documented and retained in the member's record.

LOC changes for individuals without a Screening, who admitted to a NF prior to July 1, 2019, will need to be escalated to DMAS for review and portal entry. FFS LTC portal questions go to: AEandD@dmass.virginia.gov

Special circumstances have been updated in the LTC portal. Updates to the DMAS 80 are in progress.

LTSS Screening Review



PASRR – Preadmission Screening and Resident Review

PASRR is federally required to be completed, *prior to admission*, for **ALL new admissions** to a Medicaid certified NF (regardless of payor source).

A new admission is everyone who is NOT readmitting to a facility from a hospital to which he or she was transferred for the purpose of receiving care or transferring from one NF to another NF.

Any intervening return to a community setting, requires a new PASRR.

LTSS Screening Review



PASRR – Preadmission Screening and Resident Review

PASRR is bundled with the LTSS Screening when NF placement is chosen during the Screening process.

When the LTSS Screening is not needed, the PASRR is conducted on paper:

- by the in-state hospital for inpatient individuals discharging to the NF
- by the Nursing Facility for all other individuals

The CBT only conducts the PASRR as part of the LTSS Screening process for individuals in the community choosing NF placement.

LTSS Screening Review



PASRR – Preadmission Screening and Resident Review

Level 1 Screening: determines whether an individual might have a serious mental illness, intellectual disability, or related condition. Individuals who “test positive” during the Level 1 process are referred for a Level 2 evaluation and determination.

Level 2 Evaluation: will confirm or disconfirm the results of the Level 1 Screening, determine appropriate placement, and identify the set of services required to maintain and/or improve functioning, when applicable.

LTSS Screening Review

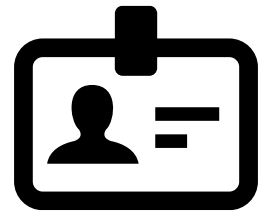


PASRR – Preadmission Screening and Resident Review

New and improved PASRR materials are on the way!

LTSS Screening training PASRR module
Updated forms and instructions

LTSS Screening Review



Tips for Validating a Screening

Review complete Screening prior to admission

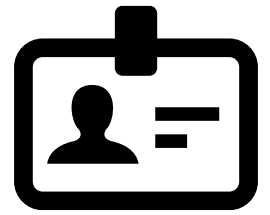
- Has all its required forms and is in Accepted Authorized status
- Individual's demographics are correct: Name, DOB, Medicaid Number/Social Security Number
- Conducted by minimally required members of Screening entity

Review Medicaid eligibility to determine

- Current eligibility: patient pay, redetermination status, aux grant recipients, etc.
- Medicaid LTSS received since Screening authorization (CCC Plus waiver, PACE, or Custodial NF)
 - If yes: were services continuous, is there a gap greater than 180 days, or was the member terminated from the CCC plus waiver
 - If no: is the Screening less than a year old

*****These are things to consider when validating a Screening. Tips are not all-encompassing.*****

LTSS Screening Review



DMAS 80 Tips

Fill out DMAS 80 completely and accurately

Verify member's eligibility and current MCO enrollment before faxing DMAS 80

Know if there a valid Screening on file or if the individual admitted under an applicable special circumstance and check the correct option on the DMAS 80.

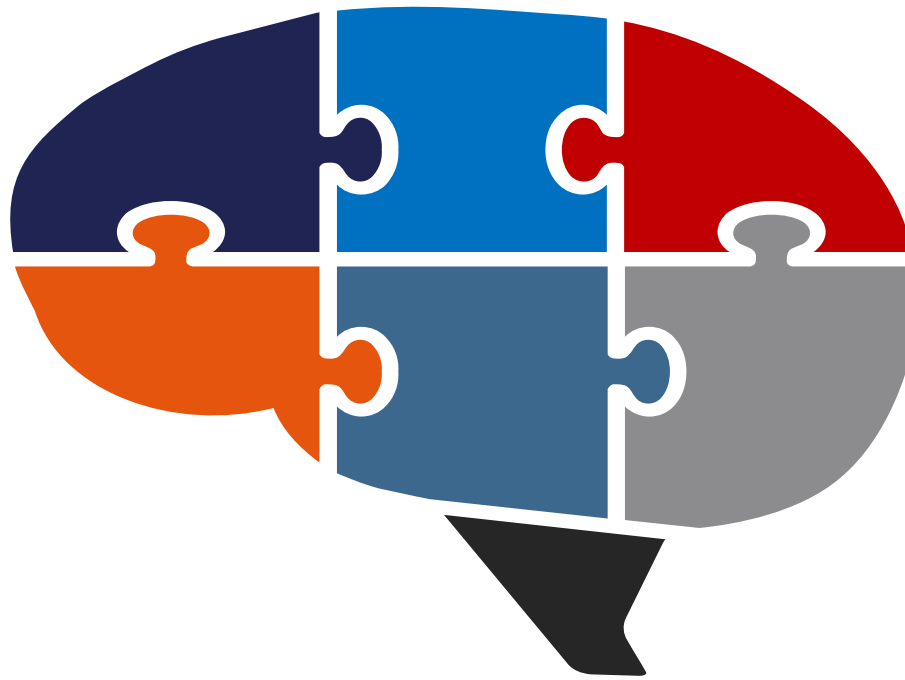
Has the Nursing Facility **reviewed** a complete Medicaid LTSS Screening package that indicates the individual met Level of Care Criteria and was authorized for LTSS services?

