

# Screening Connections

**Nursing Facility Screening Team**

**December 11, 2025**

*Office of Community Living*



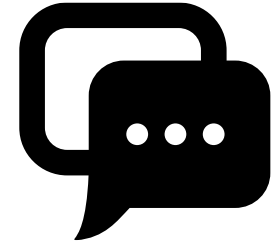
# Welcome!

Great Work  
This Year!

Happy Holidays!

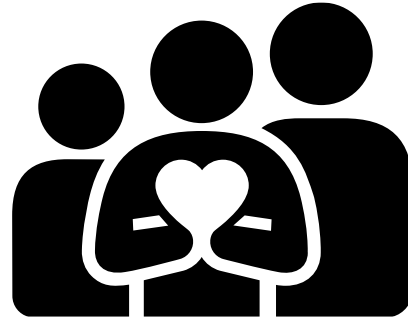
# LTSS Screening Connection Call

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

# Hospital Teams



**ALL QUESTIONS GO TO SCREENING ASSISTANCE EMAIL**

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

## **WE NEED:**

**Place of employment**

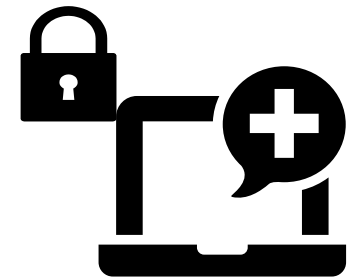
**Contact Information**

**Name of Screener**

**Details of Issue**

**Individuals' information**

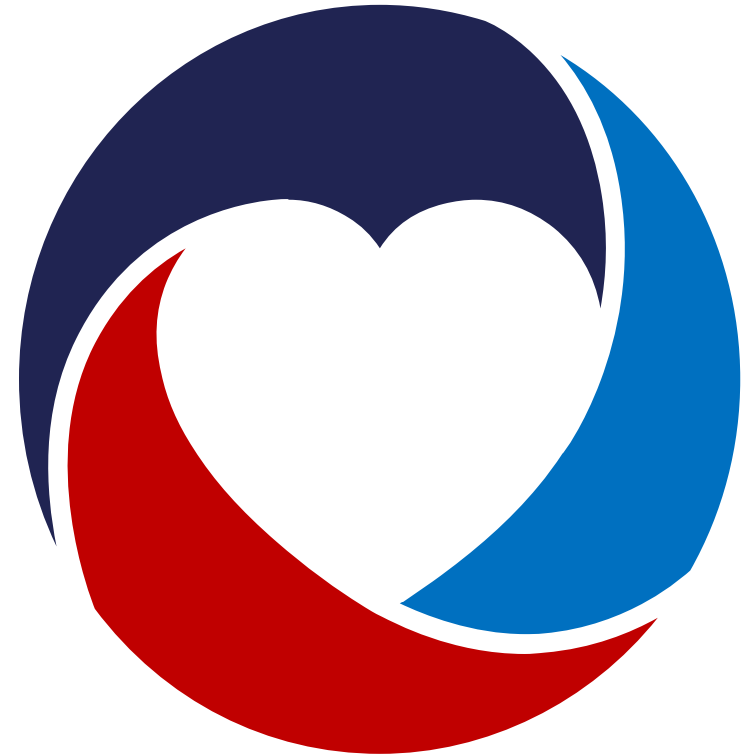
For Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI), ENCRYPT your emails that contain protected information. DO NOT put Names, Social Security Numbers, or Medicaid Numbers in the Subject Line!



**DMAS**

# Today's 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)
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
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## Hospital

Grand Total	10161
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## Community Based

Totals	# of Screenings	24019
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## PACE

Totals	# of Screenings	873
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Data as of 12-5-2025



# Nursing Facility Teams

## Update



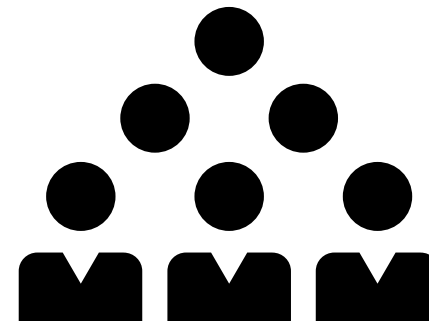
### Survey Results

**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 2<sup>nd</sup> Thursday at 3pm**

**We want your input!**



# Nursing Facility Teams Update



## Updated Member Correction Form

### DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM

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

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

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

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

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

**PatientPay@dmavirginia.gov**

Please label email with the following subject line:

**LTSS Screening Member Information Change Request**

**Allow at least 14 business days for all corrections.**

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

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

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

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

### DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM

Submission Date of this Form to Enrollment: \_\_\_\_\_

LTSS SCREENER INFORMATION: Please print or type.

