



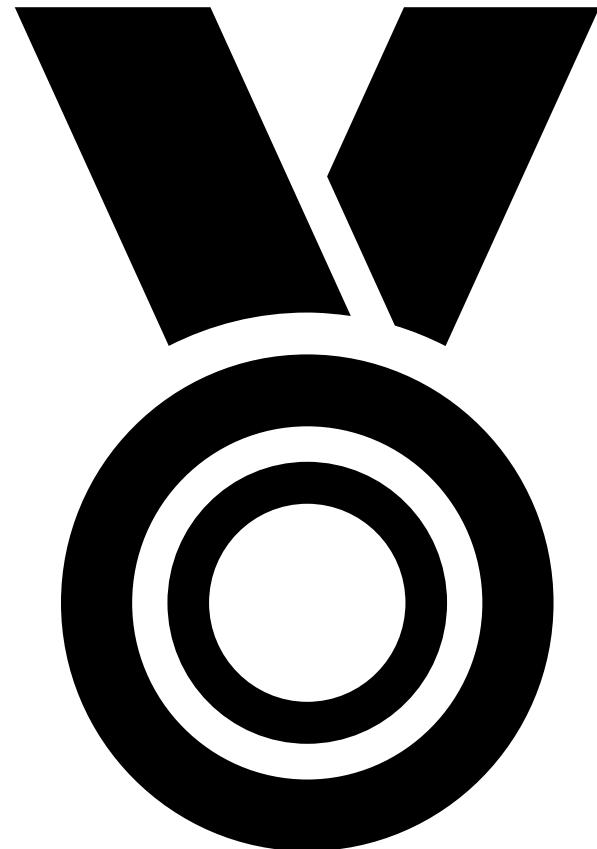
# Screening Connections

**Community Based and  
PACE Screening Teams**

**December 9, 2025**

*Office of Community Living*





# Welcome!

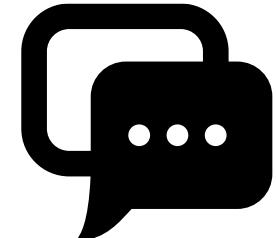
Great Work  
This Year!

Happy Holidays!



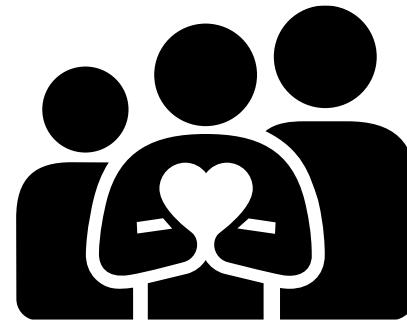
# LTSS Screening Connection Call

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

# CBT and PACE Teams



**ALL QUESTIONS GO TO SCREENING ASSISTANCE EMAIL**

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

## WE NEED:

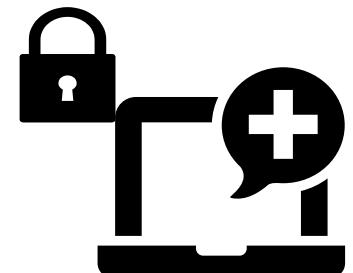
Place of employment

Contact Information

Name of Screener

Details of Issue

Individuals' information

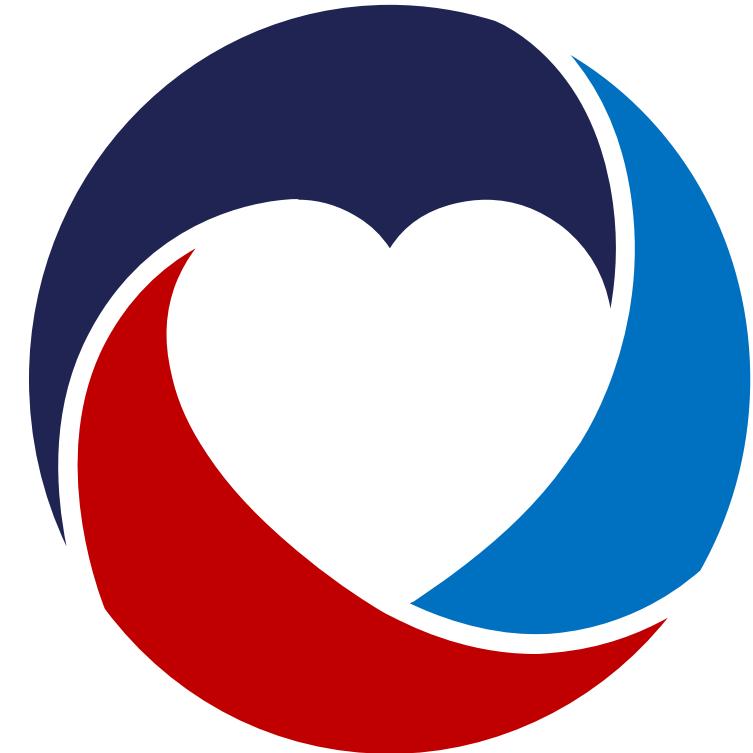


For Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI), ENCRYPT your emails that contain protected information. DO NOT put Names, Social Security Numbers, or Medicaid Numbers in the Subject Line!



# Todays Agenda:

- **Special Topic: Guidelines for LRI**
- **Data**
- **Updates and Reminders**
- **Question and Answer Period**





# Community Based and PACE Team Focus Special Topic

**Personal Care and Legally Responsible Individuals (LRI)  
Extraordinary Care Guidelines**

Presented by Andrew Greer  
DMAS-Office of Community Living  
Senior Policy Analyst



## Special Topic

### Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



## Background

Federal regulations prohibit those legally responsible for one's wellbeing from being paid to provide personal care services... EXCEPT in 1915(c) Home and Community-Based Services Waivers (42 CFR 440.167) following federal approval

### **Virginia has four 1915(c) Home and Community-Based Services Waivers:**

- Developmental Disabilities Waivers:
  - **Building Independence (no personal care)**
  - **Community Living**
  - **Family and Individual Supports**
- Commonwealth Coordinated Care Plus (CCC Plus) Waiver

**EPSDT and Medicaid Works are not waivers!**



## Special Topic

### Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



## LRI Federal Requirements

**In order to get approval from the Centers for Medicare and Medicaid Services (CMS) for LRI, the State must answer:**



- The types of LRI who can be paid for personal care;
- The method for determining that personal care provided by a LRI is “extraordinary care”;
- The policies to determine that personal care by a LRI is in the best interest of the waiver individual;
- The processes to ensure that LRI who have decision-making authority over the waiver individual use substituted judgment;
- Any limits under which payment will be made or the amount of personal care;
- Any additional safeguards when LRI provide personal care; and
- The procedures to ensure that payments are made only for services rendered.