- ☐ Yes
- ☐ No

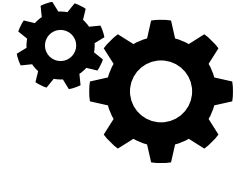
If NO, one of the six regulatory Special Circumstances must be documented and checked OR original authorization for LTSS occurred prior to 7.1.2019 as noted below.

Updated DMAS 80 coming soon!

Frequently Asked Questions



Frequently Asked Questions

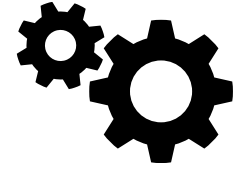


Topic: Screening Validity

Q: Can we admit someone to our nursing facility for custodial care with a Screening authorizing CCC Plus waiver or PACE?

A: Yes, so long as the Screening remains valid according to current regulations, it may be used to transition between the three LTSS options (CCC Plus waiver, PACE, or Nursing Facility Services). However, your NF will need to conduct the PASRR prior to the individual's admission.

Frequently Asked Questions:

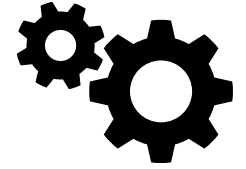


Topic: Conducting LTSS Screenings

Q: Does a resident of our Assisted Living Facility need a Screening to transition to our custodial NF with Medicaid as the payor? If so, who conducts the Screening?

A: Yes, a resident in your ALF will need a valid LTSS Screening to transition to custodial care covered by Medicaid. In this scenario, the NF will request a Screening from the community-based team. However, current regulations allow the NF and CBT to form a documented agreement for the NF to conduct the Screening, when the CBT is unable to within 30 days of the request.

Frequently Asked Questions:

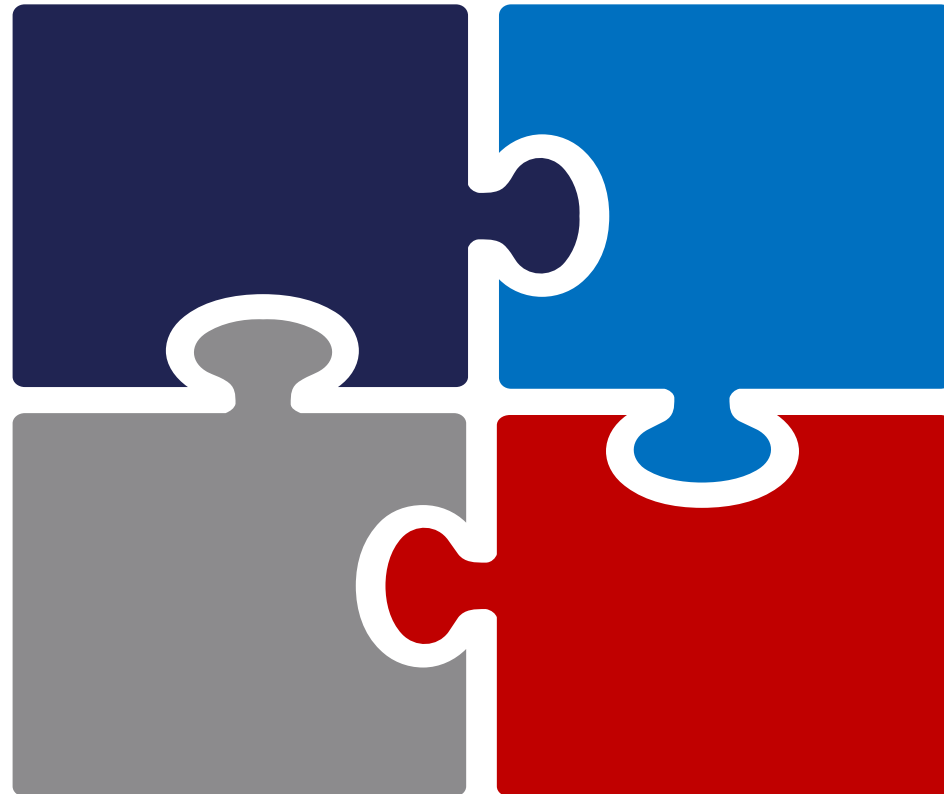


Topic: Screening Validity

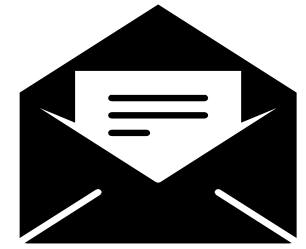
Q: If an individual loses financial LTC Medicaid while in our custodial NF, do they need a new LTSS Screening once Medicaid eligibility is re-established?

