



Screening Connections

Nursing Facility Screening Team

December 11, 2025

Office of Community Living





Welcome!

Great Work

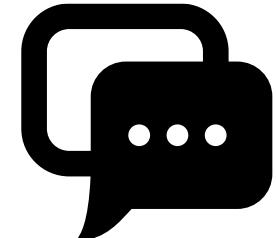
This Year!

Happy Holidays!



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



Whitney Singleton
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

Hospital Teams



ALL QUESTIONS GO TO SCREENING ASSISTANCE EMAIL

ScreeningAssistance@dmas.virginia.gov

WE NEED:

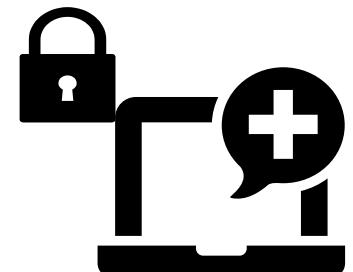
Place of employment

Contact Information

Name of Screener

Details of Issue

Individuals' information

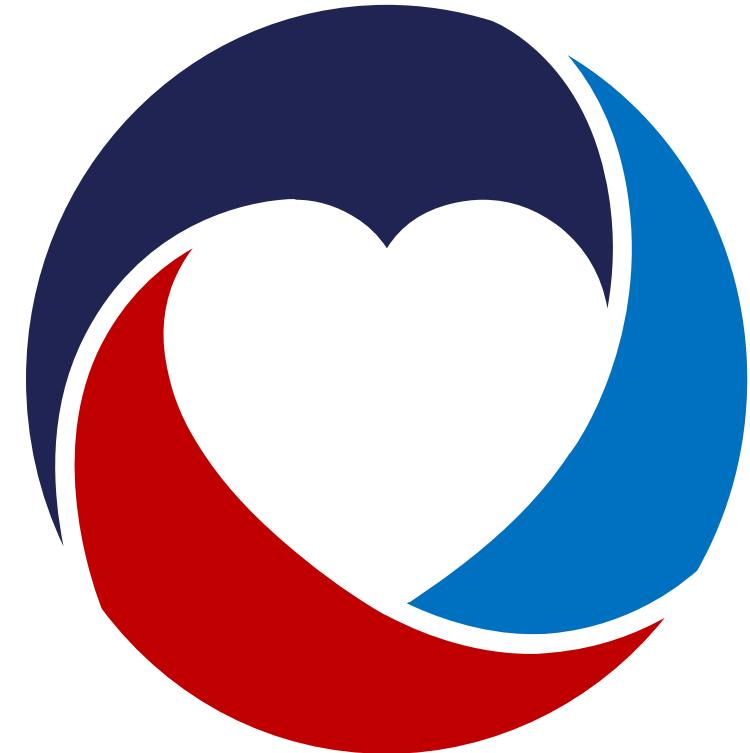


For Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI), ENCRYPT your emails that contain protected information. DO NOT put Names, Social Security Numbers, or Medicaid Numbers in the Subject Line!



Todays Agenda:

- Data
- Updates and Reminders
- Question and Answer Period





Nursing Facility Team Focus

Presented by Dena Schall,
LTSS Screening Program Specialist



Nursing Facility Teams

January-November 2025 Trend Data



Year	Month	Totals	Active Treatment for MI/ID	CCC Plus Waiver	CCC Plus Waiver with PDN	No Other Services Rec	Nursing Facility	Other Services Rec	PACE (02)	Other
Grand Total		4870	4	339	2	63	4388	62	12	
	Totals	4870	4	339	2	63	4388	62	12	
	Nov	386	1	33 -		1	348	3 -		
	Oct	544 -		35 -		12	494	2	1	
	Sep	465 -		35 -		8	418	2	2	
	Aug	460 -		31 -		7	410	9	3	
	Jul	486 -		37	1	4	435	6	3	
	Jun	366	1	28 -		4	321	11	1	
	May	454 -		36	1	3	407	7 -		
	Apr	453 -		34 -		5	406	7	1	
	Mar	467 -		21 -		5	430	11 -		
	Feb	367	1	24 -		4	335	2	1	
2025	Jan	422	1	25 -		10	384	2 -		

Data as of 12-5-2025



Team Comparison

January-November 2025 Trend Data



Nursing Facility

Grand Total

4870



Hospital

Grand Total

10161

Community Based

Totals

of Screenings

24019

PACE

Totals

of Screenings

873

Data as of 12-5-2025



Nursing Facility Teams

Update



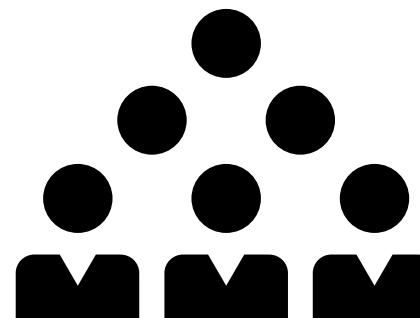
Survey Results

We did not receive enough survey participation from the NF Teams. We will continue to reach out and gather more information.

The Nursing Facility Connection Call day and time will remain the same.

March, June, September and December on the 2nd Thursday at 3pm

We want your input!