Name: \_\_\_\_\_ Contact information (phone and email): \_\_\_\_\_

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

LTSS Screening Number: \_\_\_\_\_ Date of Screening: \_\_\_\_\_

#### REQUIRED INDIVIDUAL INFORMATION:

Correct Name: \_\_\_\_\_ Correct DOB: \_\_\_\_\_

Correct SSN: \_\_\_\_\_ Correct Medicaid ID: \_\_\_\_\_

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

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

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

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

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

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

Comments: \_\_\_\_\_

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

Revised 10.23.2025



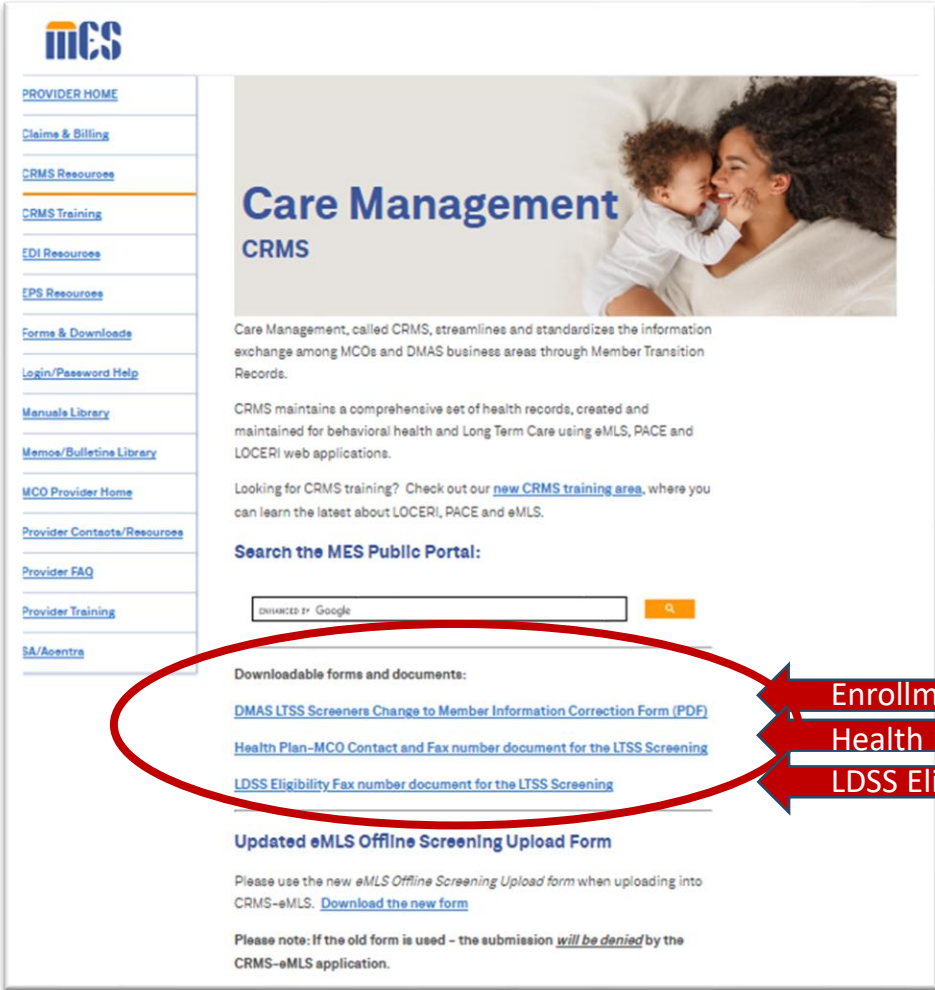
# Demographic Correction Reminders

For demographic corrections, all Enrollment Member Corrections Forms are to be sent to [\*\*PatientPay@dmass.virginia.gov\*\*](mailto:PatientPay@dmass.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 homepage. On the left is a sidebar with a list of links: PROVIDER HOME, Claims & Billing, CRMS Resources, CRMS Training, EDI Resources, EPS Resources, Forms & Downloads, Login/Password Help, Manuals Library, Memos/Bulletins Library, MCO Provider Home, Provider Contacts/Resources, Provider FAQ, Provider Training, and SA/Accentra. The 'Forms & Downloads' link is