CardinalCare
Virginia's Medicaid Program

Welcome!

Thank you for your hard work and dedication!

We will begin momentarily

DMAS

CardinalCare
Virginia's Medicaid Program

Screening Connections

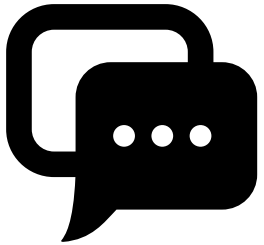
Nursing Facility Screening Team

June 12, 2025

Office of Community Living

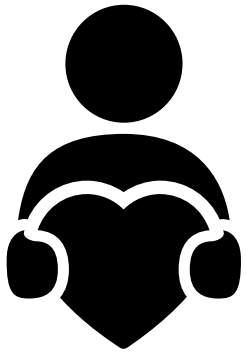
DMAS

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 Change



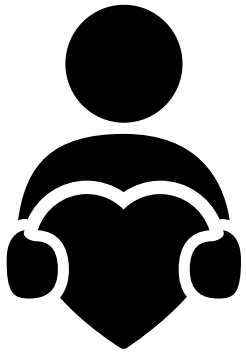
Ryan Fines

Former LTSS Screening Supervisor
Currently works in a different Unit at DMAS

Nicole Braxton

Program Manager
Temporarily supervising the LTSS Screening Unit

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



Nicole Braxton
Program Manager
Temporarily supervising the LTSS Screening Unit

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

ALL QUESTIONS ARE SENT TO SCREENING ASSISTANCE AT:

ScreeningAssistance@dmas.virginia.gov

This helps us track your inquiry and ensure a prompt response.

Include enough information for us to conduct the necessary research and follow up with you if needed.

PHI MUST be sent in the body of an ENCRYPTED email

Do NOT put PHI in the subject line

Agenda

- Data
- Updates
- Review & Reminders
- Q&A Period

Today's Focus: Nursing Facility Teams

Presented by: Whitney Singleton

LTSS Screening Program Specialist

Nursing Facility Screening Team Data

LTSS Screenings conducted by Nursing Facility Screening Teams Jan – May 2025

	Totals	NF Services	CCC Plus Waiver	PACE	No Other Services Recommended	Other Services Recommended	Active Treatment for MI/ID Condition
May 2025	**446**	402	34		3	7	
Apr 2025	**443**	396	34	1	5	7	
Mar 2025	**463**	426	21		5	11	
Feb 2025	**366**	335	23	1	4	2	1
Jan 2025	**420**	382	25		10	2	1
Totals	**2138**	**1941**	**137**	**2**	**27**	**29**	**2**
97% of Screenings conducted were approved (Authorized LTSS)							
93% Authorized NF Services					**7% Authorized HCBS LTSS (CCC Plus waiver & PACE)**		

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Screening Team Updates:

DMAS

MES Homepage Changes

MES Forms Library is now Forms & Downloads

https://vamedicaid.dmas.virginia.gov/provider/formsdownloads#gsc.tab=0

Revised DMAS 80 is now available!

- Memo published on 5/15/25 announcing Revised DMAS-80
  - https://vamedicaid.dmas.virginia.gov/bulletin/dmas-80-form-revision
- Found in MES Forms & Downloads
  - https://vamedicaid.dmas.virginia.gov/provider/formsdownloads#gsc.tab=0
- NFs should begin using new DMAS 80 immediately

DMAS 80 Preview

Virginia Department of Medical Assistance Services

Nursing Facility Admission, Discharge, & Level of Care Change

Date: ___/___/____ Reason for Submission: [ ] Admit [ ] Discharge [ ] LOC Change

This form is to communicate between Nursing Facilities (NF) and Managed Care Organizations (MCOs) for individuals who are enrolled in managed care. If a Medicaid member is Fee-for-Service (not enrolled in managed care) the NF must enter enrollment, discharge information or level of care change directly into the LTC portal and retain this form in the individual's record. **This form should not be sent to DMAS unless the portal entry cannot be made by the NF. A screenshot of the error code must be submitted with this form in order for DMAS to make the entry.**

I. IDENTIFICATION INFORMATION

First Name & Middle Initial	Last Name
Birthdate ___/___/_____	Gender [ ] Male [ ] Female
Medicaid Number	Social Security Number
Nursing Facility Name & Address	NPI Number
Actual Facility Admission Date ___/___/_____ Requested Admission Date ___/____/____ LOC At Admission [ ] Intermediate (1) [ ] Skilled (2) Discharge Date ____/____/_____ Discharge Location _____	Level of Care Change ___/____/_____ (effective date) If LOC Change, please check the following: [ ] Intermediate (1) [ ] Skilled (2)
Name of MCO	MCO Fax #

II. SCREENING INFORMATION

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 seven (7) regulatory special circumstances must be documented and checked or original authorization for LTSS occurred prior to 7/1/2019.

[ ] 1. Private pay individual (not expected at time of Admission to need Medicaid) admission to a Virginia nursing facility for custodial NF only.

[ ] 2. Individual who resides out of state and seeks direction admission to a Virginia nursing facility (ICF Custodial NF only).

[ ] 3. Individual who is an inpatient in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seeks direct admission to a Virginia nursing facility (ICF Custodial NF only).

[ ] 4. Individual who is a patient or resident of a state owned/operated facility by Department of Behavioral Health and Developmental Services (DBHDS) and seeks direct admission to a Virginia NF (ICF Custodial NF only).

[ ] 5. A screening shall not be required for enrollment in Medicaid hospice services as set out in 12 VAC 30-50-270.

[ ] 6. The individual was covered under the Governor's Public Health Emergency for COVID 19 for individuals who came from a Hospital to a Virginia nursing facility from the dates of 3/13/2020-6/31/2021 or 1/10/2022-3/22/2022.

[ ]7. Skilled Nursing Facility Admission which does not require a LTSS Screening

******All individuals eligible for Medicaid at the time of nursing facility admission must have a full valid LTSS screening unless one of the reasons stated above has been cited.******

******Upon request, please be prepared to present documentation of change of level of care via the MDS and physician certification.******

Current Payment Source
[ ] Medicare/Medicaid (Dual) [ ] Medicaid Only [ ] Private Pay [ ] Commercial Insurance
Comments:

_____
_____
_____

Comments:

_____
_____
_____
_____

_____ _____

Person Completing Form (print/type) **Telephone Number**

_____ _____

Signature of Person Completing Form **Date**

_____ _____

Facility Contact Person (If different than above) **Contact Number**

Confidential-Contains Patient Identifiable Information

This electronic transmission (FAX) contains patient identifiable information, which is being forwarded to a Commonwealth Coordinated Care Plus Health Plan. It is intended for the review and use of no one, but the identified FAX individual listed above. State and Federal laws prohibit misuse or disclosure of this information. If you have received this communication in error, please notify the sender at the address listed above immediately.