Nursing Facility Teams

Update

Updated Member Correction Form



DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM		
<p>It is essential that all Medicaid records for an individual match. When the records match, the LTSS Screening links to the individual's appropriate Medicaid record in the Medicaid System allowing the existence of an approved LTSS screening to be confirmed for enrollment. If the demographics do not match, the records may not link correctly, and the individual seeking LTSS could be denied services.</p>		
<p>Member enrollment change requests are made when there is an error in one of the following key demographic fields in eMLS:</p>		
<p>NAME, SSN, MEDICAID ID, DOB, GENDER, or a DOD error message.</p>		
<p>These errors occur either by auto-fill in the demographic fields while starting a Screening <u>OR</u> when the Screener makes an error manually and processes the Screening (Accepted Status) with the incorrect information.</p>		
<p>To resolve these problems, this form must be completed and submitted to:</p>		
<p>PatientPay@dmas.virginia.gov</p>		
<p>Please label email with the following <u>subject line:</u></p>		
<p>LTSS Screening Member Information Change Request</p>		
<p>Allow at least 14 business days for all corrections.</p>		
<p>Changes to the Medicaid record must be researched and confirmed to be appropriate. PLEASE do NOT send multiple change requests for the same person or repeatedly email the enrollment office or screening assistance.</p>		
<p>Once DMAS Enrollment has researched and made changes to the Medicaid record, you will be notified. Once notified you must wait an additional 48 hours for these changes to be reflected in the eMLS system. After 48 hours you must return to eMLS, CANCEL the newly started screenings that auto filled or VOID/DELETE for processed screenings and then re-enter all the screening information and resubmit. If applicable, use all the original screening dates including original signature dates.</p>		
<p>The Enrollment office can only address and make changes to the key demographic information. Please DO NOT send any other type of question to DMAS Enrollment. Other questions should go to ScreeningAssistance@dmas.virginia.gov.</p>		
<p>It is essential you fully and accurately complete this form, as applicable, for all Medicaid record change requests.</p>		
<p>DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM</p>		
<p>Submission Date of this Form to Enrollment: _____</p>		
<p>LTSS SCREENER INFORMATION: Please print or type.</p>		
<p>Name: _____ Contact information (phone and email): _____</p>		
<p>Full Name of Agency, Hospital, or Nursing Facility (please do not use initials): _____</p>		
<p>LTSS Screening Number: _____ Date of Screening: _____</p>		
<p>REQUIRED INDIVIDUAL INFORMATION:</p>		
<p>Correct Name _____ Correct DOB _____</p>		
<p>Correct SSN _____ Correct Medicaid ID _____</p>		
<p>Please check all that apply: <input type="checkbox"/> Auto fill is Incorrect <input type="checkbox"/> Error Made by Screener</p>		
<input type="checkbox"/> Incorrect Name <input type="checkbox"/> Incorrect Social Security Number	<input type="checkbox"/> Incorrect Date of Birth <input type="checkbox"/> Incorrect Date of Death	<input type="checkbox"/> Incorrect Gender
<p>*How have you <u>verified</u> the correct information, please explain (ex. Used social security card, driver's license, etc.)? This area MUST be completed.</p>		
<p>Please note that ALL name changes MUST match with the individual's Social Security card. If the SS card is wrong the individual MUST contact the SS Administration before any Medicaid record can be corrected. It is not required to send a copy of the individual's social security card with this form, but it can expedite the process if you do so.</p>		
<p>For Items needing correction: Please list the wrong information entered or auto filled and the correction needed.</p>		
Name of Individual	Wrong:	Correct:
Date of Birth	Wrong:	Correct:
Gender	Wrong:	Correct:
Social Security Number:	Wrong:	Correct:
Medicaid Number:	Wrong:	Correct:
<p>Comments: _____</p>		
<p>Return this Form as an Attachment to DMAS Enrollment at PatientPay@dmas.virginia.gov</p>		
<p>Revised 10.23.2025</p>		