A: Individuals are allowed 180 days to regain Medicaid LTC eligibility and reconnect to LTSS before a new LTSS Screening is required. If an individual loses LTC Medicaid eligibility for a period greater than 180 days but remained in your NF as custodial care private pay, your facility will utilize the private pay exclusion.

Resources



Resources



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) , CRMS go to: MES-Assist@dmas.Virginia.gov
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: ppdtechhelp@vcu.edu
- FFS LTC portal questions go to: AEandD@dmas.virginia.gov

Resources



Screening Team Requirements

Community-based Team (CBT): must minimally include RN Screener from LDH, Family Services Specialist(FSS) or SW Screener from LDSS, and Physician Authorizer

PACE Screening Team: must minimally include RN Screener and Physician Authorizer

Hospital Screening Team: must minimally include staff designated by the hospital as LTSS Screeners and Physician Authorizer

Nursing Facility Screening Team: must minimally include RN Screener and Physician Authorizer.

NP's CANNOT be both the RN Screener and Physician Authorizer on the same Screening.

Resources



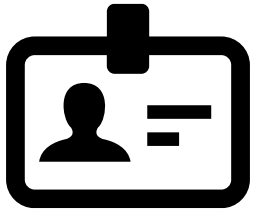
Screening Team Requirements

- A full copy of the Screening Packet (all completed forms) is always provided to the individual or the individual's representative.
- Every individual screened should receive an Approval or Denial Letter from the Screening Team (use DMAS template).
- Screeners will need to retain copies of the Screening packet per retention policy (10 years for adults). This includes the copy of the DMAS 97 form with the individual's or representatives hand signature.
- For individuals enrolled in a Medicaid Health Plan-MCO, forward the completed Screening packet to the health plan. Contact and FAX numbers are listed on the MES Homepage. Failure to do so, may delay care!
- **Screeners are responsible for sending a copy of the DMAS 96 form only to the local DSS benefits staff where the individual resides. FAX numbers are listed on the MES Homepage.**
- **Be responsive to Providers, MCO's, and individuals who request copies of LTSS Screenings your agency has conducted.**



LTSS 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.



LTSS Screening Validity

- 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 (listed in 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 be valid under continuity.