eMLS System Updates: Overview

The following eMLS changes will go into effect June 19, 2025

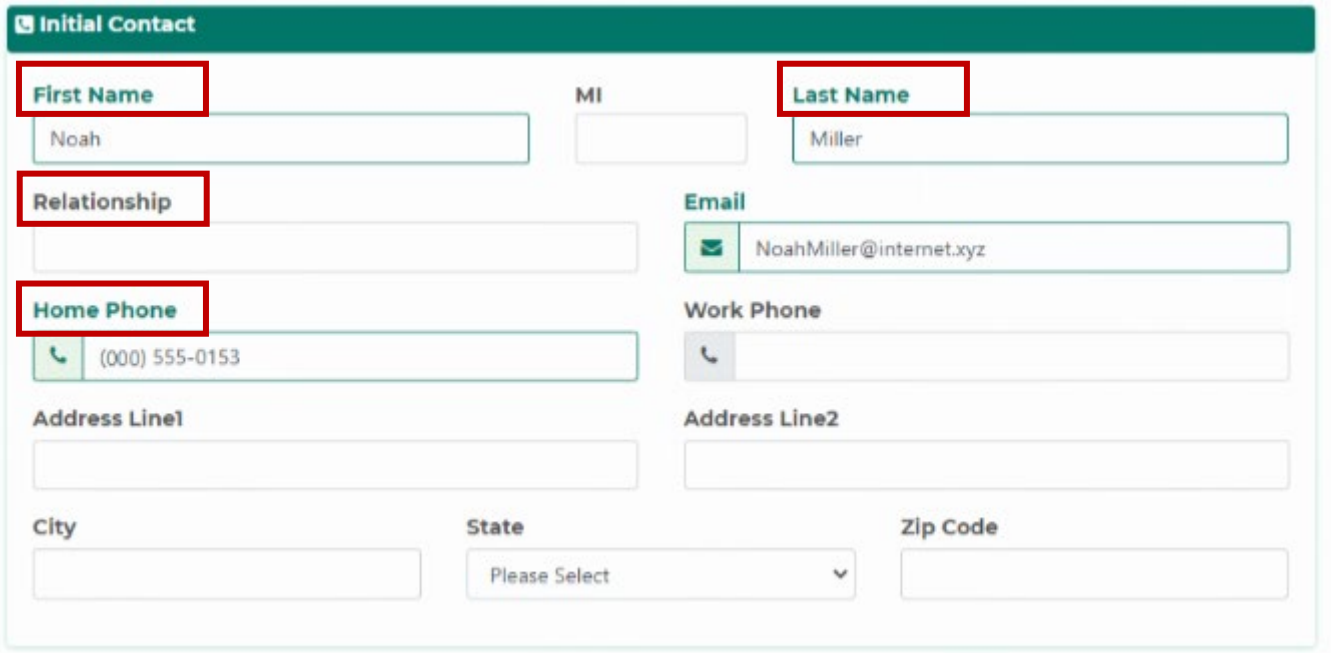
- Initial Contact field Requirement
- Increased “Member Summary” Character Requirement
- Screening Identification: DOC, Appeal, Variance
- Justification required when the Screening is over 30 days at Physician submission
- RN Signature Section Dropdown (Implemented Feb 2025)

eMLS System Updates: Initial Contact

Initial Contact or “Who Called” field will be mandatory

Screener will be required to enter initial contact’s:

- First and last name
- Relationship
- Phone number



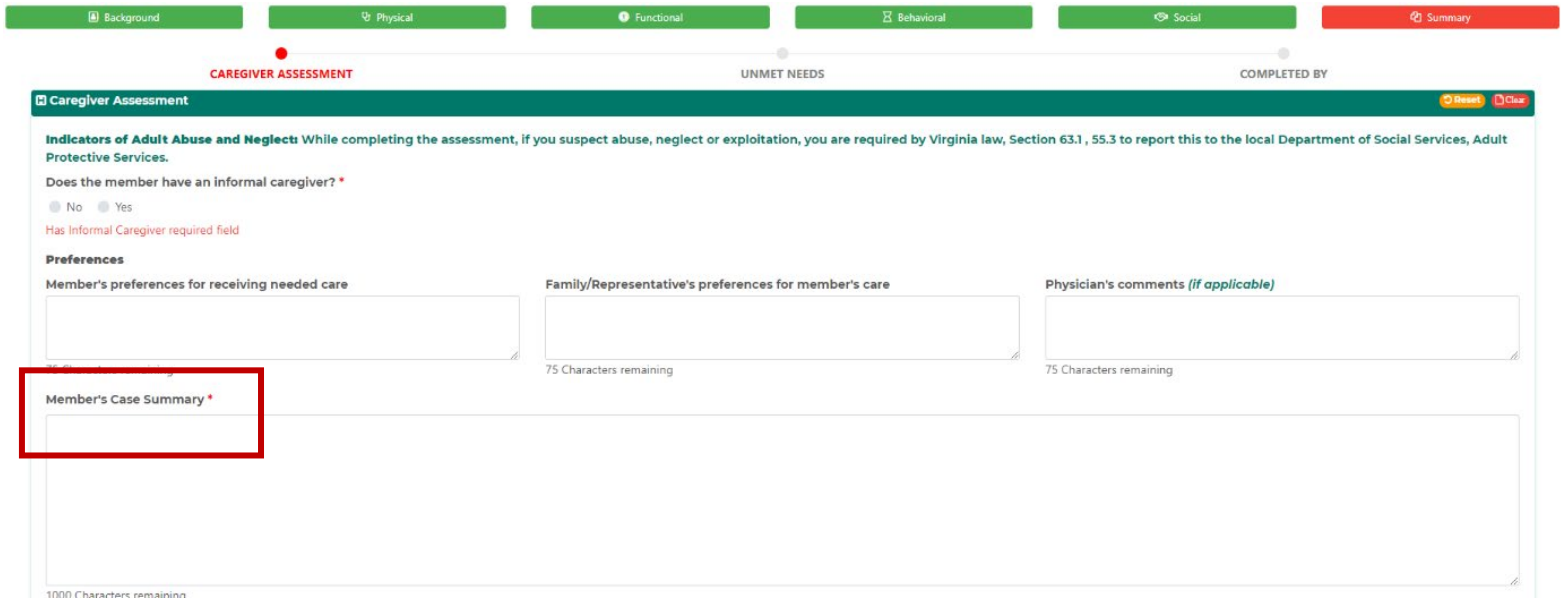
Rationale: Assures appropriate documentation of the Screening referral or request source.

Effective: June 19, 2025

eMLS System Updates: Case Summary

Character limits for the member's case summary field will be expanded

- **Minimum** character limit increased to 500 characters
- **Maximum** character limit is 1000



Rationale: Facilitates thorough documentation of the member's current health status to support the approval or denial of Medicaid LTSS.

Effective: June 19, 2025

eMLS System Updates: Screening Identification

New checkbox fields will be added to the DMAS 96 form to identify and capture data on certain Screening Types.

Screener 1 must select one of the following checkboxes when signing off:

- ❑ conducted for the Department of Corrections (DOC)
- ❑ modified for an overturned Appeal
- ❑ conducted with a DMAS approved variance or flexibility
- ❑ N/A

Rationale:
Provides justification for Screenings performed outside of normal guidelines and for delays when a new date is required due to overturned Appeals.

Effective: June 19, 2025

eMLS System Updates: Delayed Screening Justification

Authorizing Physicians will be required to provide justification for Screenings that are not completed within 30 days of the request date.

- At Physician (NP/PA) submission, an additional question will populate asking why the Screening is over 30 days.

- Physician will choose applicable option from dropdown: Appeals, Correction, PASRR, or Other
    - When “Other” is selected, a mandatory free-text field will populate (min 15 characters)

Rationale:
Collects data on Screening delays caused by processes beyond the Screening team’s control.

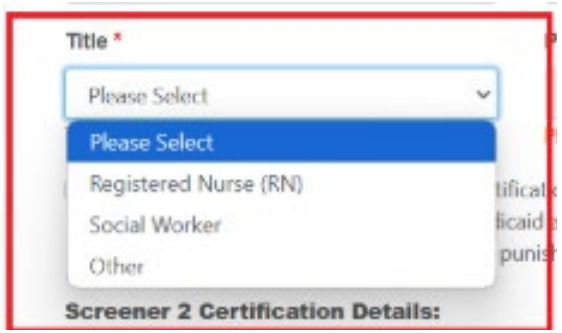
Effective: June 19, 2025

eMLS System Updates: Screener Title

Screener title is a required field as of February 2025

Screeners must select their title from the dropdown box: Registered Nurse, Social Worker, or Other

- When “Other” is selected, a free-text box will populate for you to enter your title
- **Nursing Facility Screening Teams MUST have a RN Screener, who must sign as Screener 1**
- Nurse Practitioners assuming the RN Screener role, are to select the RN title when signing off
  - NPs are prohibited from approving a Screening they also conducted



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Nursing Facility Team Review & Reminders

DMAS

Institutionally Induced Dependencies

Assistance provided solely because an individual is in a NF, is referred to as an institutionally induced dependency and MUST be excluded when assessing functional capacity.