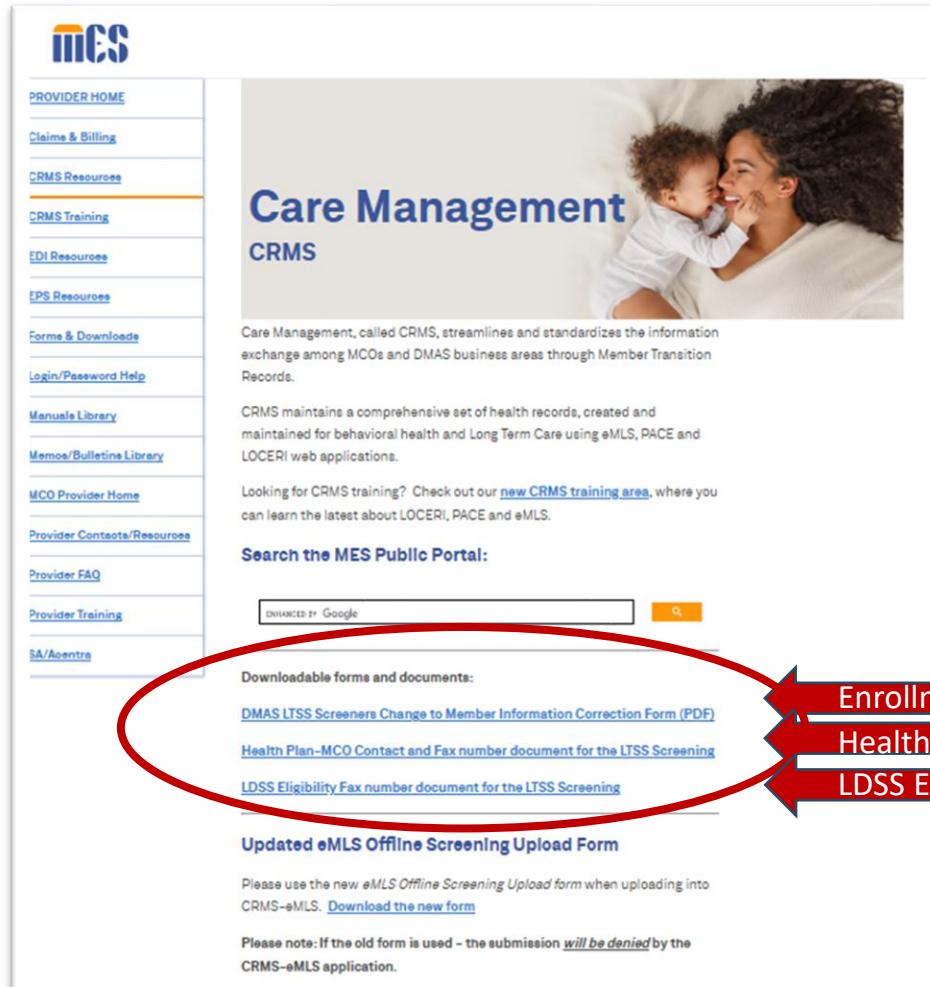
Demographic Correction Reminders

For demographic corrections, all Enrollment Member Corrections Forms are to be sent to
PatientPay@dmas.virginia.gov

- Allow at least **14 Business days** for all Corrections and only send them one request.
- 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).

Downloadable Forms and Documents on the MES Homepage

Forms and Downloads



The screenshot shows the MES (Member Experience System) homepage. On the left, a vertical sidebar lists various links: PROVIDER HOME, Claims & Billing, CRMS Resources (which is highlighted with an orange line), CRMS Training, EDI Resources, EPS Resources, Forms & Downloads (which is highlighted with a red arrow), Login/Password Help, Menus Library, Memos/Bulletins Library, MCO Provider Home, Provider Contacts/Resources, Provider FAQ, Provider Training, and SA/Accentra. The main content area is titled 'Care Management CRMS' and features a photo of a woman and a child. It explains that Care Management, called CRMS, streamlines and standardizes information exchange among MCOs and DMAS business areas through Member Transition Records. It also mentions that CRMS maintains a comprehensive set of health records, created and maintained for behavioral health and Long Term Care using eMLS, PACE and LOCERI web applications. A link to 'new CRMS training area' is provided. Below this, there is a search bar for the MES Public Portal and a section titled 'Downloadable forms and documents:' which lists three links: 'DMAS LTSS Screeners Change to Member Information Correction Form (PDF)', 'Health Plan-MCO Contact and Fax number document for the LTSS Screening', and 'LDSS Eligibility Fax number document for the LTSS Screening'. At the bottom, there is information about the 'Updated eMLS Offline Screening Upload Form' and a note about using the new form for submission.

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

* NEW Updated correction Form

Enrollment Correction Form
Health Plan Fax Numbers
LDSS Eligibility Fax Numbers

Nursing Facility Teams

Reminders



Quality Reviews and Certification



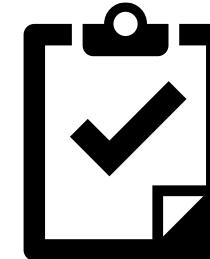
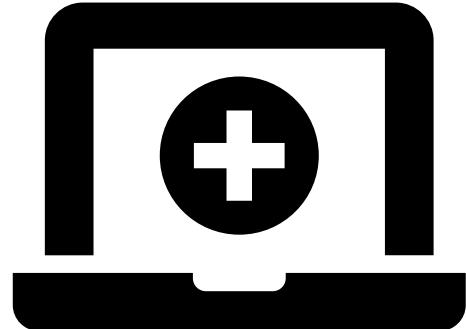
- Quality reviews as announced in previous connection calls, will begin in January 2026.
- Not responding/cooperating could result in temporary suspension of Screening certification.



Nursing Facility Teams

Reminder

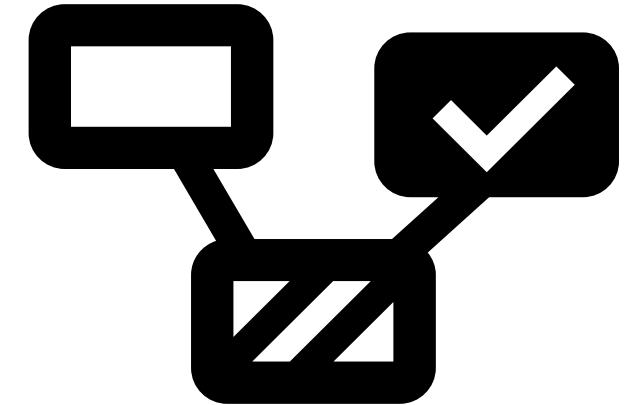
- If your Nursing Facility updates or changes NPI numbers that are being used for LTSS Screening, please contact DMAS Screening Unit to make sure we update the VCU LTSS Screening Training Portal.