Resources

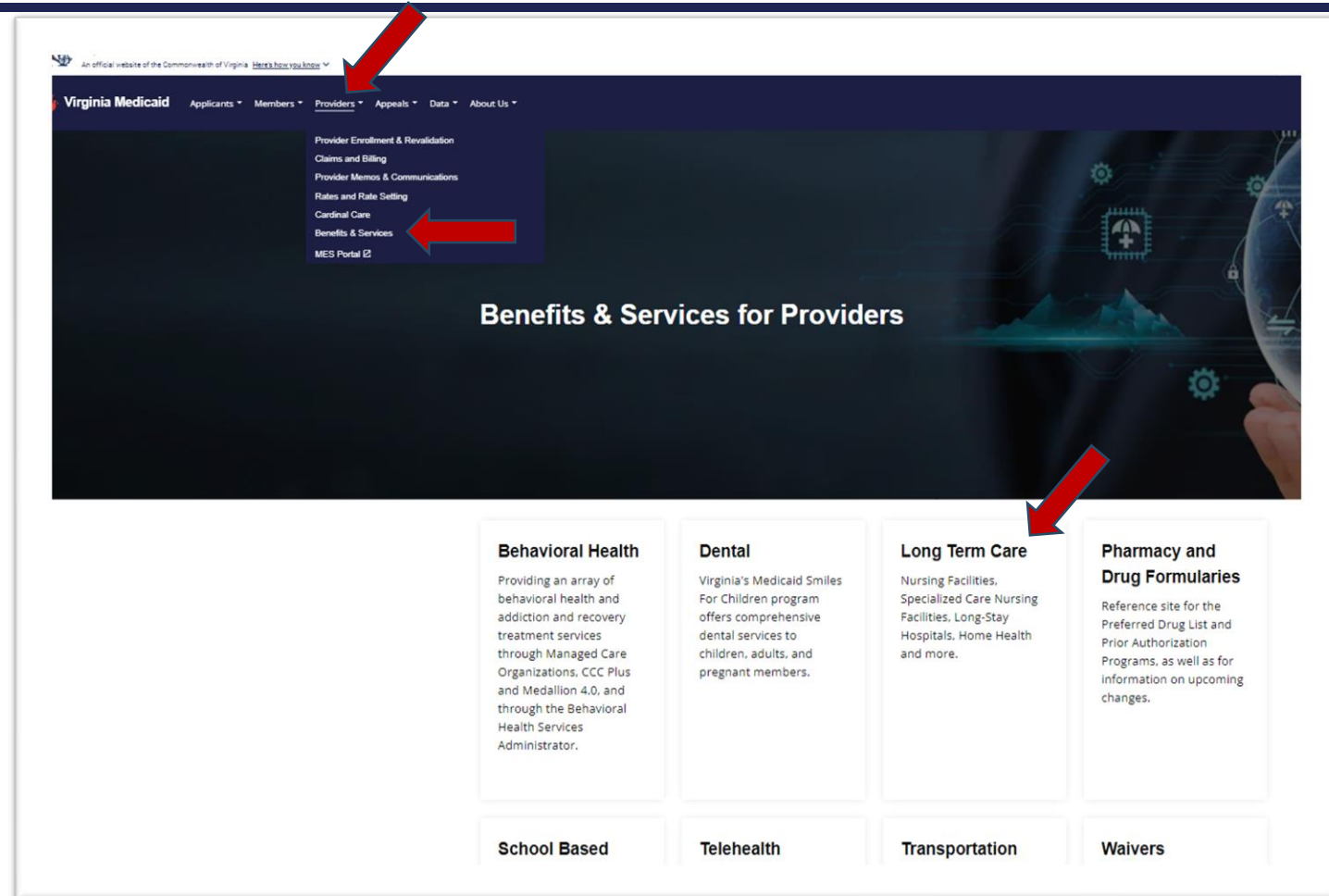
Connection Call Presentations

Posted on the DMAS Website within 7-10 days: 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



Resources

MES-CRMS Homepage

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

- CRMS Training and User Guides
 - *CRMS-101,103,104,106, & download e-MLS User Guide*
- Manual Library
- Memos & Bulletins Library
- Forms Library
- Member enrollment correction form
- MCO contact information
 - *Screeners are required to send a copy of Accepted-Authorized Screening to assigned health plan*
- Offline Screening Upload form
 - *Must use most recent version*

Note: Manual updates are in progress

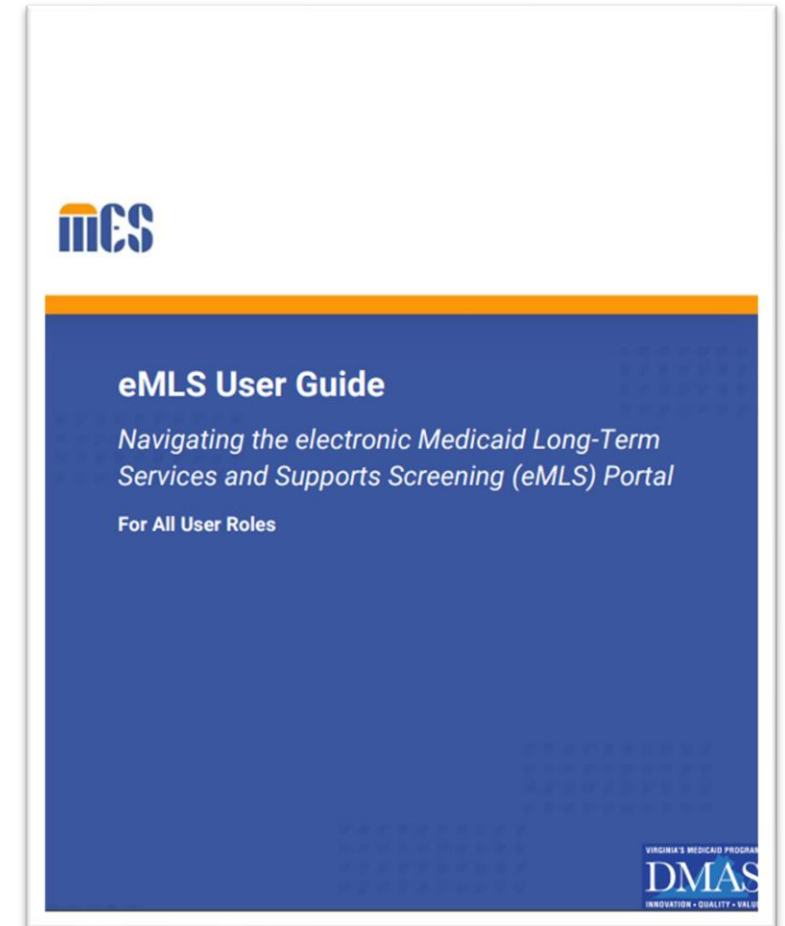
The screenshot shows the MES-CRMS homepage. On the left is a navigation menu with links: PROVIDER HOME, Claims & Billing, CRMS Resources, CRMS Training, EDI Resources, EPS Resources, Login/Password Help, Manuals Library, Memos/Bulletins Library, MES Forms Search, MCO Provider Home, Popular Downloads, Provider Contacts/Resources, Provider FAQ, Provider Training, and SA/Acentre. On the right is the main content area titled 'Care Management CRMS' with a photo of a woman and child. Below the title is a paragraph about CRMS streamlining information exchange. Further down is a search bar labeled 'Search the MES Public Portal:' and a section 'Downloadable forms and documents:' containing links for 'DMAS LTSS Screeners Change to Member Information Correction Form (PDF)', 'Health Plan-MCO Contact and Fax number document for the LTSS Screening', and 'Updated eMLS Offline Screening Upload Form to be Used After October 13, 2022'. A note at the bottom states that the old form will be denied by the CRMS-eMLS application. Red arrows point from the text on the left to these specific links: 'CRMS Training' to CRMS Training, 'Manual Library' to Manuals Library, 'Forms Search' to MES Forms Search, 'Health Plan Phone & Fax Numbers' to Health Plan-MCO Contact and Fax number document, 'New Enrollment Correction Form' to DMAS LTSS Screeners Change to Member Information Correction Form, and 'Offline Screening Upload Form' to Updated eMLS Offline Screening Upload Form.