highlighted with a red arrow from the left. The main content area features a 'Care Management CRMS' header with a photo of a woman and child. Below this is a search bar and a section titled 'Downloadable forms and documents:' which contains 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'. These three links are circled in red. Below them is a section for 'Updated eMLS Offline Screening Upload Form' with a 'Download the new form' link. A note at the bottom states that submissions using the old form will be denied.

<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



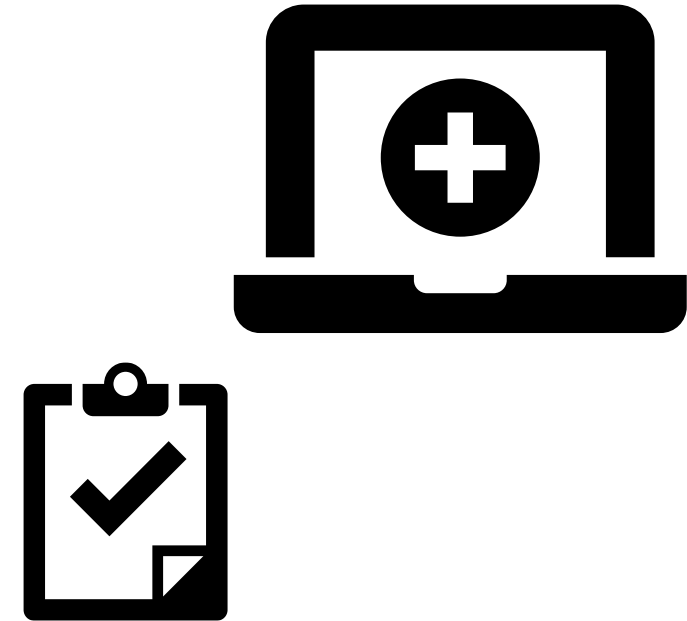
### Quality Reviews and Certification

- 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

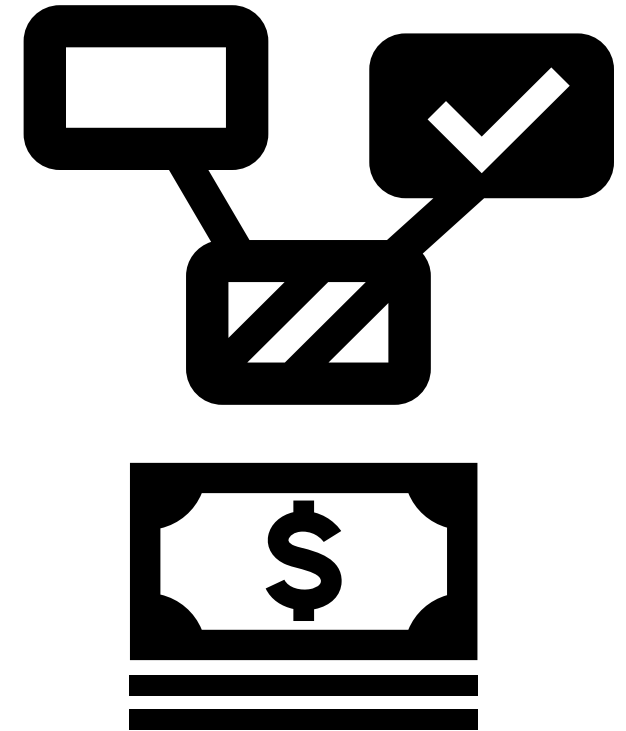
- **If your Nursing Facility updates or changes NPI numbers that are being used for LTSS Screening, please contact DMAS Screening Unit to make sure we update the VCU LTSS Screening Training Portal.**



# 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**

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Create

MLS

At Risk DMAS 96 DMAS 97 DMAS 96(Part 2)

MEDICAID ELIGIBILITY (✓)

83 Long Term Care Services and Supports Information (to be completed by Screeners)

Medicaid Services Authorized? \*

☐ No ☐ Yes

Medicaid Authorized required field

Screener 1 Provider Number: \*

Screener 1 Agency Name: \*

Screener 2 Provider Number:

Screener 2 Agency Name:

Back Save & Continue

# Nursing Facility Teams

## Reminder

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- **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.**



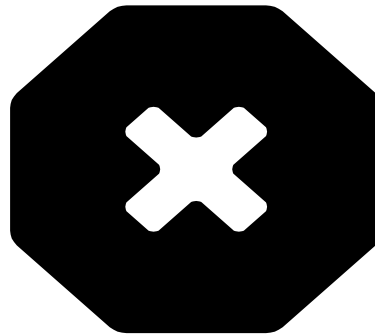
# Nursing Facility Teams

## 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

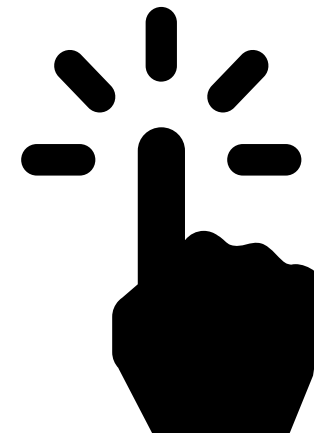
## Reminder



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

# Connection Call Power Points

Posted on the DMAS Website:

[www.dmas.virginia.gov](http://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. A red arrow points to the 'Providers' tab in the top navigation bar. Another red arrow points to the 'Benefits & Services' dropdown menu. A third red arrow points to the 'Long Term Care' section in the 'Benefits & Services for Providers' area. Below this, there are four columns of services: Behavioral Health, Dental, Long Term Care, and Pharmacy and Drug Formularies. At the bottom, there are four more columns: School Based, Telehealth, Transportation, and Waivers.

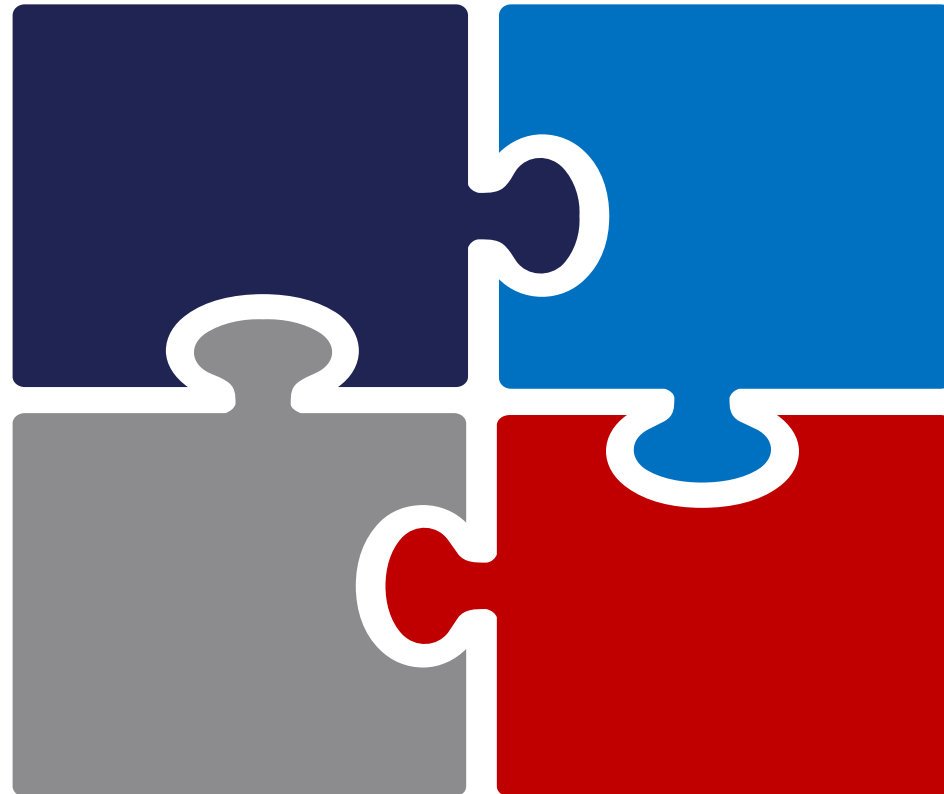
**Virginia Medicaid** Applicants Members Providers Appeals Data About Us

- Provider Enrollment & Revalidation
- Claims and Billing
- Provider Memos & Communications
- Rates and Rate Setting
- Cardinal Care
- Benefits & Services
- MES Portal ID