Nursing Facility Teams

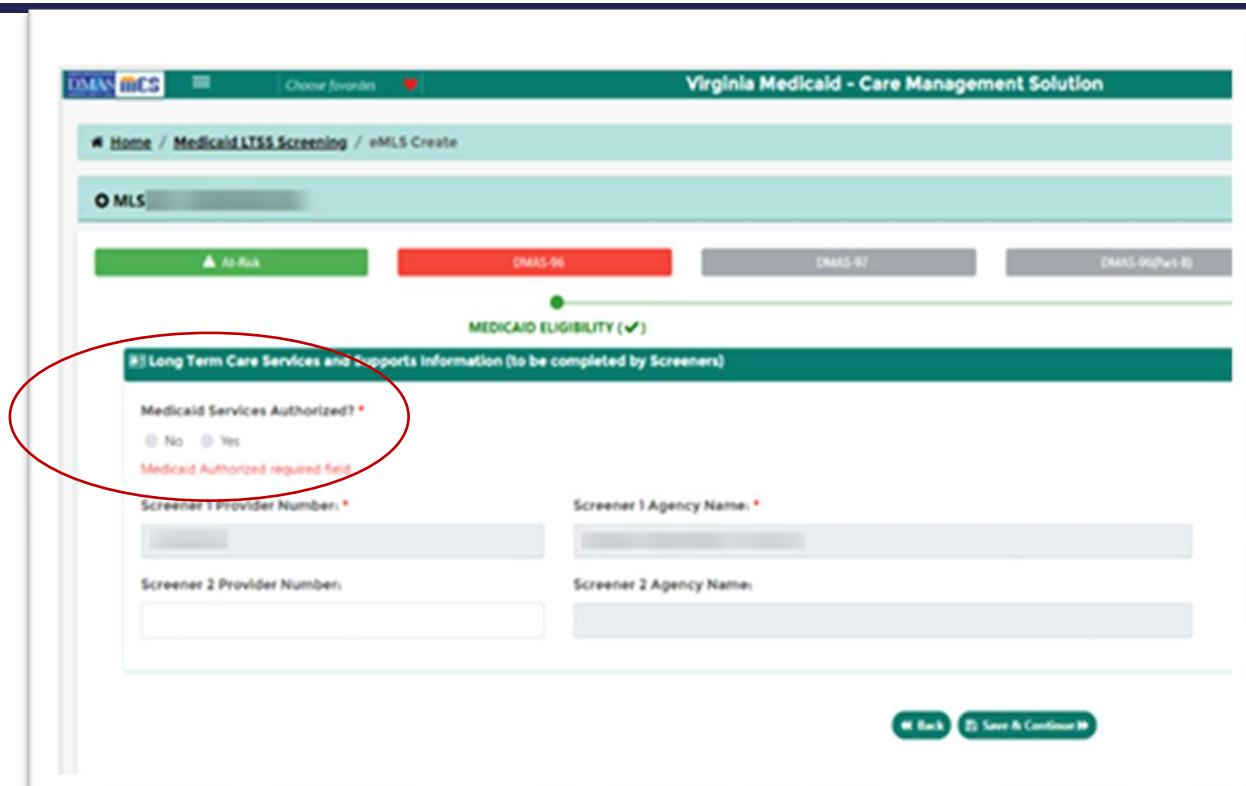
Reminder

- The Screening must be for the correct individual and correct Medicaid Number/Social Security Number.
- 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.



Nursing Facility Teams Reminder

- If DMAS LTSS Screening guidelines warrant a Screening, it should be fully completed and processed in eMLS even if you find that the individual does not meet NF level of care criteria.
- If an individual does not meet Functional, Medical Nursing Need, and Risk categories then you will select “No” under “Medicaid Services Authorized” on the 96 page. The screener makes this determination, not the eMLS system.
- “No” selection on DMAS 96 page will drop down two options :
 - Other Services Recommended
 - No other Services Recommended



The screenshot shows the DMAS eMLS Create page for Medicaid LTSS Screening. The 'DMAS-96' tab is active. A red circle highlights the 'Medicaid Services Authorized?' field, which is a required field for Medicaid screening. The field has radio buttons for 'No' and 'Yes'.

Nursing Facility Teams

Reminder

- **If the Screener tries to select “Yes” when the individual does not meet criteria according to the information entered into the electronic forms, then a red error message will appear. This is to assist and prevent the Screener from making an error or inconsistencies in their LTSS Screening.**
- **Under the “No” selection, do not select CCC Plus Waiver with Private Duty Nursing (PDN) if the individual does not need PDN.**

Nursing Facility Teams

Reminder



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.



Nursing Facility Teams

Reminder



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



Nursing Facility Teams

Reminder



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.



Nursing Facility Teams

Reminder



Special Circumstances and exemptions where the LTSS Screening is not required and only applies to individuals admitting straight to Custodial Long-Term NF. The MDS, along with other required paperwork documents NF level of care for these types of admissions. Please have Admissions staff document these exemptions upon intake in the individual's record. These are located on the DMAS 80 and LTC Portal.