Resources

eMLS User Guide

- 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>



Resources

Key Demographic Correction Process

Enrollment Member Corrections Forms are sent to PatientPay@dmass.virginia.gov

- EMAIL Subject Line should read: **LTSS Screening Member Information Change Request**
- Allow at least **14 Business days** for all Corrections
- Once the change has been completed by the Enrollment Division, it can take up to **48 hours** for the information to show up in the Medicaid System.
- **The Screener must return to eMLS and CANCEL or VOID/DELETE the original Screening with the wrong information, then re-start a new Screening for the corrected information to auto-populate into the form.**
- The eMLS system **DOES NOT** automatically correct the Screening with the new information.
- **Make sure to use all the same dates that was in the original Screening (request, screening, and Screener/Physician signature dates).**
- Instructions are written on the form.

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

Resources

PASRR LEVEL II FAX COVERSHEET

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:

To Fax Number#:

Reason for referral:

Assessment Pro

(877) 431-9568

check one

From Name:

From Fax #:

Resident Review:

Preadmission Screening:

☐

☐



Resources

PASRR RESIDENT TRACKING FORM

DBHDS and MAXIMUS, as the
Level II Evaluator tracks
Disposition of Individuals

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

FAX Number 877-431-9568

maximus

VIRGINIA PASRR
RESIDENT TRACKING FORM

Please return this completed form to Maximus via fax at **877.431.9568**, Attn: Virginia PASRR. This form helps Maximus and the Commonwealth of Virginia track residents who have been referred for a PASRR.

Individual's Name _____
(Last) (First) (MI)

SSN-_____ Date of Birth _____

Upon completion of the Pre-Admission Screening, the following outcome occurred:

☐ Nursing Facility Admission

Admitting Facility _____ Admitting Date _____

Contact Person _____ Contact Phone () _____

☐ Admission to Alternative Level of Care

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

☐ Other Outcome

- o Discharged to/Remained in current residence _____
- o Deceased _____
- o Other _____

Resources

VCU Medicaid LTSS Screening Training Portal

<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

Technical Assistance Email: PPDTechHelp@vcu.edu

VCU VIRGINIA COMMONWEALTH UNIVERSITY

Menu Medicaid Long-Term Services and Supports (LTSS) Screening Training Login

Dashboard / Login

Login

REGISTER

Screener

Guest

Email address

Password

☐ Remember me

Login Forgot Your Password?

Virginia Commonwealth University
Partnership for People with Disabilities
School of Education
One Holland Place
2235 Staples Mill Road
Suite 400
Richmond, VA 23230
Phone: (804) 628-7862
Email: ppdtechhelp@vcu.edu

Helpful links

eLearning Modules

Partners

Feedback

Note: Training updates are in progress.



Medicaid Provider Search Tool

<https://vamedicaid.vaxix.net/Search>

If an individual is FFS, Medicaid Pending, or applying for Medicaid, 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, the health plan is responsible for this process. The Screening MUST send a copy of the Screening to the Health Plan, who will then assist the individual with finding a provider.

The screenshot shows the 'Search Provider' interface of the MES (Medicaid Eligibility System) website. The header includes the MES logo and a 'MES Home' link. The search form contains several input fields and dropdown menus: First Name, Last Name, Address, City, NPI, Provider Type, Business Name, Location Name, Gender (dropdown), Zip Code, Specialty (dropdown), State (dropdown), Language (dropdown), and checkboxes for 'Accepting New Patients' and 'ADA Compliant'. A note states: 'At least one more search criteria is required with "Accepting New Patient" or "ADA Compliant"'. Below the form are 'Search' and 'Reset' buttons. The footer contains links for 'Glossary of Terms' and 'Translation Services', a 'Privacy Policy' link, and copyright information: 'Copyright © 2020 DMAS' and '© 2024 ALL RIGHTS RESERVED'.

Resources



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.