Functional capacity is evaluated based on how an individual would perform the task(s) in a home setting, in their current physical condition.

i.e. medication administration

An individual shall not be rated as Dependent in medication administration, solely because it is a requirement of the NF for medication to be administered by licensed/professional staff. This is NOT a dependency of the individual.

The individual is rated according to how medications will be administered outside of the facility.

Functional Criteria

An individual may meet functional capacity requirements when one of the following applies:

1. Rated dependent in two or more ADLs, *and* also rated semi-dependent *or* dependent in Behavior Pattern *and* Orientation, *and* semi-dependent or dependent in Joint Motion *or* dependent in Medication Administration; *or*

2. Rated dependent in five to seven ADLs *and* also rated dependent in Mobility; *or*

3. Rated semi-dependent or dependent in two or more of the ADLs *and* also rated dependent in Mobility *and* Behavior Pattern *and* Orientation.

When an individual does not meet functional criteria, does not have a medical/nursing need, or is not deemed to be at-risk, the Screener is unable to authorize Medicaid LTSS.

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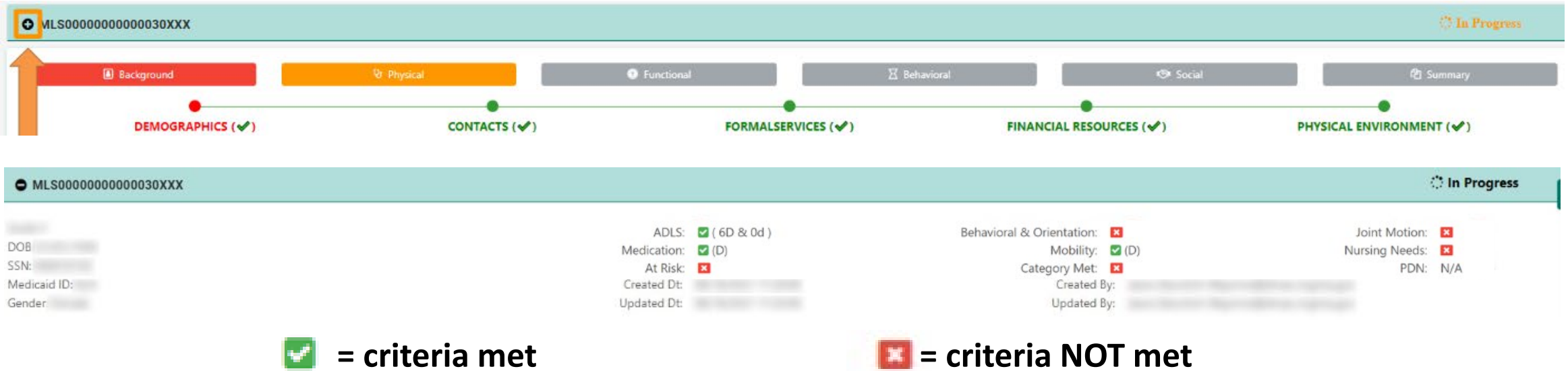
eMLS Screening Criteria Snapshot

eMLS provides a snapshot that allows Screeners to view criteria that is or is not met as Screeners are entering information.

- Screeners can use this feature to determine why an individual is not meeting NF LOC Criteria.
- To view this snapshot, click the plus sign (+) next to the Screening ID.



= criteria met

= criteria NOT met

DO NOT ALTER YOUR ASSESSMENT TO MAKE AN INDIVIDUAL MEET CRITERIA

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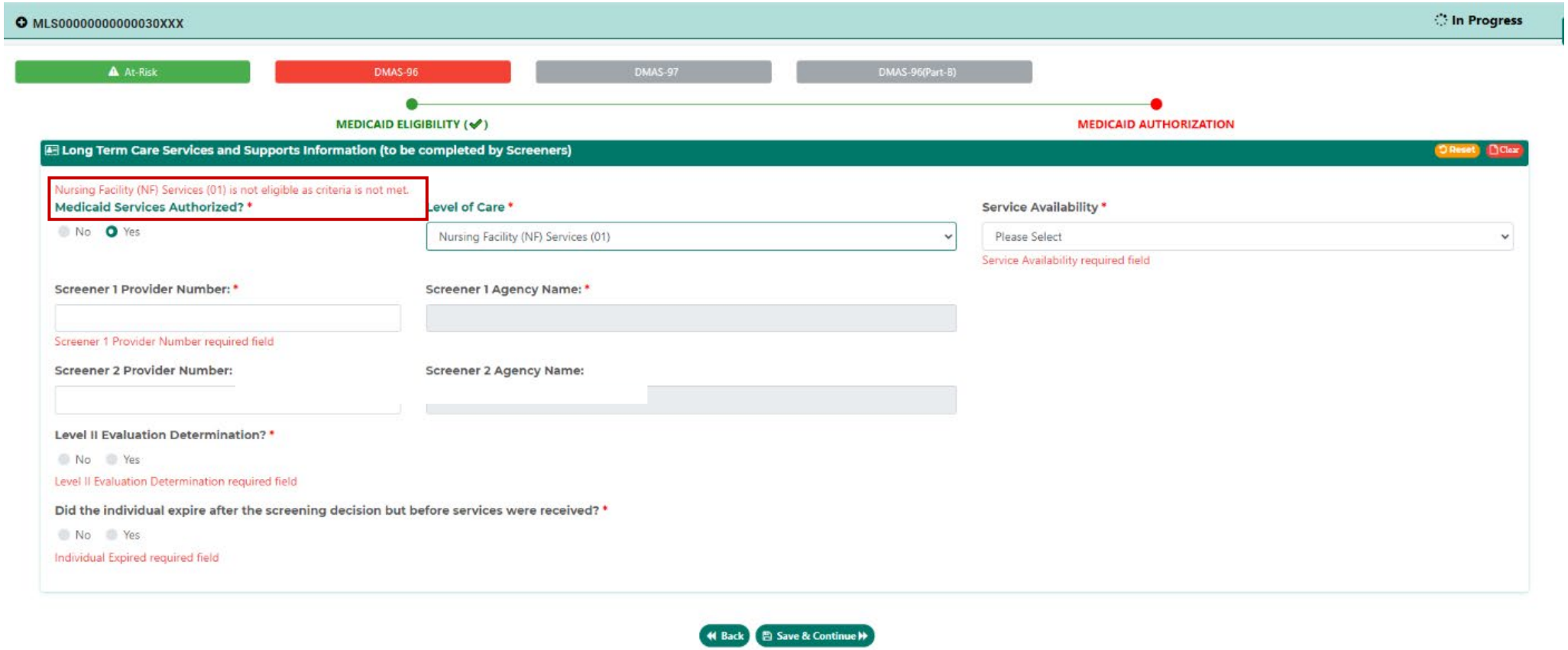
DMAS 96 - Criteria not Met Error

Screeners will receive the error "… is not eligible as criteria is not met" when attempting to authorize NF Services, PACE, or CCC Plus waiver for an individual who does not meet NF LOC Criteria.



DO NOT choose CCC Plus Waiver with PDN unless you are truly assessing PDN criteria.