- **Private Pay: Individuals already in Custodial care as private pay who become Medicaid eligible.**
- **Out of state**
- **DBHDS Facility**
- **Veterans Administration Facility**
- **Hospice recipients**
- **PHE Admissions requiring level of care changes: individuals admitted during COVID flexibility dates of 3.13.2020 – 6.31.2021 and 1.10.2022 – 3.22.2022**
- **Individuals who enrolled into Medicaid LTSS prior to July 2019, will need to be escalated for review and entry.**



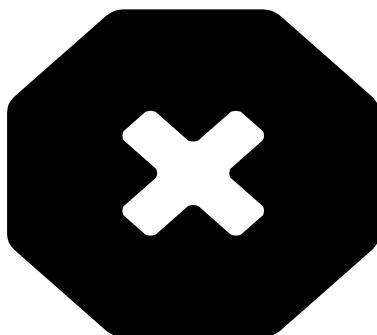
Nursing Facility Teams

Reminder



For Skilled Nursing Care (LOC 2) Admissions, the LTSS Screening is not required.

They do have to be entered on the DMAS 80 or LOC 2 segment in the LTC Portal along with the other special circumstances and exemptions.



Nursing Facility Teams

Reminder



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.



Nursing Facility Teams

Reminder



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.



Nursing Facility Teams

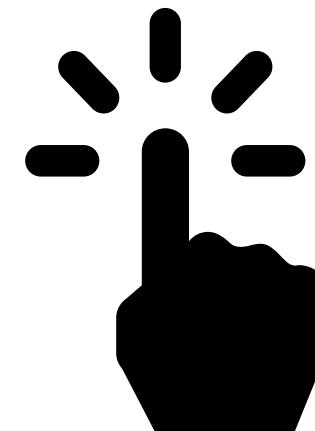
Reminder



PASRR

- Level I is required before all NF admissions
- Level II is needed when indicated by the DMAS 95 Level I and the individual meets all the criteria

Level II's are not required for all admissions



Nursing Facility Teams

Reminder



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.



Nursing Facility 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



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.

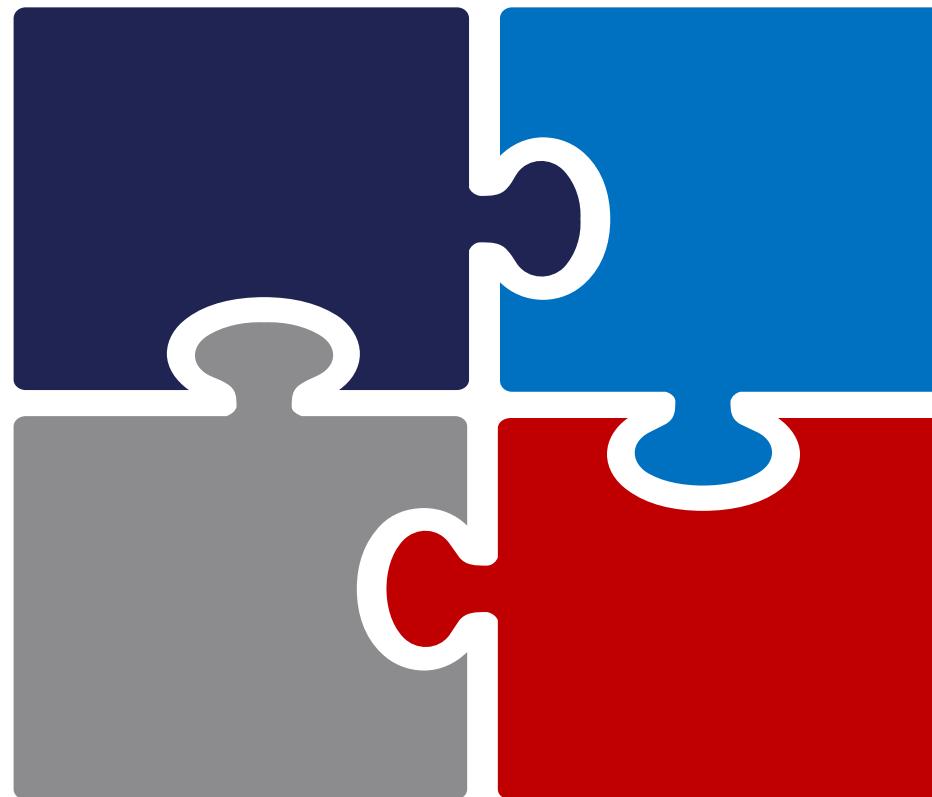
SCREENING CONNECTIONS FOR LTSS

Look down the page for list of Screening Connection calls

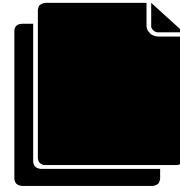
If the Power Point is not on the website yet, you can contact Screening Assistance for a copy.