The screenshot displays the Medicaid Provider Search Tool interface. At the top left is the 'mcs' logo. The main heading is 'Search Provider'. On the right, there is a link for 'MES Home'. The search form contains the following fields and controls:

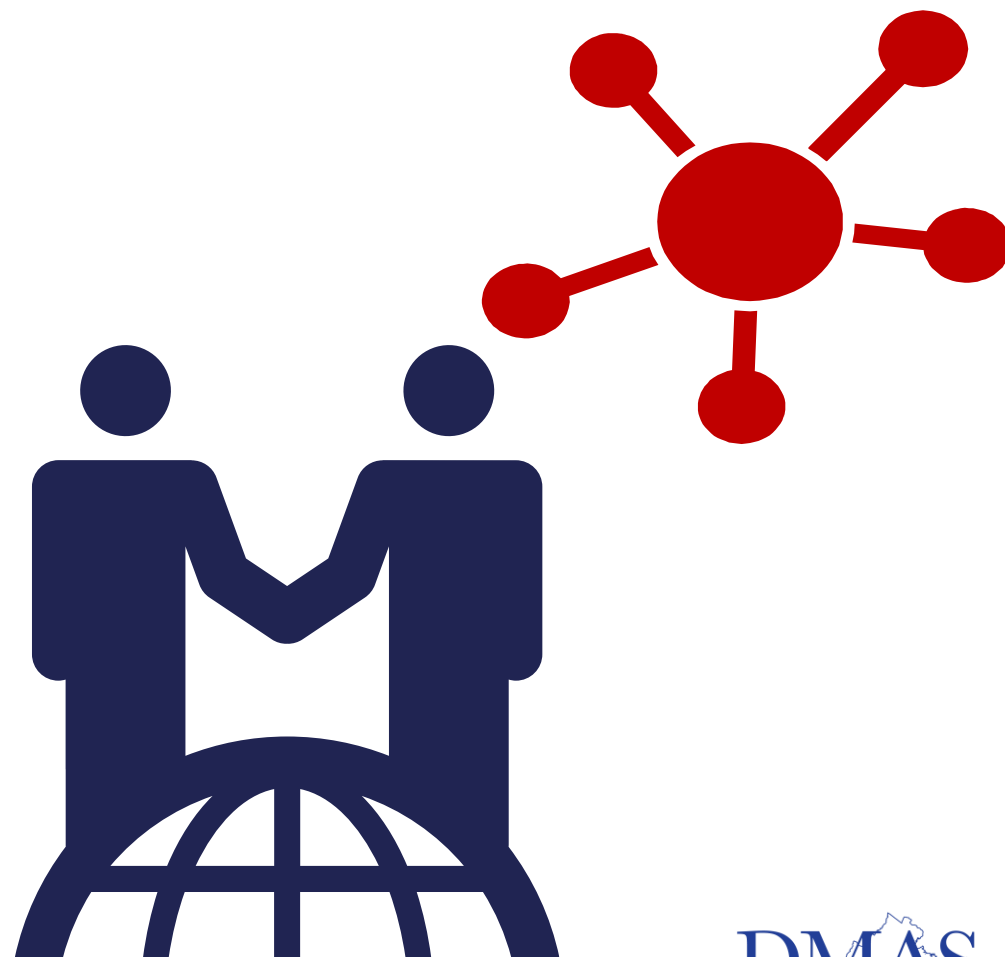
- First Name: Text input field
- Last Name: Text input field
- Address: Text input field
- City: Text input field
- Zip Code: Text input field
- NPI: Text input field
- Business Name: Text input field
- Provider Type: Dropdown menu with 'Select Provider...' as the placeholder. A red arrow points to this dropdown.
- Location Name: Text input field
- Gender: Dropdown menu with 'Select Gender...' as the placeholder
- Specialty: Dropdown menu with 'Select Specialty...' as the placeholder. A red arrow points to this dropdown.
- State: Dropdown menu with 'Select State...' as the placeholder
- Language: Dropdown menu with 'Select Language...' as the placeholder
- Accepting New Patients: Checkbox
- ADA Compliant: Checkbox

Below the form, a note states: 'At least one more search criteria is required with "Accepting New Patient" or "ADA Compliant"'. At the bottom of the form are 'Search' and 'Reset' buttons. The footer bar includes links for 'Glossary of Terms', 'Translation Services', 'Privacy Policy', 'Nondiscrimination/Accessibility', and 'Copyright © 2020 DMAS'. A small copyright notice '© 2024 ALL RIGHTS RESERVED' is also present.

Share Information with your Team



- Other Screeners
- Admission staff
- MDS Coordinators
- Billing Staff
- Administrative Staff
- Corporate Staff
- Administrator



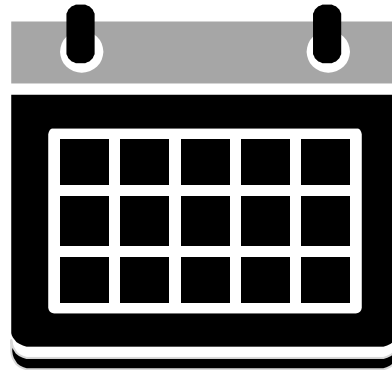
LTSS Screening Connection Call Schedule

2025				
SCREENING TEAM TYPE	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Community Based Teams (CBTs)	March 11	June 10	September 9	December 9
Hospitals	March 12	June 11	September 10	December 10
Nursing Facilities	March 13	June 12	September 11	December 11

Save the Date!