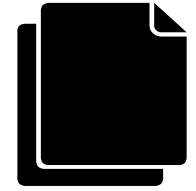
### Benefits & Services for Providers

<b>Behavioral Health</b> Providing an array of behavioral health and addiction and recovery treatment services through Managed Care Organizations, CCC Plus and Medallion 4.0, and through the Behavioral Health Services Administrator.	<b>Dental</b> Virginia's Medicaid Smiles For Children program offers comprehensive dental services to children, adults, and pregnant members.	<b>Long Term Care</b> Nursing Facilities, Specialized Care Nursing Facilities, Long-Stay Hospitals, Home Health and more.	<b>Pharmacy and Drug Formularies</b> Reference site for the Preferred Drug List and Prior Authorization Programs, as well as for information on upcoming changes.
<b>School Based</b>	<b>Telehealth</b>	<b>Transportation</b>	<b>Waivers</b>

# Resources:



# MES Homepage: Bulletins and Memos



Memos/Bulletins Library

**MES Public Portal** - Department of Medical Assistance Services  
An official website of the Commonwealth of Virginia [tells how you know](#)

**MES**

[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](#)

[SA/Acentre](#)

## Care Management CRMS

Care Management, called CRMS, streamlines and standardizes the information exchange among MCOs and DMAS business areas through Member Transition Records.

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

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

**Search the MES Public Portal:**

ENHANCED BY: Google

Downloadable forms and documents:

[DMAS LTSS Screeners Change to Member Information Correction Form \(PDF\)](#)

[Health Plan-MCO Contact and Fax number document for the LTSS Screening](#)

[LDSS Eligibility Fax number document for the LTSS Screening](#)

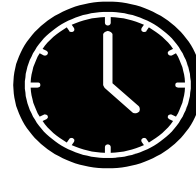
**Updated eMLS Offline Screening Upload Form to be Used After September 12, 2024**

Please use the new [eMLS Offline Screening Upload form](#) when uploading into CRMS-eMLS. [Download the new form](#)

Please note: If the old form is used - the submission *will be denied* by the CRMS-eMLS application.

<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@dmass.virginia.gov](mailto:ScreeningAssistance@dmass.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

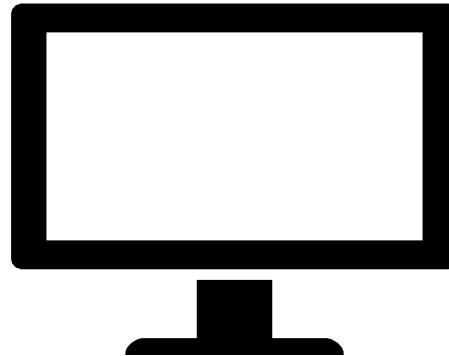
## Reminder



### 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:

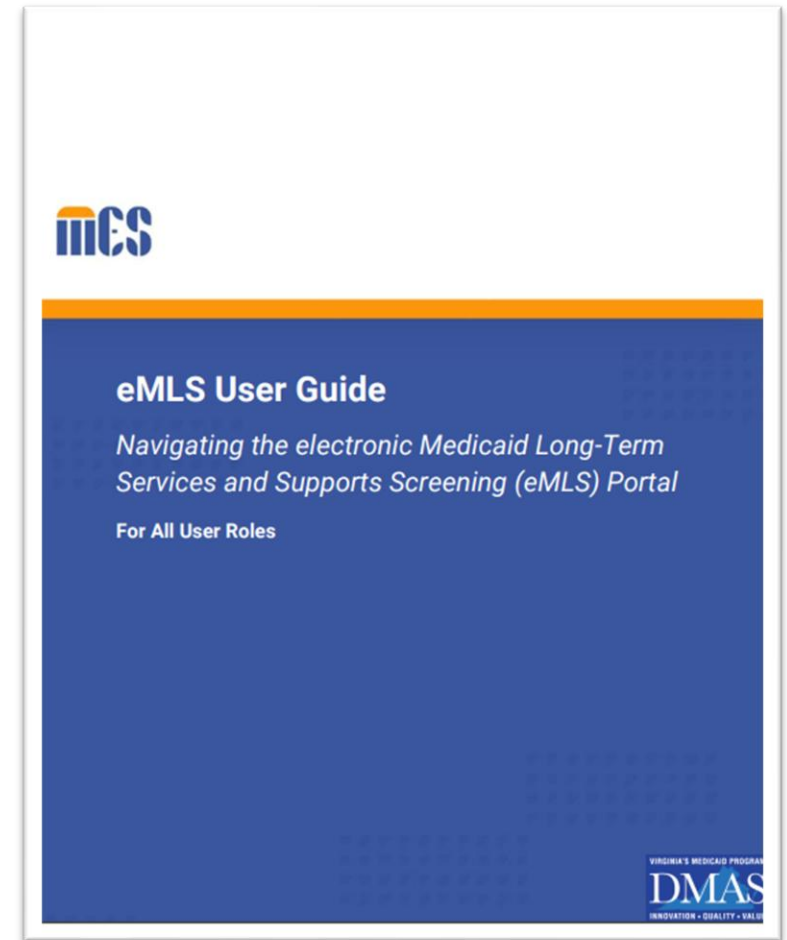
- Accessing and logging in
- Navigating eMLS features and functions
- Searching for existing Medicaid individuals and screenings
- Creating and submitting new LTSS screenings
- Resolving pre- and post-submission screening errors
- Managing screening status
- Reviewing and approving screenings