The screenshot shows the Virginia Medicaid website. At the top, there is a navigation bar with links for 'Applicants', 'Members', 'Providers', 'Appeals', 'Data', and 'About Us'. A red arrow points to the 'Providers' link. Below the navigation bar, there is a dropdown menu titled 'Benefits & Services' with several options: 'Provider Enrollment & Revalidation', 'Claims and Billing', 'Provider Memos & Communications', 'Rates and Rate Setting', 'Cardinal Care', 'Benefits & Services', and 'MES Portal'. A red arrow points to the 'Benefits & Services' link in this dropdown. The main content area features a dark background with a globe and circuit board graphics. The title 'Benefits & Services for Providers' is displayed. Below this, there are several sections: 'Behavioral Health', 'Dental', 'Long Term Care' (which is highlighted with a red arrow), and 'Pharmacy and Drug Formularies'. At the bottom, there are links for 'School Based', 'Telehealth', 'Transportation', and 'Waivers'.

Resources:



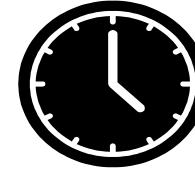
MES Homepage: Bulletins and Memos



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.

Nursing Facility Teams



Checking Terminations while in SNF

- 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 Nursing Facilities may have access to business staff for checking the termination or end codes in the system.
- If the individual is FFS, then you can contact ScreeningAssistance@dmas.virginia.gov.



Nursing Facility 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.



Nursing Facility Teams

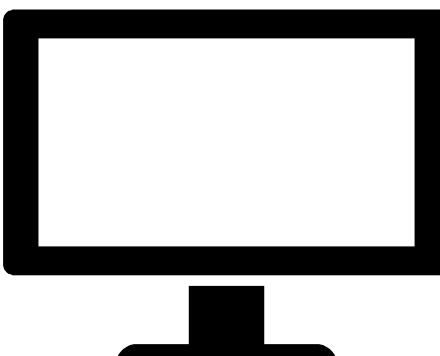
Reminder



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.



Nursing Facility Teams

Reminder

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

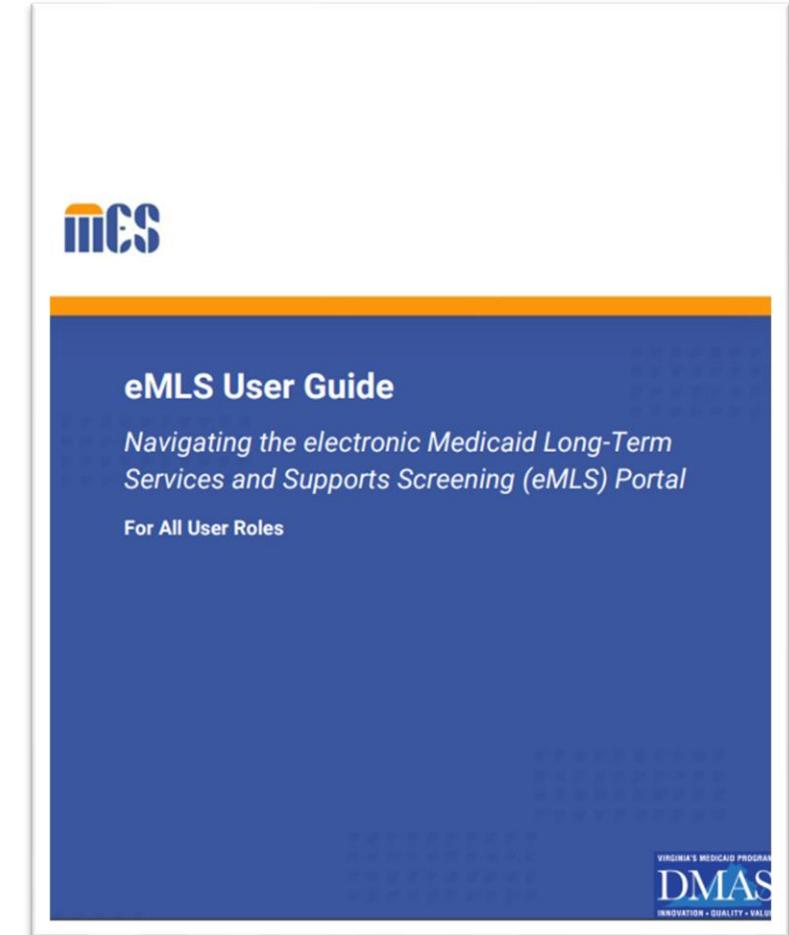


Use eMLS User Guide and Training

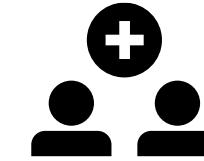
Screening Team staff should take the eMLS training and have a copy of the User Guide on hand if they use eMLS.

<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?

- Your Director, Business Manager, Corporate Office, or Administrator will know who your Primary Account Holder-PAH or Delegate Administrators-DAs are for your NPI.
- These Administrators have been designated by your facility and are responsible for setting up and providing the MES-CRMS-eMLS Log-in access to your 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 PAH or DAs only, on how to add Delegates or Users can be found at: [Provider Training Resources | MES \(virginia.gov\)](https://MES.virginia.gov) PRSS 118. If you have questions about PAH or DA issues, contact MES-Assist@dmas.virginia.gov

Nursing Facility Teams

Reminder



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.



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.

Nursing Facility Teams

Reminder



eMLS Overview

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





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:



Cover sheet is found at:

<https://maximusclinicalservices.com/svcs/virginia>

When NF is the selected choice, a DMAS-95 form is required. If the Level I indicates that a Level II referral is warranted, there is a referral process for further evaluation and determination of needed specialty services. This process is described in the LTSS Screening Manual.