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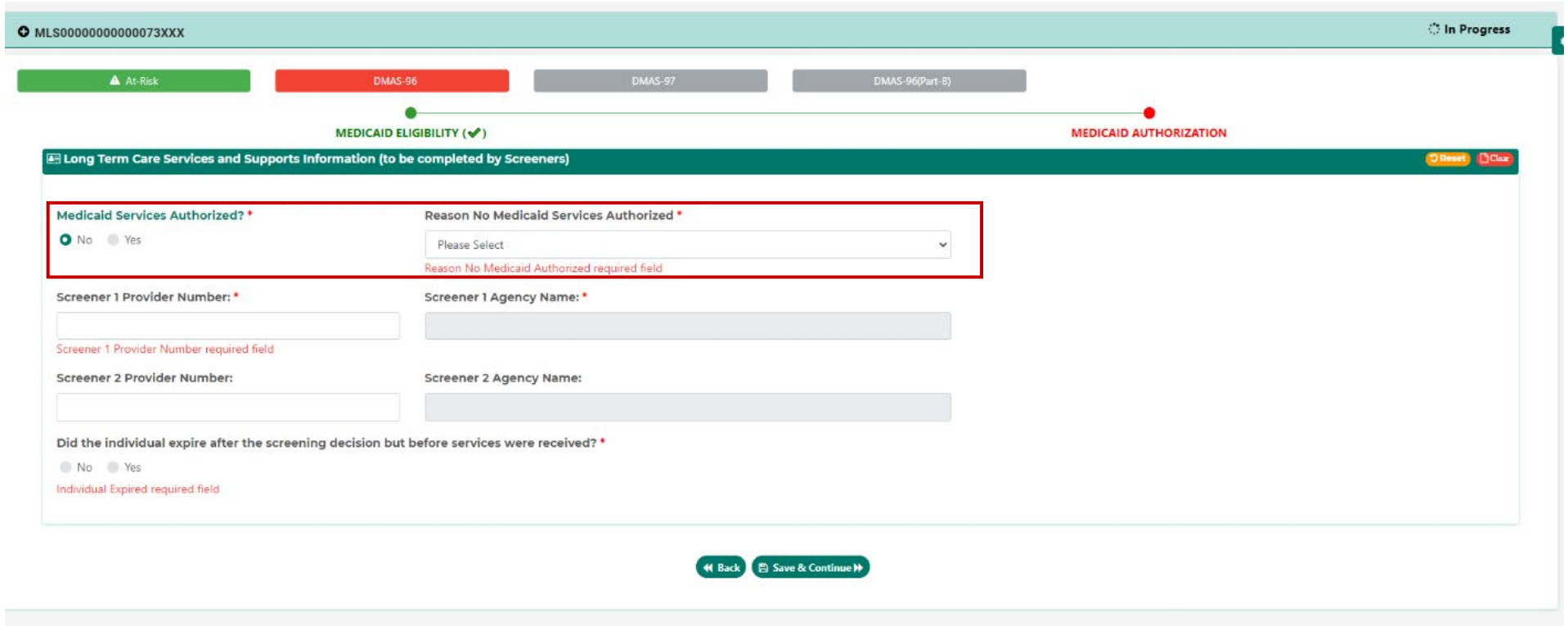
DMAS 96 - NF LOC Criteria not Met

When an individual does not meet NF LOC Criteria, the Screener:

- Selects “No” to “Medicaid Services Authorized?”
- Chooses applicable “Reason No Medicaid Services Authorized”:

  No Other Services Recommended, Other Services Recommended, or Active Treatment MI/ID



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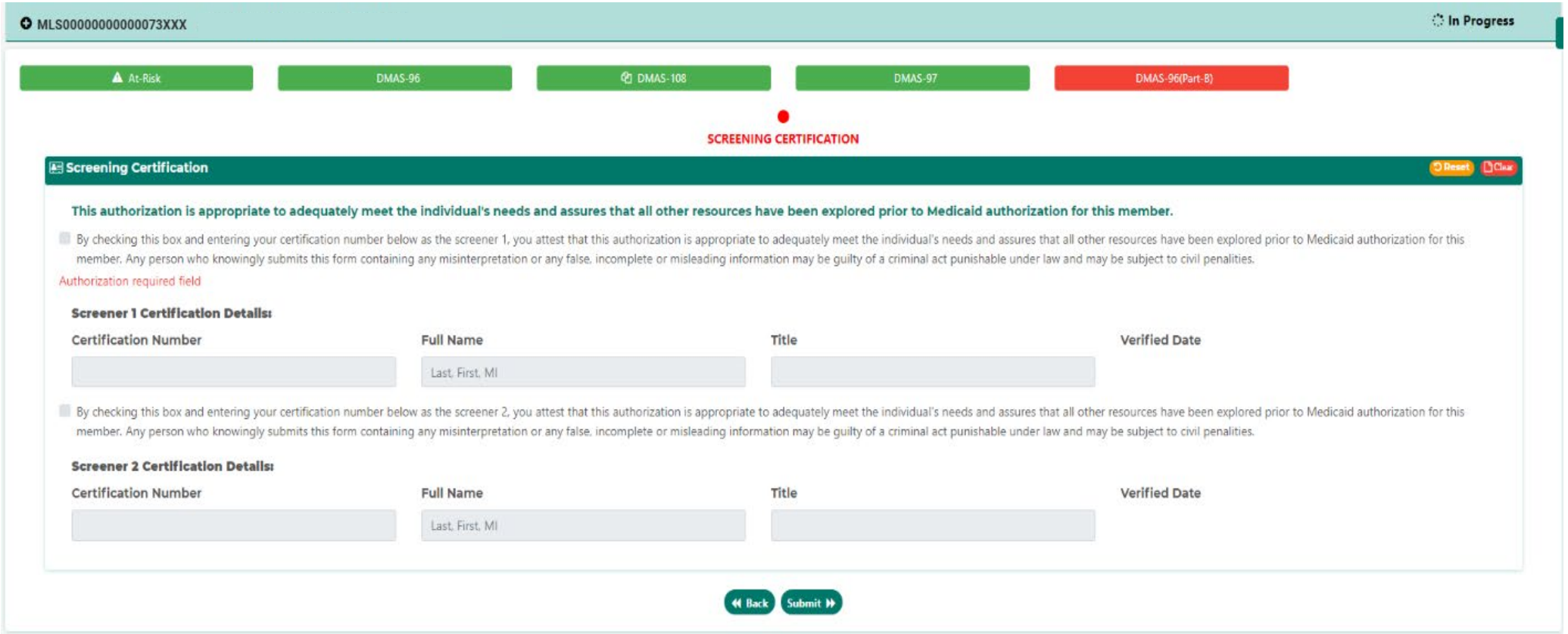
DMAS 96 PART B – Screener Sign Off

Screeners are required to attest and sign off on each Screening in which they participate.

Screener 1 : RN Screener

Screener 2 : SW or other assessor, as applicable



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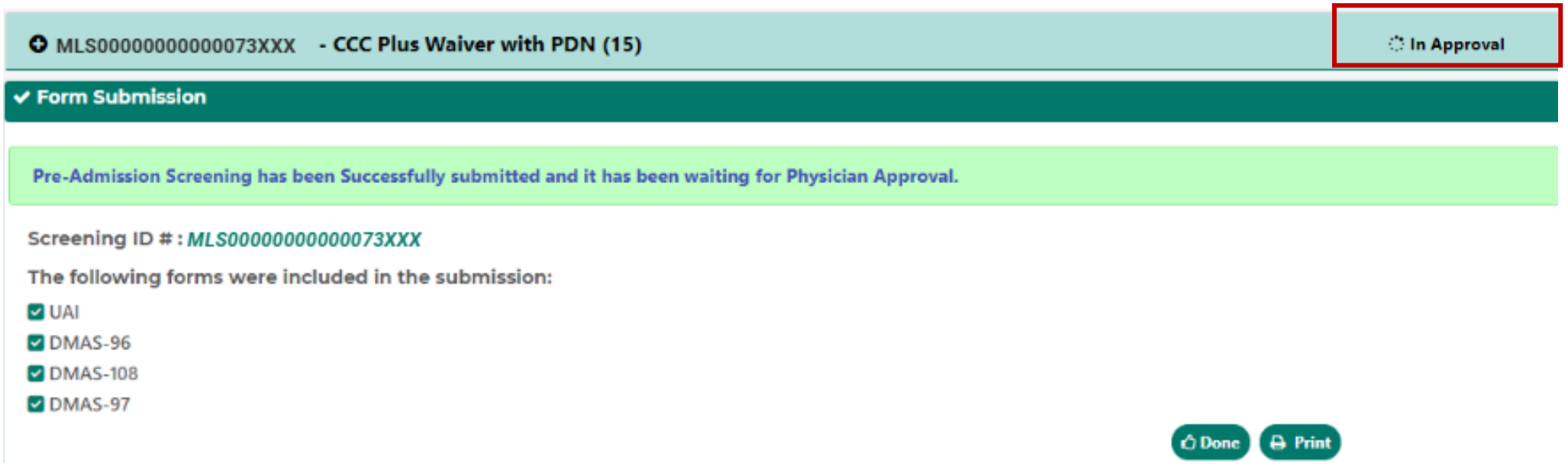
Screening Submission Confirmation

Once the Screener(s) have successfully signed and submitted the Screening, they will receive the below confirmation of submission, and the Screening will convert to “In Approval” status.