## Special Topic

### Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



## LRI Rules as of July 1, 2025



- **The types of LRI who can be paid for personal care;**
  - ✓ Spouses of waiver individuals AND parents (natural, step, adoptive, foster) or legal guardians of minor (under age 18) waiver individuals
  - ✓ In addition to these rules, LRI must meet all of the same requirements as other aides and attendants
  - ✓ Parents or legal guardians of individuals over the age of 18 are NOT LRI
- **The method for determining that personal care provided by a LRI is “extraordinary care”;**
  - ✓ Care which is above and beyond what a LRI is obligated to provide. It is to meet only the extraordinary needs of a member under the age of 18 due to their disability, and it is above and beyond the typical basic care for a child that all families with children of the same age may experience. For members younger than 18 years of age, the LRI must meet the needs of the participant, including the need for assistance and supervision typically required for children at various stages of growth and development.
- **The policies to determine that personal care by a LRI is in the best interest of the waiver individual;**
  - ✓ The RN agency supervisor or Services Facilitator must meet the member face-to-face at least every 90 days to ensure the individual's growth towards independence is not hindered
  - ✓ During the assessment and reassessment, the provider is required to document the waiver individual's choice of providers



# LRI Rules as of July 1, 2025 Continued



- **The processes to ensure that LRI who have decision-making authority over the waiver individual use substituted judgment;**
  - ✓ The RN agency supervisor or Services Facilitator is required to document and to have the LRI attest that substituted judgment is being used on behalf of the individual (for example, makes decisions based on an understanding of what the individual would want)
- **Any limits under which payment will be made;**
  - ✓ Up to 40 hours of approved ADL personal care per week (if there are multiple minor waiver children in the home, it can be up to 40 hours per child)
  - ✓ Instrumental Activities of Daily Living or General Supervision are not permissible as they are not considered extraordinary care
  - ✓ Respite, relief of the unpaid primary caregiver, is not a compatible service when a LRI is paid
- **Any additional safeguards when LRI provide personal care; and**
  - ✓ The RN agency supervisor or Services Facilitator is required to make sure the LRI is aware there is a different relationship once they become a paid provider of Medicaid services to their loved one
  - ✓ Anyone who uses the consumer-directed model must use a Medicaid-enrolled Services Facilitator
  - ✓ The Employer of Record must complete the DMAS-95B once and the Services Facilitator must review it to determine if the Employer of Record can handle the role of employer appropriately
- **The procedures to ensure that payments are made only for services rendered.**
  - ✓ The Plan of Care documents each task that is allowable to the LRI aide/attendant when performing personal care



# Special Topic

## Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



EXTRAORDINARY CARE GUIDE (Ages 0-18)			
FOR USE WHEN THE AIDE/ATTENDANT IS A LEGALLY RESPONSIBLE INDIVIDUAL (LRI) OF A CHILD			
<p>This guide is intended for attendants/aides <i>legally</i> responsible for individuals 0-18 years of age. It outlines guidelines for providing extraordinary care based on the individual's age and specific needs. The guide will assist providers in identifying extraordinary care needs. <i>Plans of Care must be person-centered and activities not identified as extraordinary care <u>may</u> be justified through additional documentation.</i></p>			
Activities of Daily Living (ADL)			
BATHING (Suggested Time Allowance: 15-45 min.)			
Ages 0-4 ✗ NOT Extraordinary	Ages 0-4 ✓ Extraordinary	Ages 5-18 ✗ NOT Extraordinary	Ages 5-18 ✓ Extraordinary
✗ Mechanical Help Only ✗ Needs No Help ✗ Supervision ✗ Physical Assistance ✗ Mechanical and Physical Assistance ✗ Performed by Others	✓ Performed By Others (confined)	✗ Mechanical Help Only ✗ Needs No Help ✗ Supervision	✓ Physical Assistance ✓ Mechanical and Physical Assistance ✓ Performed by Others (Confined)
DRESSING/GROOMING (Suggested Time Allowance: 15-45 min.)			
Ages 0-4 ✗ NOT Extraordinary	Ages 0-4 ✓ Extraordinary	Ages 5-18 ✗ NOT Extraordinary	Ages 5-18 ✓ Extraordinary
✗ Mechanical Help Only ✗ Needs No Help ✗ Supervision ✗ Physical Assistance ✗ Mechanical and Physical Assistance ✗ Performed by Others	✓ Performed By Others (confined)	✗ Mechanical Help Only ✗ Needs No Help ✗ Supervision	✓ Physical Assistance ✓ Mechanical and Physical Assistance ✓ Performed by Others
TOILETING (Suggested Time Allowance: 15-45 min.)			
Ages 0-4	Ages 0-4	Ages 5-18	Ages 5-18

## Extraordinary Care Guide

- The EC Guide is a tool for providers to use when developing a LRI Plan of Care for individuals under the age of 18.
- No EC Guide is needed for spouses. Adults without a disability at the same age are developmentally expected to perform all ADLs independently.
- The EC Guide is not the end all, be all! If a provider, individual, family, caregiver believes the steps taken to perform an ADL task are above and beyond what a parent provides to a child of the same age without a disability, the provider (not the family!) is required to document the extraordinary care steps per task in their service authorization request.



## Special Topic

### Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



## How does LRI affect the LTSS Screening?

**LRI rules do not change the LTSS Screening requirements or scoring rubrics. The individual must still meet functional criteria, medical/nursing need, and be at risk. You do not (or should not!) need to revise screenings to placate a parent/spouse! The LTSS Screening results are NOT the Plan of Care!**

- **Functional Capacity:** Remember that age-appropriate screenings for children require the inclusion of the caregiver for the unit.
- **Support System/At Risk:** If the child is already on Medicaid, is the family using EPSDT personal care? Why not? EPSDT personal care is available to all under 21 when medically necessary.
- Is the individual “at risk” because the current support system is not able to meet his/her needs? How does the LRI—legally obligated to provide supports—prevent or delay institutionalization now that they might get paid?