# Use eMLS User Guide and Training

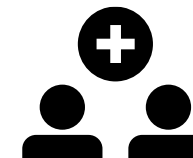
Screening Team staff should take the eMLS training and have a copy of the User Guide on hand if they use eMLS.

<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 \(virginia.gov\)](#) 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@dmass.virginia.gov](mailto:PatientPay@dmass.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@dmass.virginia.gov](mailto: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 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.


A screenshot of the eMLS (Electronic Medicaid Listing System) interface. At the top, there's a header bar with "MLS" on the left and "Accepted" on the right. Below this, a form displays personal information: "Last Name:", "First Name:", "Date of Birth:", "Medicaid ID:", "SSN:", and "NPI:". A large red arrow points from the left towards the "Medicaid ID:" field. At the bottom of the form, there are two green buttons: "Edit" (with a pencil icon) and "View" (with an eye icon). The "Edit" button is highlighted with a green border.

# 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@dmass.virginia.gov](mailto:ScreeningAssistance@dmass.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 sample fax cover sheet from Maximus. The word "Fax" is in the top left, and "maximus" is in the top right. The subject line reads "Subject: Virginia PASRR Level II Referral". Below this, there are fields for "To Name:", "To Fax Number:", and "Reason for referral:". The "To Name:" field is filled with "Assessment Pro". The "To Fax Number:" field is filled with "(877) 431-9568". The "Reason for referral:" field is filled with "check one". To the right of these fields, there are fields for "From Name:", "From Fax #:", "Resident Review:", and "Preadmission Screening:". The "From Name:" and "From Fax #" fields are empty. The "Resident Review:" field has a checkbox that is checked. The "Preadmission Screening:" field has a checkbox that is unchecked. A large QR code is located in the bottom right corner of the form.

# 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

- 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\_\_\_\_\_

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

Gender

Select Gender...

Address

City

Zip Code

State

Select State...

NPI

Provider Type

Select Provider Type...

Specialty

Select Specialty Type...

Business Name

Location Name

☐ 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

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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.

**mES**

Search Provider [MES Home](#)

First Name  Last Name  Gender

Address  City  Zip Code  State

NPI  Provider Type  Specialty  Language

Business Name  Location Name

☐ Accepting New Patients ☐ ADA Compliant

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

[Search](#) [Reset](#)

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# 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

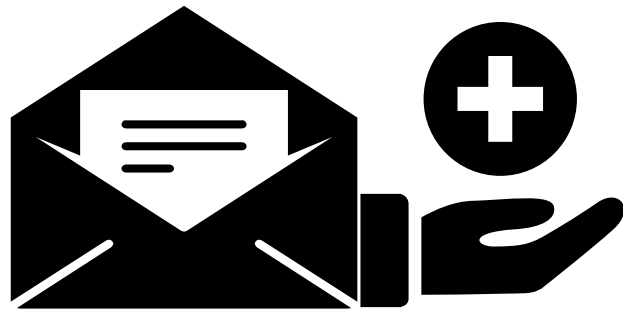
The screenshot displays the login interface for the VCU Medicaid LTSS Screening Training. The page features a purple header with the VCU logo and university name. A navigation bar below the header includes a menu icon, the title 'Medicaid Long-Term Services and Supports (LTSS) Screening Training', and a 'Login' link. A sidebar on the left lists 'Login', 'REGISTER', 'Screener', and 'Guest'. The main content area has a breadcrumb 'Dashboard / Login' and a 'Login' heading. The login form contains an 'Email address' field (highlighted by a red arrow), a 'Password' field, a 'Remember me' checkbox, a 'Login' button, and a 'Forgot Your Password?' link. The footer provides contact details for Virginia Commonwealth University and a 'Helpful links' section with links to 'eLearning Modules', 'Partners', and 'Feedback'.