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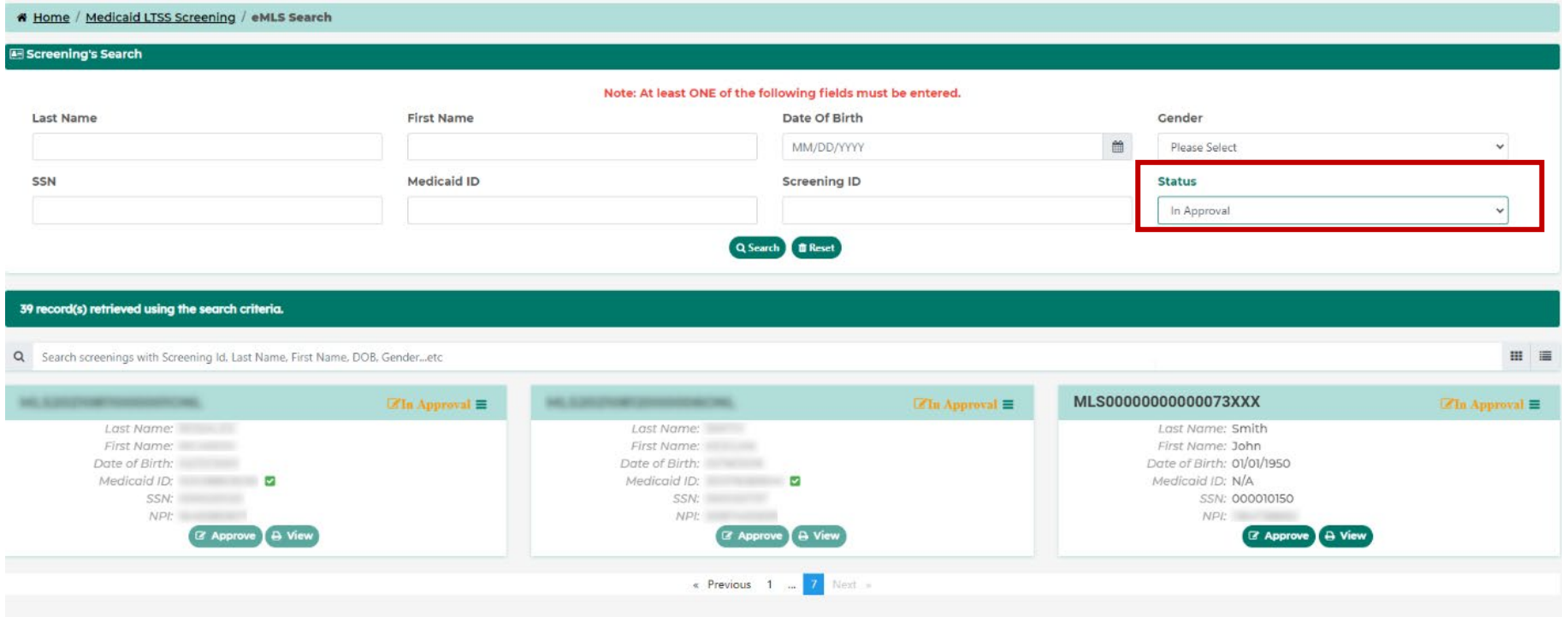
Screenings “In Approval”

Screenings “In Approval” are waiting for your Physician to review and sign off, finalizing the determination.

- Physicians can filter Screenings done by your facility to view only those “In Approval” status.
- Once Approved, the Screening will convert to either “Accepted – Authorized” or “Accepted – NOT Authorized”
  (Exception: PDN Screenings will convert to “In Review” for DMAS review)



<u>ONLY</u> Physicians (NP/PA) are to approve LTSS Screenings.
NPs cannot approve a Screening they conducted as the RN Screener.

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LTSS Screening DOs and DONTs

DOs	DONTs
✓ Obtain, review, and validate complete LTSS Screening prior to NF LTSS admit	× Include institutionally induced dependencies
✓ Assess capacity face-to-face	× Alter assessment until criteria is met
✓ Provide approval/denial letters	× Backdate Screening or signature dates
✓ Forward authorized Screenings to MCO, when applicable	× Sign as a RN, when you are not
✓ Forward DMAS 96 to LDSS	× Sign as a Physician, when you are not
✓ Reference LTSS Screening Manual	× Suffer in Silence

Note: These are *some* examples; list in not all-encompassing.

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CRMS Training

Step by Step training on how to create and submit an LTSS Screening can be found on the MES-CRMS Training webpage linked below.

CRMS Training Resources | MES

https://vamedicaid.dmas.virginia.gov/training/crms#gsc.tab=0

How to Perform Screenings in eMLS

Course Number	Course Name	Course Description	Link
CRMS-101	Introduction to eMLS	Learn about the exciting enhancements and benefits of the eMLS portal to help you save time and streamline your screening process.	CRMS-101 Interactive Course
CRMS-103	eMLS: Login and Navigation	Learn how to log into and navigate eMLS and how to search for, view, and print LTSS screenings.	CRMS-103 Interactive Course
CRMS-104	eMLS: Create a New Screening	Learn how to create, save, and submit a new LTSS screening in the portal.	CRMS-104 Interactive Course
CRMS-106	eMLS: Create a New Screening	Learn how to troubleshoot and resolve eMLS screening errors after submission.	CRMS-106 Interactive Course
eMLS User Guide	eMLS User Guide	Learn how to use eMLS. Downloadable User Guide.	User Guide (PDF)

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LTSS Screening Training and Manual:

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

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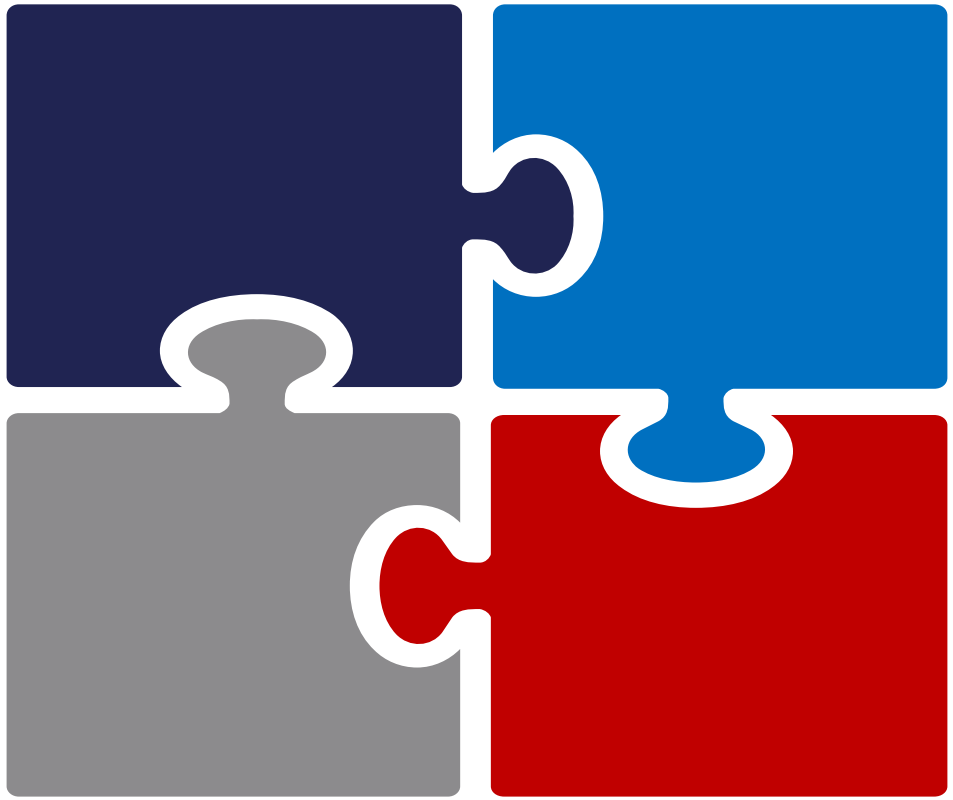
Resources



DMAS

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

NF Screening Team – Screening Requirements

NF responsible for conducting the Screening

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

- Screening is 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

NF Screening Team – Other 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.