## Special Topic

### Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care

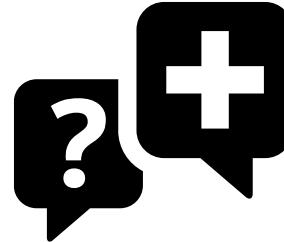


## How does LRI affect the LTSS Screening? Continued

- Does the individual have a skilled medical need that requires performance by a licensed/registered nurse? Emphasize that skilled nursing or Private Duty Nursing are the primary services the individual needs.
  - Not receiving the identified critical services to avoid institutionalization puts the individual's health/safety/welfare in danger in the community!
- Remember who the target populations are for the CCC Plus Waiver. These people would otherwise be admitted to a nursing facility if this waiver did not exist.
  - Older adults
  - Individuals with a physical disability
  - Individuals who are chronically ill or severely impaired, having experienced loss of a vital body function, and who require substantial and ongoing skilled nursing care



# LRI Questions



If families have questions about LRI, they can discuss with the following resources:

- Cardinal Care MCO Care Manager
- Provider (Agency Nurse Supervisor or Services Facilitator)
- DD Waiver Support Coordinator

For questions on the CCC Plus Waiver:

- [cccpluspluswaiver@dmas.virginia.gov](mailto:cccpluspluswaiver@dmas.virginia.gov) can answer questions from a fee-for-service perspective





# Community Based and PACE Team Focus

Data  
Updates and Reminders  
Question and Answer Period

Presented by Dena Schall,  
LTSS Screening Program Specialist



# CBT and PACE Teams

January-November 2025 Trend Data



## Community Based Teams

Provider Name	Month	Year	2025											
			Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	
	# of Screenings		1870	2440	2332	2358	2428	2071	2260	2359	2311	1760	1830	
	# of Submitted> 30 Days		159	184	199	146	165	176	127	134	81	62	112	
Totals	% of Submitted> 30 Days		8.5%	7.5%	8.5%	6.2%	6.8%	8.5%	5.6%	5.7%	3.5%	3.5%	6.1%	
Totals		# of Screenings												24019
		# of Submitted> 30 Days												1545
		% of Submitted> 30 Days												6.4%

## PACE Teams

Provider Name	Month	Year	2025											
			Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	
	# of Screenings		65	93	110	86	93	111	81	64	64	52	54	
	# of Submitted> 30 Days		0	6	2	0	4	7	1	1	0	0	6	
Totals	% of Submitted> 30 Days		0.0%	6.5%	1.8%	0.0%	4.3%	6.3%	1.2%	1.6%	0.0%	0.0%	11.1%	
Totals		# of Screenings												873
		# of Submitted> 30 Days												27
		% of Submitted> 30 Days												3.1%

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



# CBT and PACE Teams

## Update

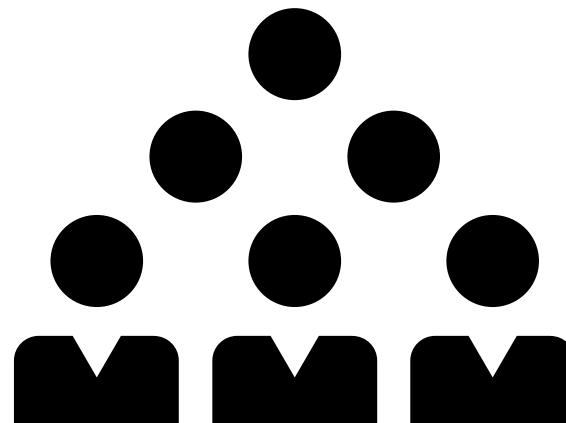


### CBT/PACE Survey Results

**The CBT and PACE Connection Call day and time will remain the same.**

**March, June, September and December on the 2<sup>nd</sup> Tuesday at 3pm**

**We heard your suggestions!**



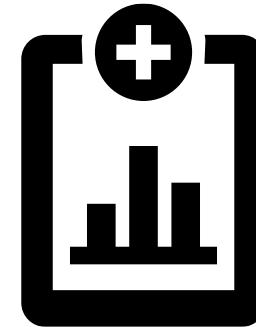
# CBT and PACE Teams

## Update



### CBT/PACE Survey Results

1. Improved tools for screening children.
2. Limits on how frequently citizens can request repeated screening.
3. To share dates sooner than 1 week prior to the event.
4. Update DMAS website with screening connections slides.
5. Ability to ask questions during sessions.
6. Develop a screening tool specifically for children.
7. Develop a way to tell if another screening has been completed by another agency/entity to prevent repetition.
8. No voiding/re-entering when changes need to be made to demographic info
9. Children LTSS Screening forms.
10. Extend character parameters in the DMAS P98 comment boxes (especially the diagnoses box to provide info & support the determination and match the parameter to the comment box in eMLS)
11. Please update often and in different venues when the screening is changed.
12. Separate children's UAI/screening.
13. Online access to Medicaid regulation changes and/or updates.
14. Develop an Appeals Officer reference to defend screening criteria.
15. Simplify the screening process.
16. Answer more questions from the group chat.



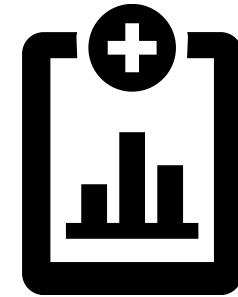
# CBT and PACE Teams

## Update

### Survey Results

#### We will:

- Continue to have separate team sessions
- Continue quarterly calls on a Tuesday
- Allow more time for Q and A
- Topics will be centered around LTSS Program and can include
  - Mental Health
  - Level of Care
  - Scoring and Rating
  - Best Practices, tips, and real case examples



# CBT and PACE 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><b>NAME, SSN, MEDICAID ID, DOB, GENDER, or a DOD error message.</b></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><b>PatientPay@dmas.virginia.gov</b></p>								
<p>Please label email with the following <u>subject line:</u></p>								
<p><b>LTSS Screening Member Information Change Request</b></p>								
<p><b>Allow at least 14 business days for all corrections.</b></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><b>Once DMAS Enrollment has researched and made changes to the Medicaid record, you will be notified.</b> 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><b>The Enrollment office can only address and make changes to the key demographic information.</b> Please DO NOT send any other type of question to DMAS Enrollment. Other questions should go to <a href="mailto:ScreeningAssistance@dmas.virginia.gov">ScreeningAssistance@dmas.virginia.gov</a>.</p>								
<p><b>It is essential you fully and accurately complete this form, as applicable, for all Medicaid record change requests.</b></p>								
<p><b>DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM</b></p>								
<p>Submission Date of this Form to Enrollment: _____</p>								
<p><b>LTSS SCREENER INFORMATION:</b> 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><b>REQUIRED INDIVIDUAL INFORMATION:</b></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>								
<table border="1"><tr><td><input type="checkbox"/> Incorrect Name</td><td><input type="checkbox"/> Incorrect Date of Birth</td><td><input type="checkbox"/> Incorrect Gender</td></tr><tr><td><input type="checkbox"/> Incorrect Social Security Number</td><td><input type="checkbox"/> Incorrect Date of Death</td><td><input type="checkbox"/></td></tr></table>			<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	<input type="checkbox"/>
<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	<input type="checkbox"/>						
<p>*How have you <u>verified</u> the correct information, please explain (ex. Used social security card, driver's license, etc.)? This area <b>MUST</b> be completed.</p>								
<p>Please note that <b>ALL name changes</b> <b>MUST</b> match with the individual's Social Security card. If the SS card is wrong the individual <b>MUST</b> 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 <b>PatientPay@dmas.virginia.gov</b></p>								
<p>Revised 10.23.2025</p>								