**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](mailto:ScreeningAssistance@dmas.Virginia.gov)
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: [ppdtechhelp@vcu.edu](mailto:ppdtechhelp@vcu.edu)

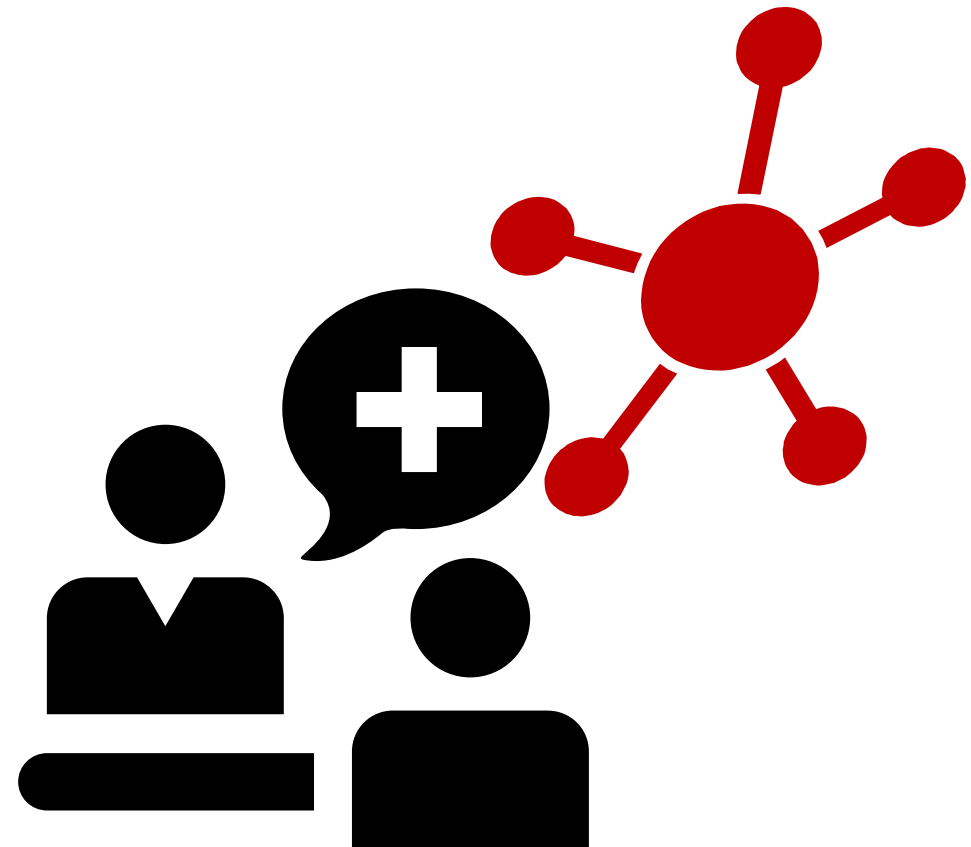


# LTSS Screening Connection Call Schedule

2026				
SCREENING TEAM TYPE	<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

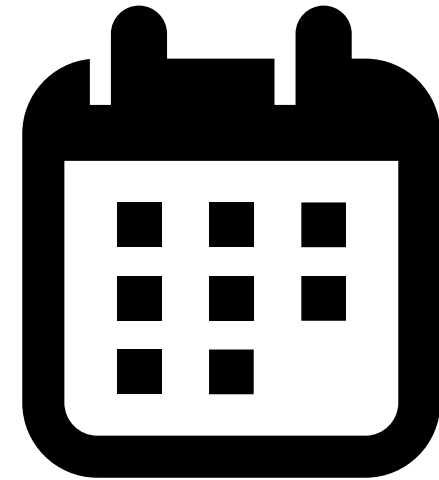


# Save the Date:

**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