Special Circumstances and Exclusions

When the LTSS Screening is NOT required

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

Special Circumstances and Exclusions cont.

When the LTSS Screening is NOT required

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@dmas.virginia.gov

Special circumstances have been updated in the LTC portal and on the DMAS 80.

Screening Team Required Screeners

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.

NPs CANNOT be both the RN Screener and Physician Authorizer on the same Screening.

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.

DMAS LTSS Screening webpage

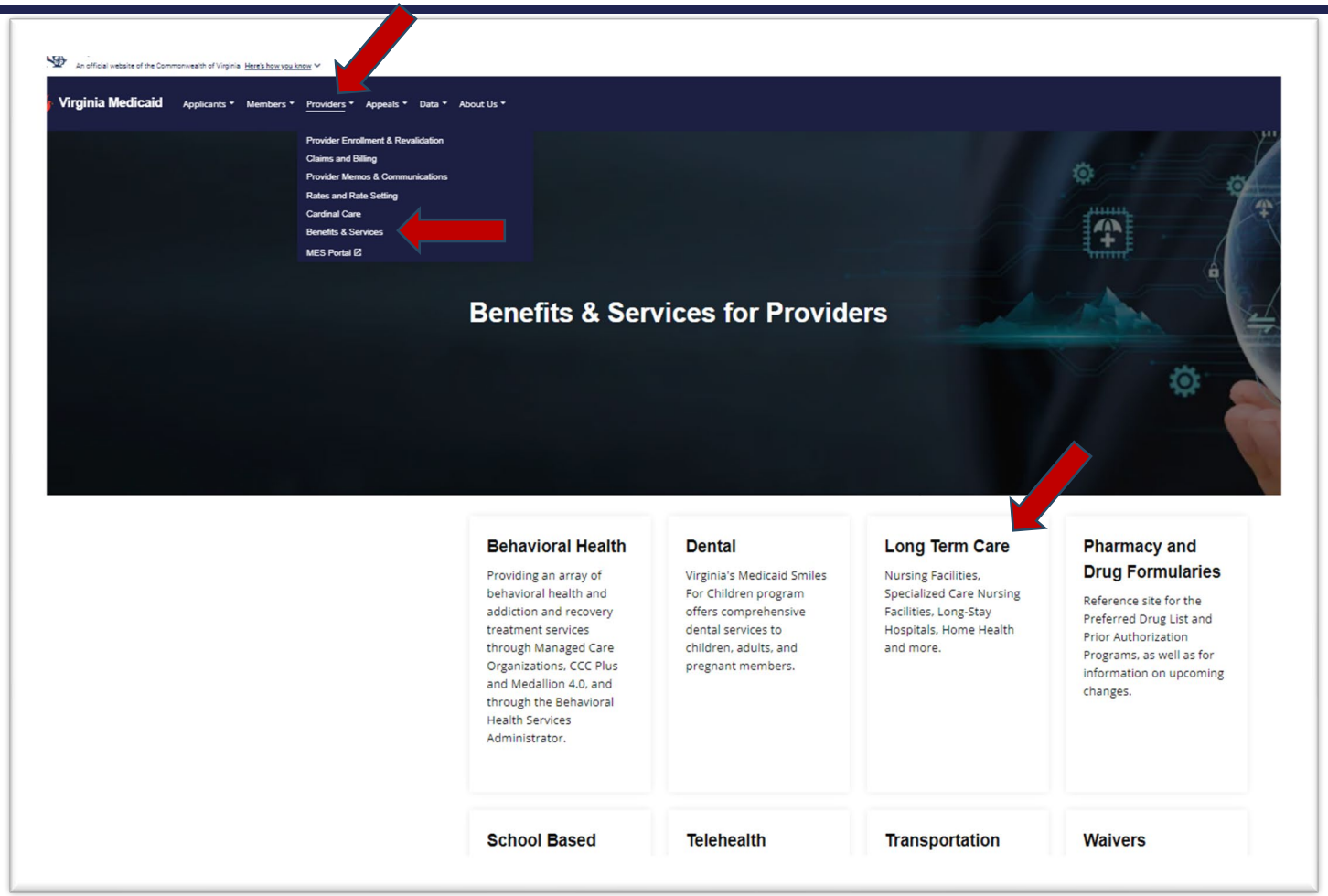
Connection Call Presentations

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

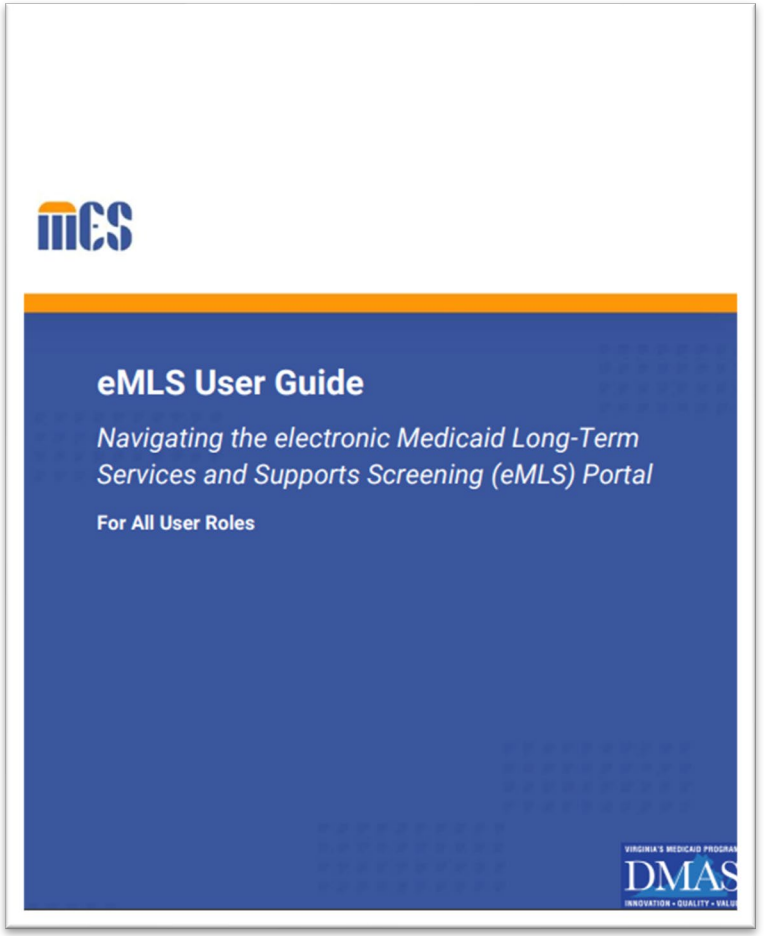


eMLS User Guide

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



Key Demographic Correction Process

Enrollment Member Corrections Forms are 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 completely filled out or they will be sent back.