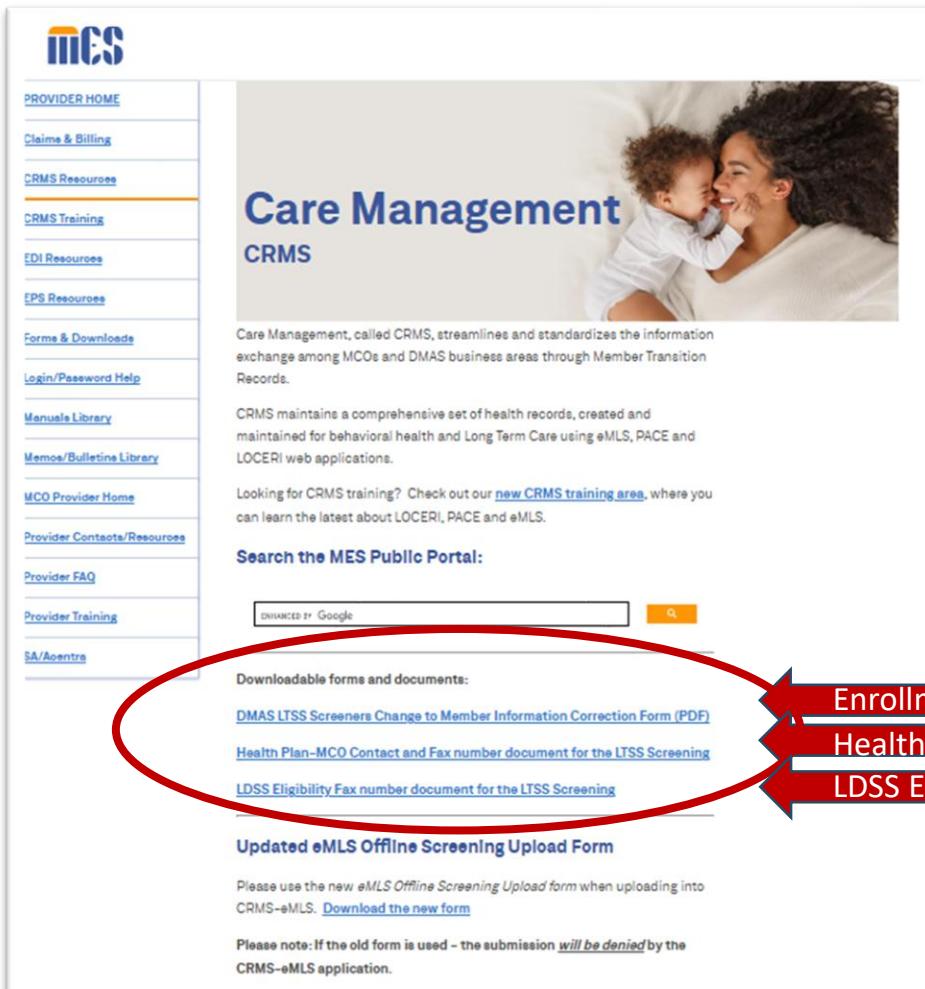
# Demographic Correction Reminders

**For demographic corrections, all Enrollment Member Corrections Forms are to be sent to  
[PatientPay@dmas.virginia.gov](mailto: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 CRMS homepage. On the left, a vertical menu lists various resources, with 'Forms & Downloads' highlighted. The main content area is titled 'Care Management CRMS' and features a photo of a woman and a child. Below the title, text explains that CRMS streamlines information exchange. A search bar is present. The 'Forms & Downloads' section is circled in red, and a red arrow points from the 'Forms and Downloads' text on the left to this section. Inside the circled area, three specific links are highlighted with red arrows pointing to them:

- 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

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

\* NEW Updated correction Form

Enrollment Correction Form  
Health Plan Fax Numbers  
LDSS Eligibility Fax Numbers

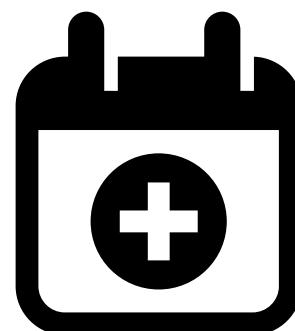
# CBT Teams

## Reminders



### Screening Requests and Appointment Scheduling

- Individuals may call either the LHD or LDSS for Screening Information and referral for setting up a Screening appointment
- Pre Screening should not occur for LTSS Screening requests
- Scheduling an appointment should not be difficult and easy to make

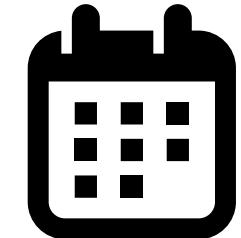


# CBT Teams

## Reminder



## Timeframes for CBT Requests and Referrals



### Requests:

- Contact the individual or his representative within seven (7) calendar days.

### Referrals:

- Must attempt to contact the individual or their representative within seven (7) days of the referral date.

All LTSS Screenings should be scheduled within 21 days, conducted, entered into eMLS, all signatures attested to, screening submitted by Physician, and dated within 30 days of the request date.



# CBT Teams

## Reminder



### Referral and Direct Request Guidelines

**There are certain situations that may occur that is of no fault of the CBT that may affect the screening appointment. Request dates can ONLY be adjusted in the following scenarios:**

- Agency closure due to inclement weather
- Individual cancels appointment
- Individual is not at home when the screening team arrives
- Individual requests a later date even though earlier appointments were available
- Individual does not respond to repeated contact attempts to schedule the screening.