FAX Number **877-431-9568**

A template for a fax cover sheet. The word "Fax" is at the top left. The "maximus" logo is at the top right. The subject line is "Subject: Virginia PASRR Level II Referral". The "To Name:" field is empty. The "To Fax Number:" field contains "(877) 431-9568". The "Reason for referral:" field contains "check one". The "From Name:" field is empty. The "From Fax #:" field is empty. The "Resident Review:" field is empty. The "Preadmission Screening:" field is empty. There are two empty checkboxes at the bottom right. A QR code is in the bottom right corner.

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 (____) _____

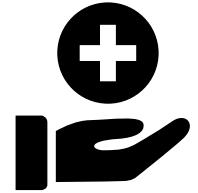
Admission to Alternative Level of Care
 Assisted Living Facility _____
 Group Home _____
 State Hospital _____
 Other _____

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>

search Provider

MES Home

First Name

Last Name

Address

City

NPI

Provider Type

Business Name

Location Name

Gender

Zip Code

Specialty

Language

Accepting New Patients

ADA Compliant

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

Search Reset

Glossary of Terms
Translation Services

Privacy Policy
Nondiscrimination/Accessibility

Copyright © 2020 DMAS

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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.

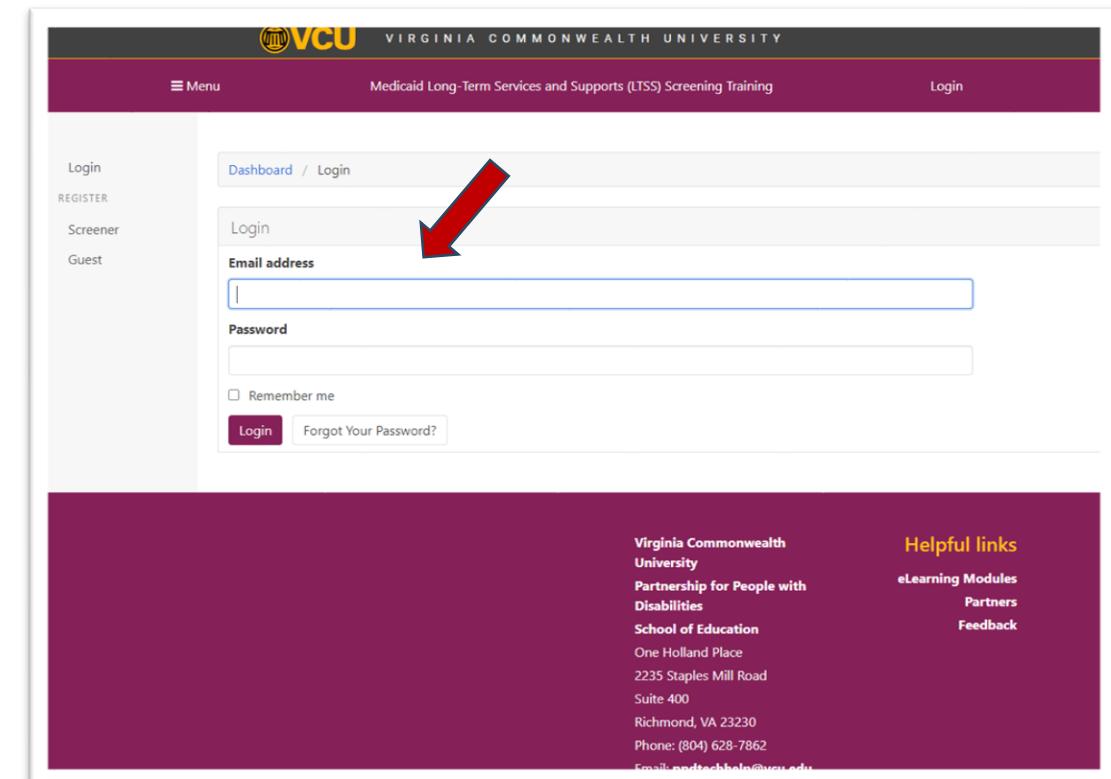
The screenshot shows the MES Provider Search interface. At the top left is the MES logo. Below it is a search form with various fields: First Name, Last Name, Address, City, NPI, Business Name, Provider Type (dropdown), Location Name, Gender (dropdown), Zip Code (dropdown), Specialty (dropdown), Accepting New Patients (checkbox), State (dropdown), Language (dropdown), and ADA Compliant (checkbox). A note at the bottom of the form states: "At least one more search criteria is required with 'Accepting New Patient' or 'ADA Compliant'." At the bottom are buttons for Search and Reset, and links for Glossary of Terms, Translation Services, Privacy Policy, Nondiscrimination/Accessibility, Copyright 2020 DMAS, and a note about accepting new patients.