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

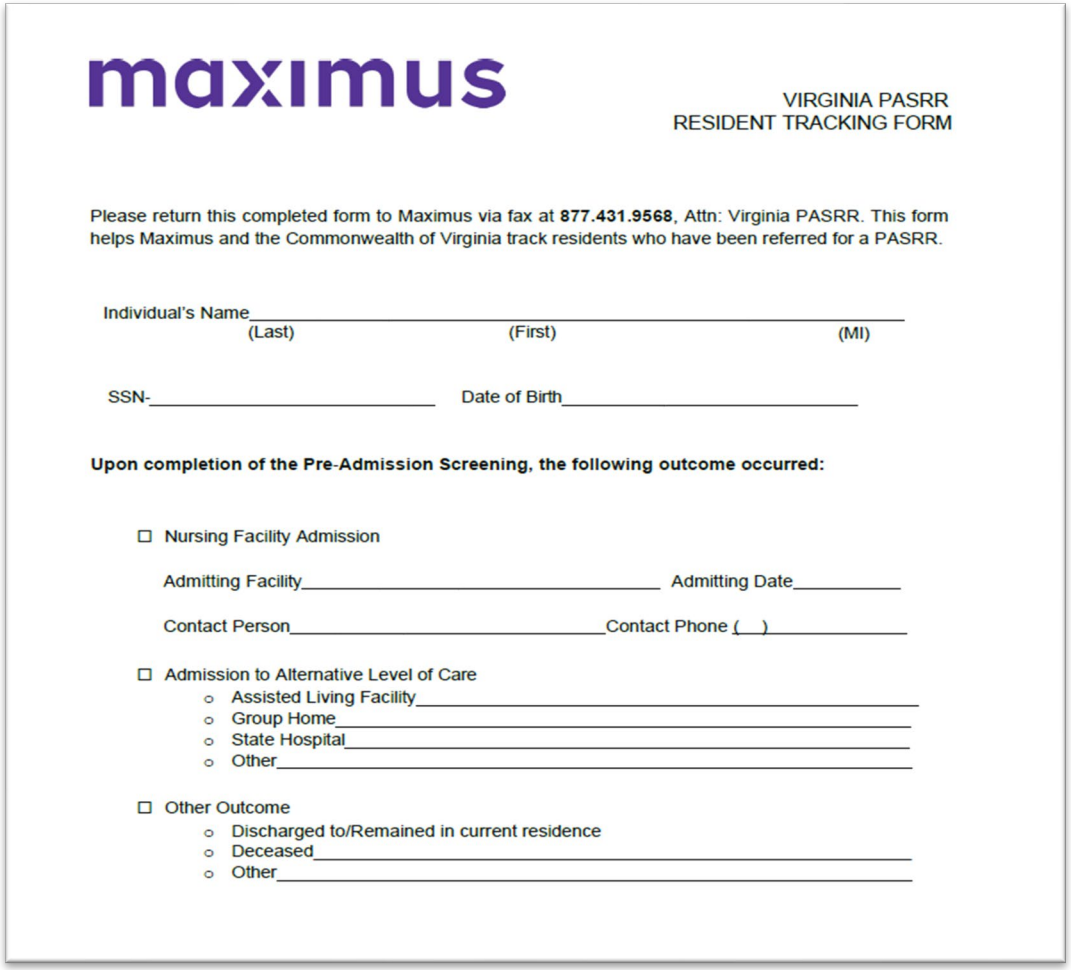
To Name:	Assessment Pro	**From Name:**	_____
To Fax Number#:	(877) 431-9568	**From Fax #:**	_____
Reason for referral:	check one	**Resident Review:**	[_]
		Preadmission Screening:	[_]

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 ( )_____

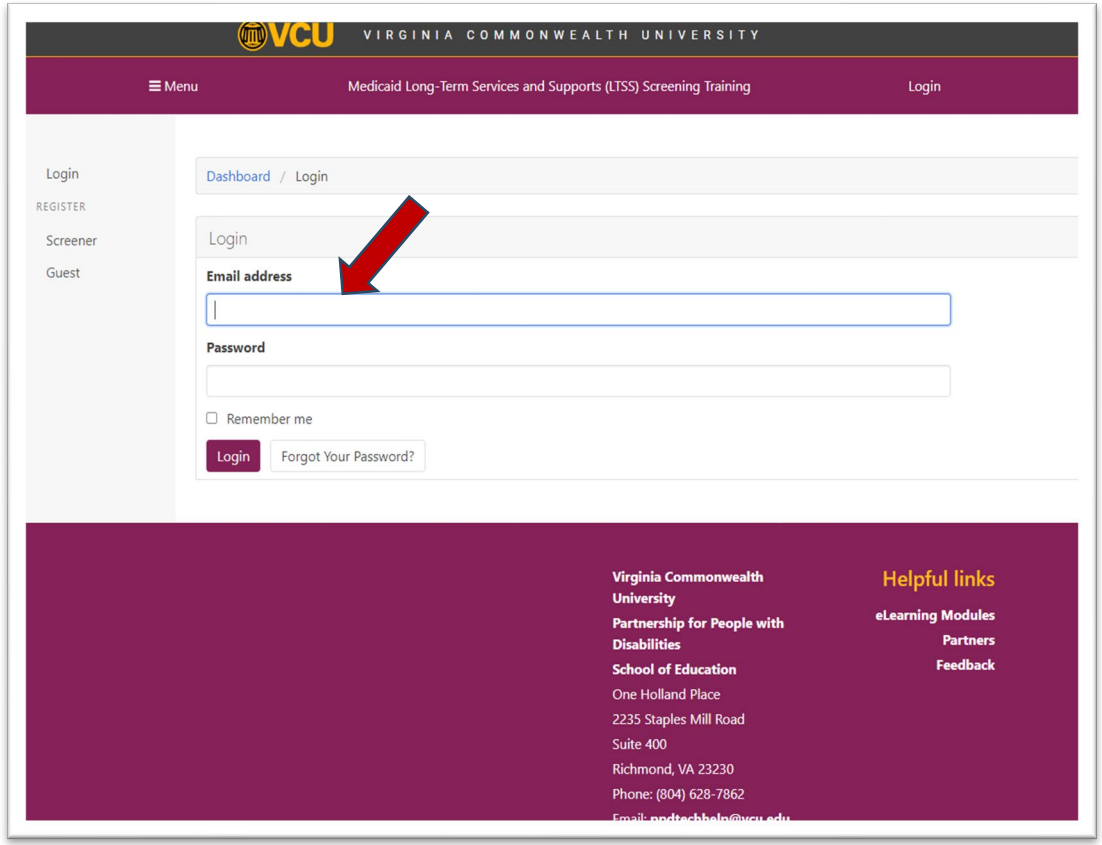
☐ Admission to Alternative Level of Care
- Assisted Living Facility_____
- Group Home_____
- State Hospital_____
- Other_____

☐ Other Outcome
- Discharged to/Remained in current residence
- Deceased_____
- Other_____

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

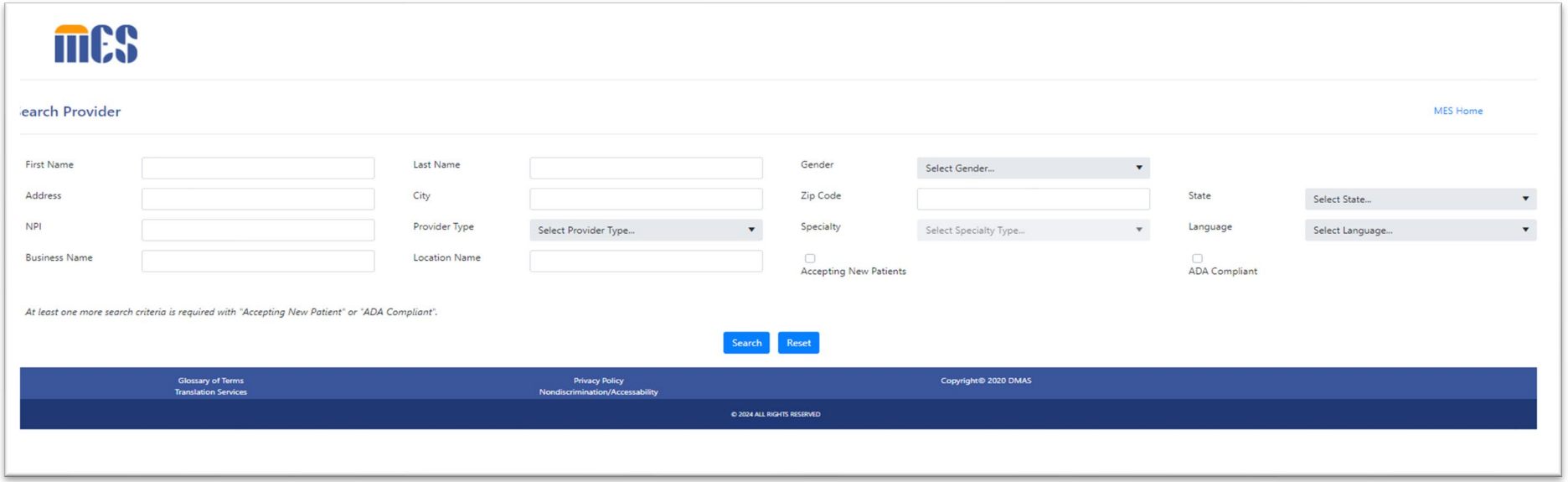
Note: Training updates are in progress.