The new request date would be the date of next successful contact with the individual.



# PACE Teams

## Reminder



## PACE Requests and Referrals

The PACE Screening Team conducts screenings on those individuals who are interested in PACE or who are referred to them by the CBT.

However, the PACE Screening Team must always provide information on all Medicaid LTSS options and provide the individual with a choice between Custodial NF Institution, PACE, or CCC Plus Waiver.

**All LTSS Screenings should be scheduled and entered into eMLS as soon as possible. Best Practice is less than 30 days.**



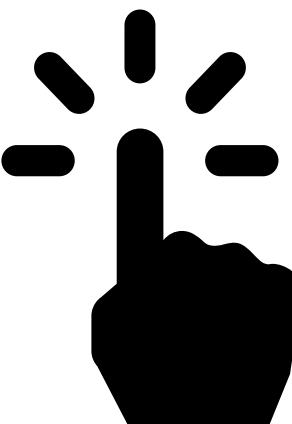
# CBT and PACE Teams

## Reminder



### **Hospice and APS Cases:**

Special considerations in scheduling should be given to individuals under Hospice or APS cases where the individual is deemed to be in immediate danger or need without services.



# CBT and PACE 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.

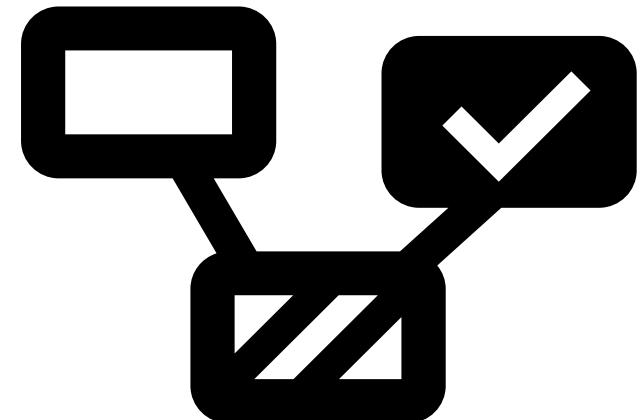


# CBT Teams

## Reminder

**If your locality is completing LTSS Screenings over 30 days or are having issues, you are to:**

- Discuss issues among your counterpart team first (VDH/LHD or DSS).
- Notify and discuss with local Management (VDH/LHD and DSS) for attempted resolution.
- Contact and work with your state liaisons for a resolution.



# CBT and PACE 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](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.

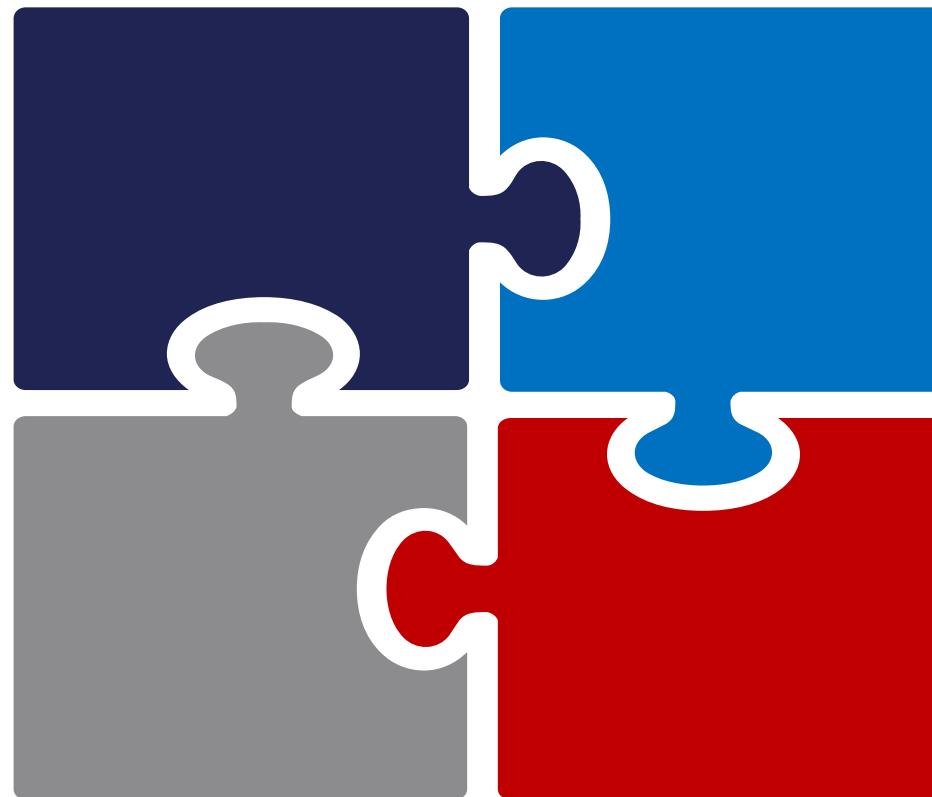
## SCREENING CONNECTIONS FOR LTSS

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. 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 the title, 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 of the page, there are links for 'School Based', 'Telehealth', 'Transportation', and 'Waivers'.

# Resources:



# MES Homepage: Bulletins and Memos



**Memos/Bulletins Library**

**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](#)

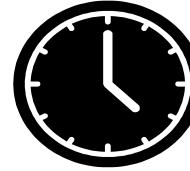
**Updated eMLS Offline Screening Upload Form**

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>

# 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.

# CBT and PACE Teams



## Checking Terminations

- 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 CBTs may have access for checking the termination or end codes in the system, but not all have access.
- If the individual is FFS, then you can contact [ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov).