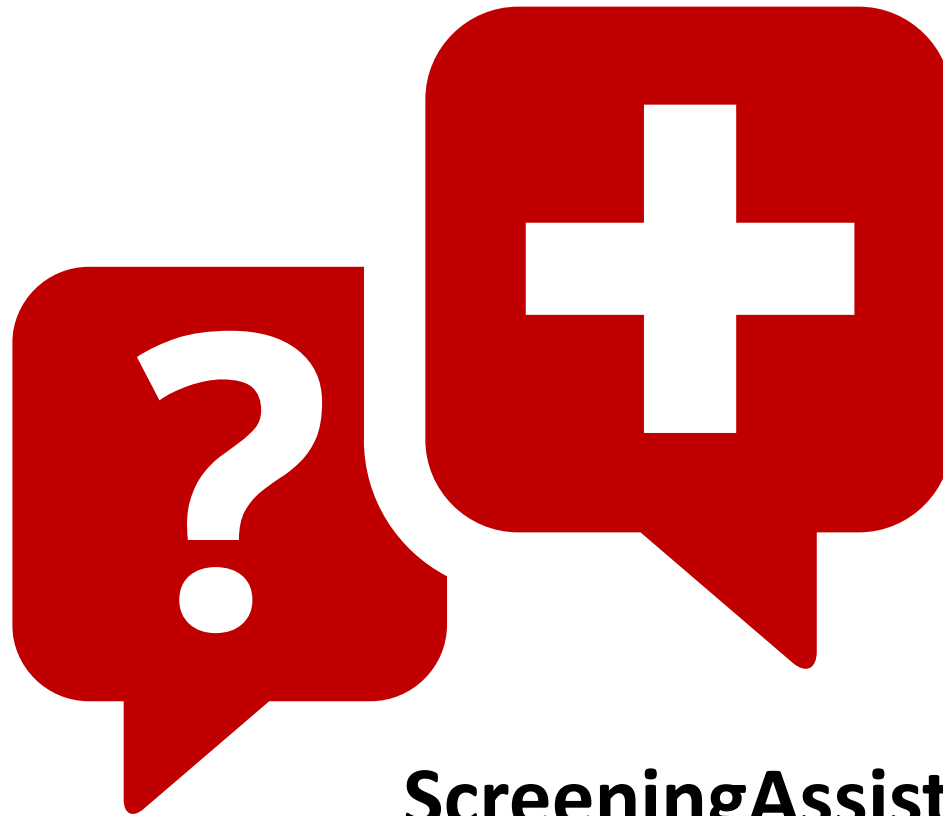
The next NF Screening Team Connection Call will be held on
Thursday, June 12, 2025



Any team can join the call and listen, but the focus
will be on the Nursing Facility Screening Team.



Question and Answer



ScreeningAssistance@dmas.virginia.gov

Q&A



Q: How does DMAS define what a private pay individual is and what is the criteria to apply the private pay special circumstance?

A: A private pay individual is someone in the NF custodial/long term care with 100% alternative forms of payment excluding Medicaid and is not expected to become Medicaid eligible. If these individuals later become Medicaid eligible, the LTSS Screening is not required. The private pay special circumstance is utilized in the LTC portal and reported on the DMAS 80.

Q: For a private pay individual, eventually they will run out of money. At what point is LTSS required?

A: Private pay residents in a NF who later become Medicaid eligible do not need an LTSS Screening for the duration of their NF stay. However, if the individual wishes to transition to a different LTSS setting, CCC plus waiver or PACE, the LTSS Screening is required.

Q&A



Q: Does the DMAS 95 completion suffice if an individual is seeking to admit from an out of state custodial nursing facility?

A: Yes, out-of-state admissions for custodial long-term care are a special circumstance, exempting them from the full LTSS screening. However, you must still complete the PASRR, DMAS 95, prior to their admission.

Q: If the nursing facility says they can't or won't do the screening, but the client needs an urgent screening, then clients and family are asking for the CBT to come in and do the screening. We were told there is a special approval or exemption that must be granted. Is the nursing facility responsible for asking for that approval or exemption?

A: Yes, the NF is responsible for screenings within their walls. If the individual is in a NF, the CBT must have approval from DMAS to conduct the screening. The exception to this rule is non-Medicaid NFs, as they are not authorized to conduct LTSS Screenings. The CBT should reach out to Screening Assistance when receiving a direct request from the individual or their family. If the NF is requesting the CBT to come into their facility to conduct the Screening, direct the NF to contact Screening Assistance.



Q&A



Q: Can you please clarify the time frame for beginning waiver services in the community post discharge from nursing facility under LTSS? Was under the impression that any break in services would result in need for new screening and LTSS Medicaid determination.