Medicaid Provider Search Tool

https://vamedicaid.vaxix.net/Search

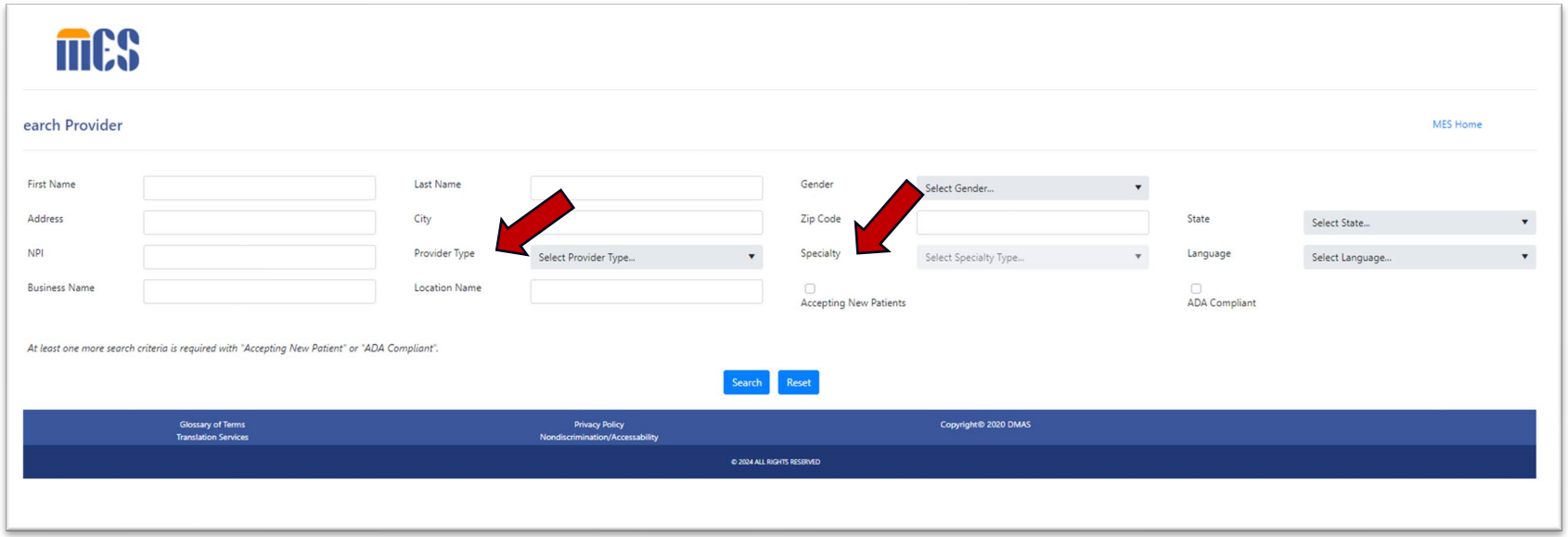
If an individual is FFS, Medicaid Pending, or applying for Medicaid, then the Screening Team is responsible for providing a list of Medicaid Provider options during the Screening Process.

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.

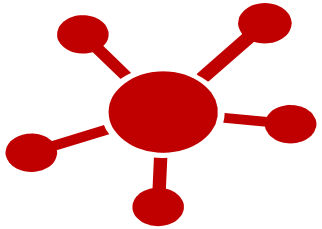


Medicaid Provider Search Tool: Tips

- **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.



Share Information with your Team

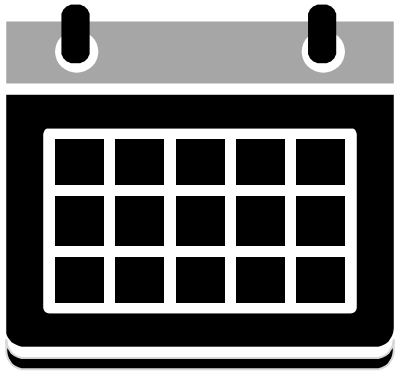


LTSS Screening Connection Call Schedule

2025				
SCREENING TEAM TYPE	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Community Based Teams (CBTs)			September 9	December 9
Hospitals			September 10	December 10
Nursing Facilities		**June 12**	**September 11**	**December 11**

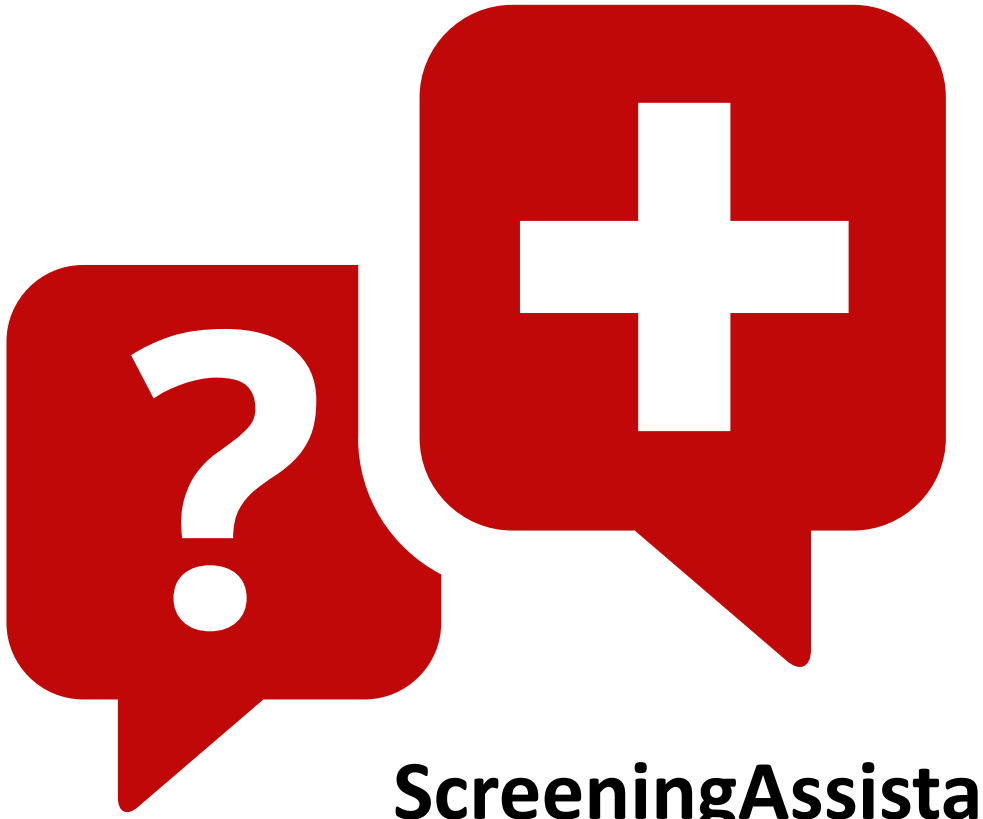
Save the Date!

The next NF Screening Team Connection Call will be held on Thursday, September 11, 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