MMIS Reason Codes for CCC+ Waiver Termination	
002	Moved out of state
003	NF LOC criteria not met
431	Overdue LOCERI
504	No services



# CBT and PACE 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.



# CBT and PACE Teams

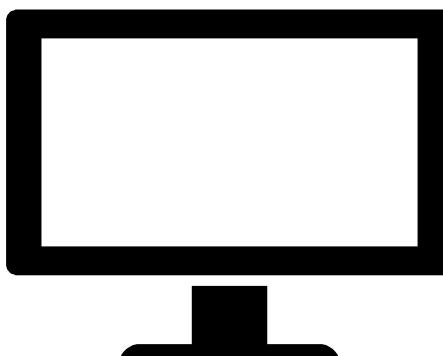
## Resource



### 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.



# CBT and PACE Teams Resource



## 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

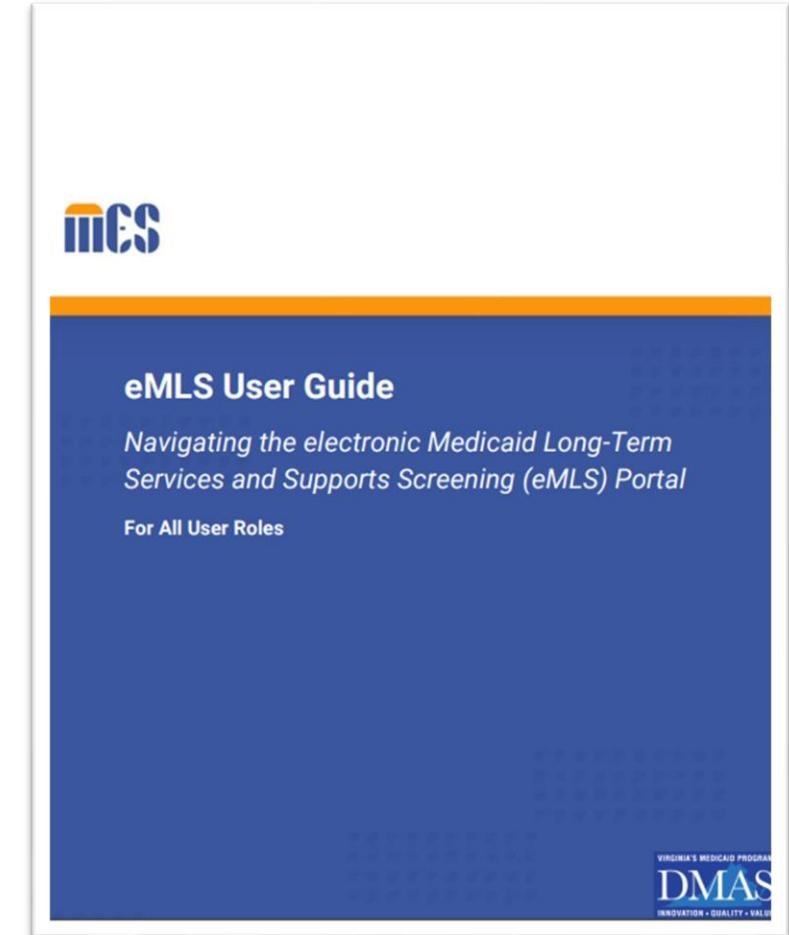


# Use eMLS User Guide and Training

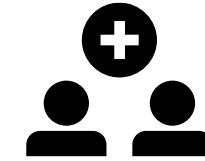
**Screening Team staff should take the eMLS training and have a copy of the User Guide on hand if they use eMLS.**

<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?

- All entities or providers that use our MES Medicaid System have a Primary Account Holder (PAH) and can issue Delegate Administrators (DAs) to provide access to the system. This is through the NPI or API. Both DSS and VDH have a general facility NPI/API for doing DSS and VDH normal business transactions (example: Clinics, etc.).
- **For LTSS Screenings**, the Community Based Team (CBT) has been given a special joint API that allows both the DSS and VDH agencies to work in the same LTSS Screening and the CBT has DMAS as their Primary Account Holder (PAH).
- Both DSS and VDH has designated certain staff from each locality to be Delegate Administrators that are responsible for setting up and providing MES-CRMS-eMLS Log-in access to their 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 DAs only, on how to add Delegates or Users can be found at: [Provider Training Resources | MES \(virginia.gov\)](https://www.virginia.gov/Provider-Training-Resources-MES) PRSS 118. If you have DA issues, contact MES-Assist@dmas.virginia.gov

# CBT and PACE Teams

## Resource



### 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](mailto: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](mailto: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.**