VCU Medicaid LTSS Screening Training and Refresher

VCU Medicaid LTSS Screening Training at:

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

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

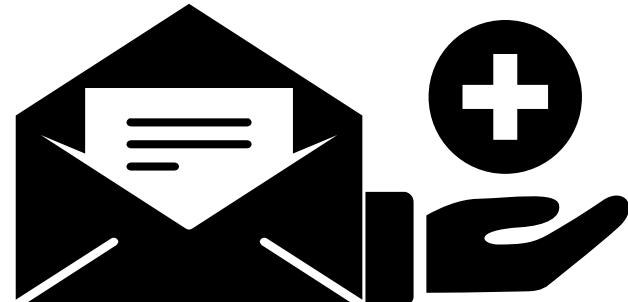


The screenshot shows the login page for the VCU Medicaid LTSS Screening Training. The page has a dark header with the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY'. Below the header, there are navigation links: 'Menu', 'Medicaid Long-Term Services and Supports (LTSS) Screening Training', and 'Login'. The main content area has a light background. It features a 'Login' button, a 'Dashboard / Login' link, and a 'Logout' link. Below these are fields for 'Email address' and 'Password', each with a placeholder text 'Enter email address' and 'Enter password'. There is a 'Remember me' checkbox and 'Forgot Your Password?' link. The bottom of the page has a dark footer with links to 'Virginia Commonwealth University', 'Partnership for People with Disabilities', 'School of Education', 'One Holland Place', 'eLearning Modules', 'Partners', and 'Feedback'. It also includes a phone number (804) 628-7862 and an email address (medtechhelp@vcu.edu).

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

Need Help?

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

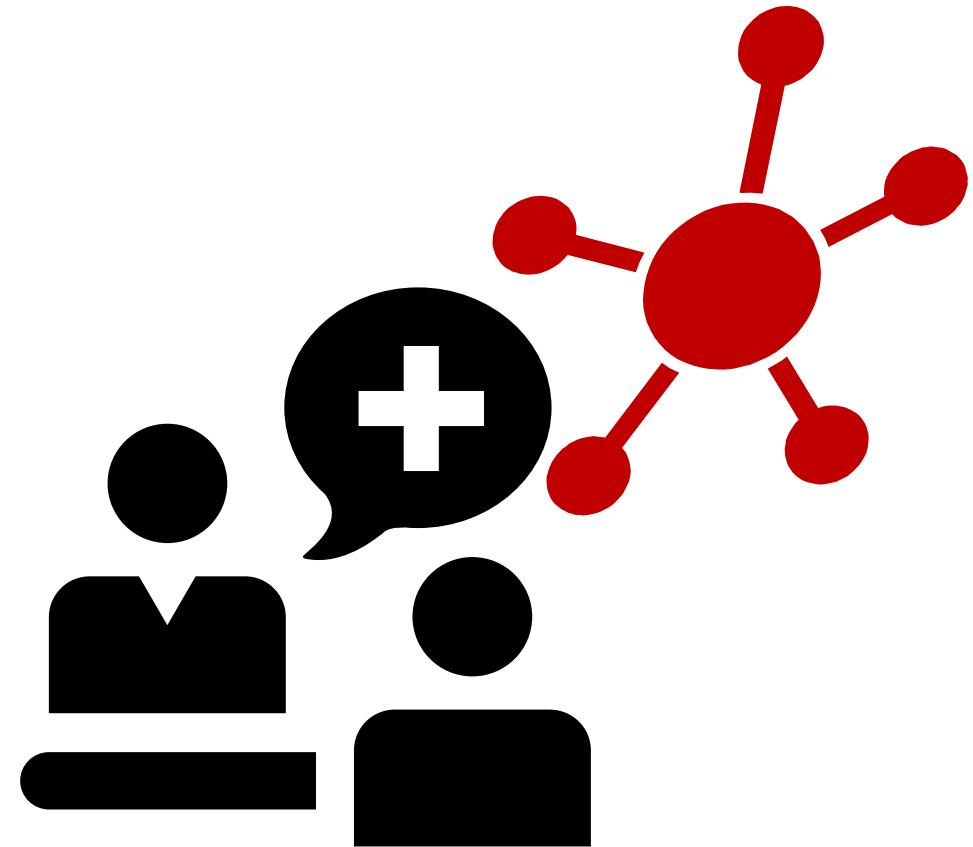


LTSS Screening Connection Call Schedule

2026				
<u>SCREENING TEAM TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Community Based Teams (CBTs) & Program of All-Inclusive Care for the Elderly (PACE)	March 10, 2026	June 9, 2026	September 8, 2026	December 8, 2026
Hospitals	March 11, 2026	June 10, 2026	September 9, 2026	December 9, 2026
Nursing Facilities	March 12, 2026	June 11, 2026	September 10, 2026	December 10, 2026

Share Information with your Team

- Other Screeners
- Discharge Planners
- Supervisors
- Managers
- Admissions Staff
- Administrative Staff
- Business Staff



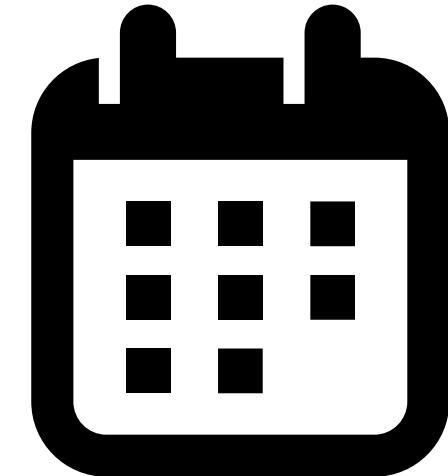


Save the Date:

Nursing Facility Team Focus

Thursday, March 12, 2026

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



Question and Answer