A: In October of 2023, the continuity period for LTSS transitions changed from 30 to 180 days. Individuals discharging from the NF now have 180 days from discharge to begin waiver services or PACE enrollment before a new LTSS Screening is needed.

Q: If the patient is not assigned to a Cardinal Care MCO where is the complete Screening packet sent? (Hospital team question)

A: In addition to the individual/their representative receiving a copy of the Screening, a copy should also be sent to their chosen provider. For someone choosing NF placement, this would be the NF. For those choosing community LTSS, CCC Plus waiver or PACE, the Screening team should provide the individual with a list of providers in their area and be responsive to requests for Screenings.

Q&A



- Q:** We have a resident who is discharging tomorrow out into the community. This resident was just approved for Medicaid. Are we responsible for performing an LTSS Screening?
- A:** You need to conduct the LTSS Screening, prior to their discharge, if there's a need, the individual has expressed interest, directly requested a Screening, or was referred for a Screening. If none of this is applicable, you do not need to conduct a Screening simply because someone is discharging.
- Q:** If a LTC resident goes out to the hospital but then comes back. Does a new Level I need to be completed every time they return?
- A:** No. Individuals that leave your facility and go to a hospital to receive care and are returning are not categorized as new admissions. They would not need a new level one.



Q&A



Q: If we admit a patient under skilled care, who is trying to get Medicaid but will be going back home, does the facility/NF social worker have to complete a screening for the individual?

A: You should complete the LTSS Screening before discharge when there is a need or expressed interest for LTSS post discharge, a request, or a referral for the Screening. Otherwise, it is not a requirement to complete the Screening. Do not screen solely based on facility admission/discharge if there is not a need, interest, request, or referral.

Q: Will the private exclusion still apply if they had a brief hospital stay at any Point?

A: For private pay NF residents hospitalized less than 180 days, their private pay exemption remains in place upon return to the NF.



Q&A



- . Q: For a patient coming to LTC from out of state with a different state Medicaid, they need a PSARR. So, are they exempt from a LTSS even though they need to apply for Medicaid in the state they are transferring to?

A: Yes, out-of-state custodial care admissions are exempt from LTSS Screenings. You will utilize the applicable out of state special circumstance.

- Q:** If someone is coming in private pay, they are exempt from the LTSS screening, correct? Eventually they need to apply for Medicaid in the future, and a copy of the UAI is always requested by DSS Medicaid, pending companies, if they are initially private pay. Do we just tell DSS that they were exempt?

A: Yes. When completing the DMAS 225, if a screening exemption applies (e.g., private pay admission), note this in the comments section. This clarifies the absence of the DMAS96



Q&A

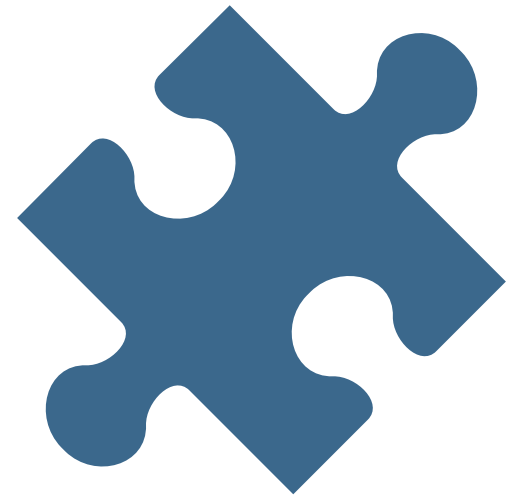


Q: When will the paper DMAS 80s be updated like the portal for the special circumstance option?

A: The updates require interdepartmental collaboration but are in the final stages. We anticipate release soon, though we cannot provide a precise date. Be sure to look for a Medicaid bulletin from DMAS announcing the changes.

Q: Just recently a resident who was private pay 5/1/24 through 12/24 applied for Medicaid and DSS requested DMAS 225 and 96. The UAI on Portal was outdated, so now we do need the UAI for us to bill Medicaid. Correct?

A: No. For NF residents who were private pay, explain private pay exclusion on the DMAS 225 in the comments to inform DSS of the screening exemption.



Q&A



Q: DSS workers still want the DMAS 96 for private pay individuals applying for Medicaid who have spent down. At that time, it will have to be completed by the Screener, right?

A: No, an LTSS screening is not required if a special circumstance or exclusion applies. DSS can evaluate institutionalization based on different criteria like 30+ days in a facility. Private pay residents meeting exclusion criteria do not require the LTSS Screening and therefore would not have the DMAS 96. If you are being advised otherwise, please contact Screening Assistance and we will work with our eligibility team to clarify this process.

Q: What if the LTC resident loses Medicaid due to redetermination and it takes more than 180 days to get it approved and retroactive back, is a new screening needed?

A: If a resident remains in your NF during a period of Medicaid ineligibility greater than 180 days, when eligibility is regained, the private pay special circumstance is used for the duration of the NF stay. However, a new LTSS Screening is needed for the individual to transition to a different LTSS setting like CCC Plus waiver or PACE.