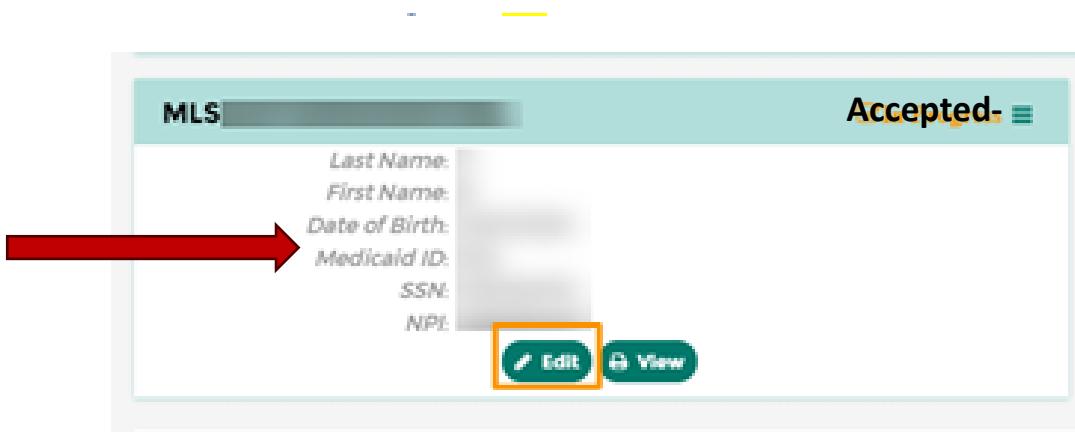
# CBT and PACE Teams

## Resource



### 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:

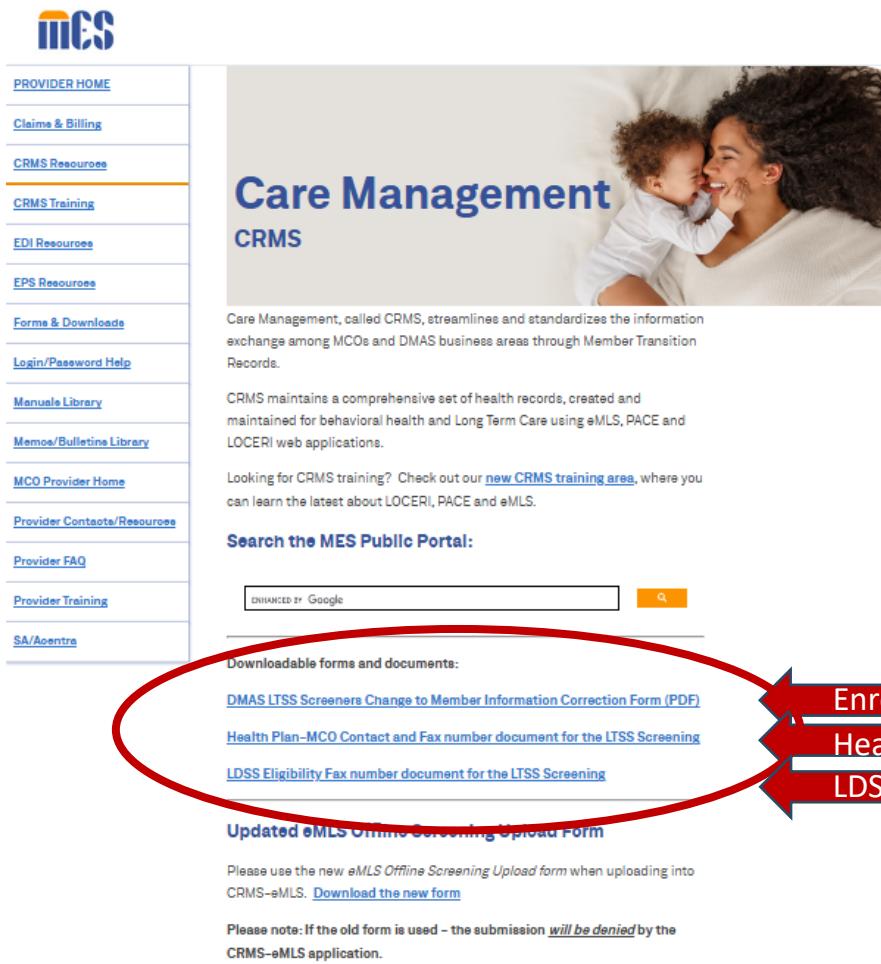
## For All Screening Teams

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

# Downloadable Forms and Documents on the MES Homepage

Forms and Downloads



The screenshot shows the 'Care Management CRMS' section of the MES website. On the left, a vertical menu lists various links including 'PROVIDER HOME', 'Claims & Billing', 'CRMS Resources' (which is highlighted in orange), 'CRMS Training' (which is highlighted in blue), 'EDI Resources', 'EPS Resources', 'Forms & Downloads' (which is highlighted in blue), 'Login/Password Help', 'Manuals Library', 'Memos/Bulletins Library', 'MCO Provider Home', 'Provider Contacts/Resources', 'Provider FAQ', 'Provider Training', and 'SA/Accents'. A red arrow points from the 'Forms and Downloads' text on the left to the 'Forms & Downloads' link in the menu. Below the menu, there is a heading 'Search the MES Public Portal:' with a search bar. The main content area features a photo of a woman and a child. Below the photo, the text reads: 'Care Management, called CRMS, streamlines and standardizes the information exchange among MCOs and DMAS business areas through Member Transition Records.' It also mentions that CRMS maintains a comprehensive set of health records and provides training in the new CRMS training area. A red circle highlights the 'Downloadable forms and documents:' section, 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'. Below this, there is a link to the 'Updated eMLS Offline Screening Upload Form'.

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

\* NEW Updated correction Form

Enrollment Correction Form  
Health Plan Fax Numbers  
LDSS Eligibility Fax Numbers

# 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 "Assessment Pro" field contains "(877) 431-9568". The "From Name:" field is empty. The "From Fax #:" field is empty. The "Reason for referral:" field contains "check one". There are two empty checkboxes for "Resident Review:" and "Preadmission Screening:". A large QR code is at the bottom right.

# 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  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

Glossary of Terms  
Translation Services

Privacy Policy  
Nondiscrimination/Accessibility

Copyright © 2020 DMAS

© 2024 ALL RIGHTS RESERVED

# 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.

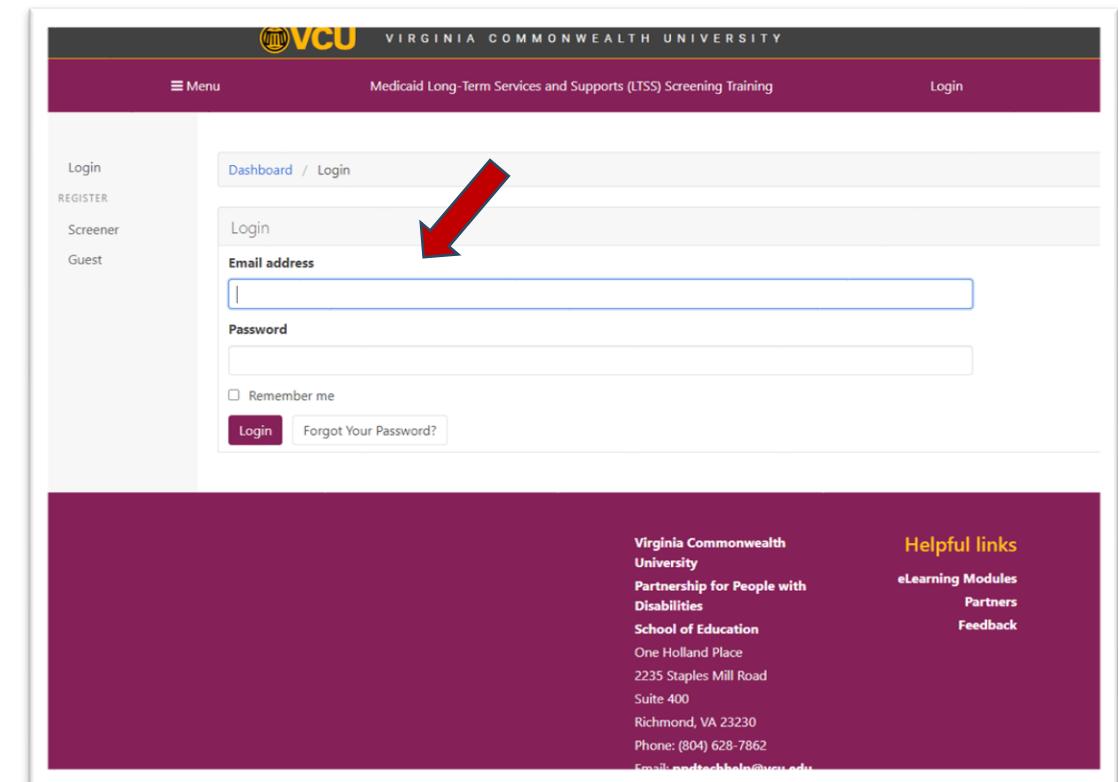
The screenshot shows the MES (Medicaid Provider Search) tool interface. The search form includes fields for First Name, Last Name, Address, City, NPI, Business Name, Location Name, Provider Type (dropdown), Gender (dropdown), Zip Code (dropdown), Specialty (dropdown), Accepting New Patients (checkbox), State (dropdown), Language (dropdown), and ADA Compliant (checkbox). Red arrows point to the 'Provider Type' and 'Specialty' dropdown menus. The footer includes 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

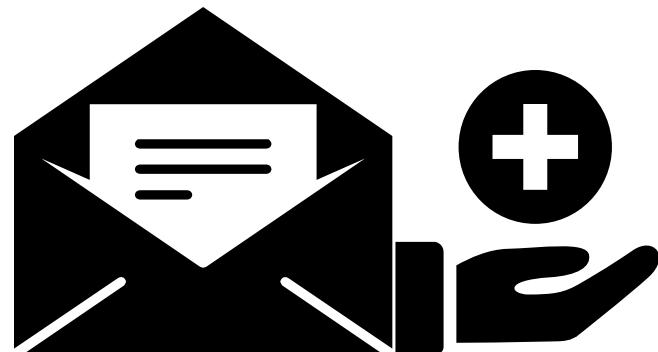


The screenshot shows the login page for the VCU Medicaid LTSS Screening Training. The page has a dark header with the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY'. Below the header, there are navigation links: 'Menu', 'Medicaid Long-Term Services and Supports (LTSS) Screening Training', and 'Login'. The main content area has a light background. It displays the 'Dashboard / Login' text, a 'Login' button, and a 'Remember me' checkbox. Below these are 'Email address' and 'Password' input fields. A red arrow points to the 'Email address' field. At the bottom of the page, there is a dark footer with the text 'Virginia Commonwealth University', 'Partnership for People with Disabilities', 'School of Education', 'One Holland Place', '2235 Staples Mill Road', 'Suite 400', 'Richmond, VA 23230', 'Phone: (804) 628-7862', and 'Email: [medtechhelp@vcu.edu](mailto:medtechhelp@vcu.edu)'. To the right of this text, there is 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, 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

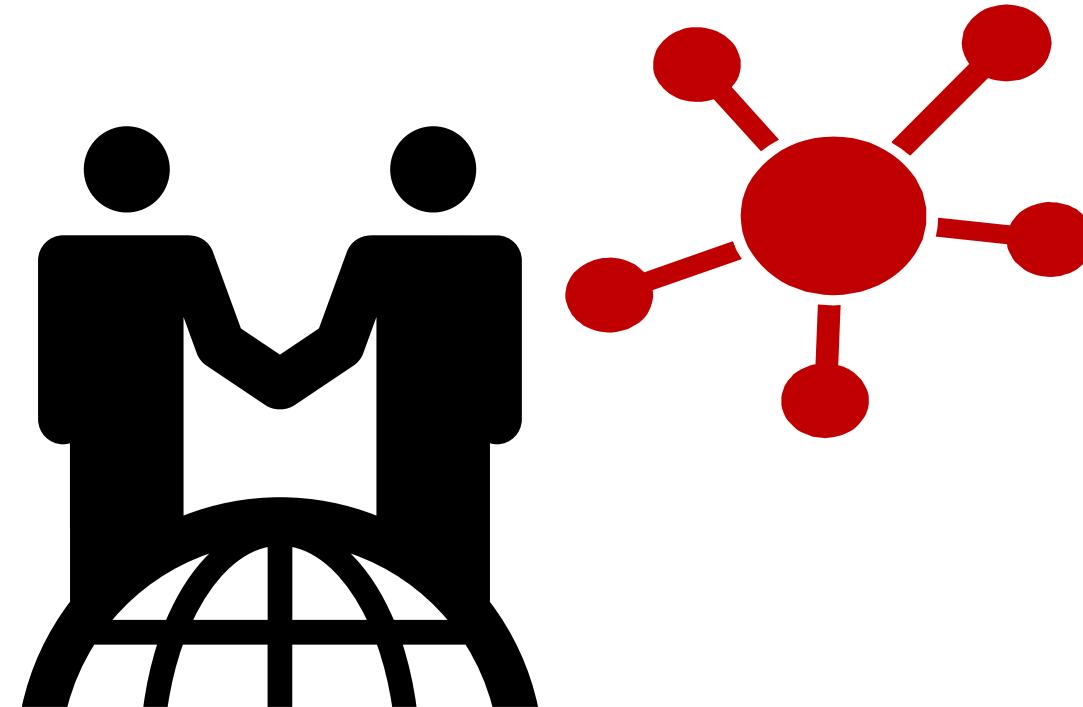
2025				
<b><u>SCREENING TEAM TYPE</u></b>	<b><u>QUARTER 1</u></b>	<b><u>QUARTER 2</u></b>	<b><u>QUARTER 3</u></b>	<b><u>QUARTER 4</u></b>
<b>Community Based Teams (CBTs) &amp; Program of All-Inclusive Care for the Elderly (PACE)</b>				December 9
<b>Hospitals</b>				December 10
<b>Nursing Facilities</b>				December 11

# LTSS Screening Connection Call Schedule

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

# Share Information with your Team

- Other Screeners
- Supervisors
- Managers
- Administrative Staff



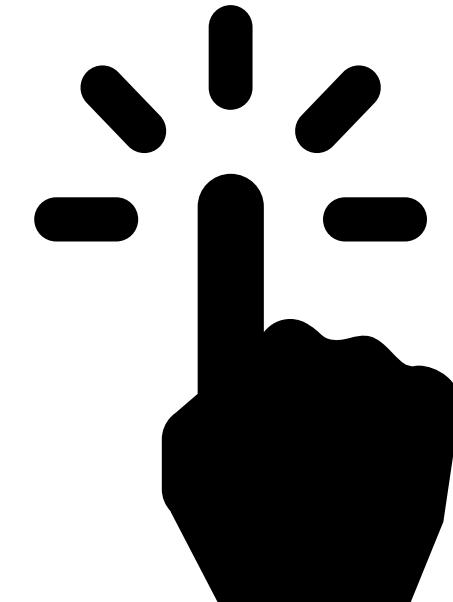


# Save the Date:

**Community Based and PACE Screening Team Focus**

**Tuesday, March 10, 2026**

**Any team can join the call and listen, but the focus  
will be on the Community Based and PACE Team**



# Question and Answer

