

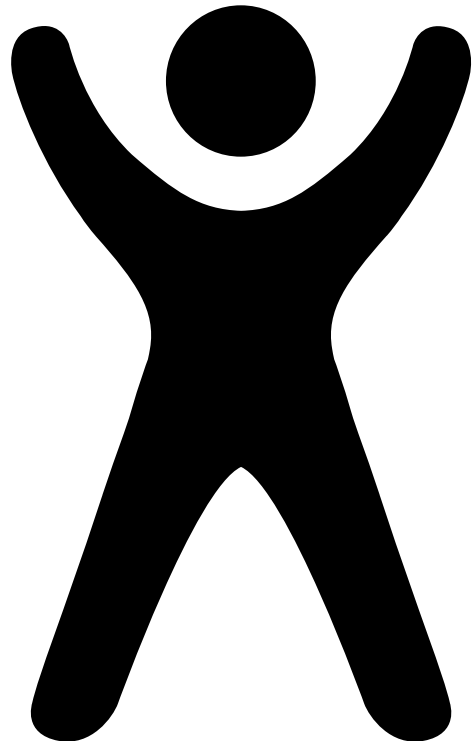
Screening Connections

Hospital Screening Team

September 10, 2025

Office of Community Living

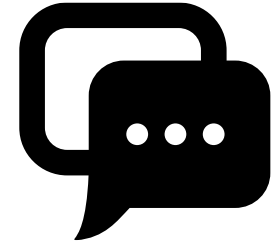
Welcome!



You are
appreciated!

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



Nicole Braxton

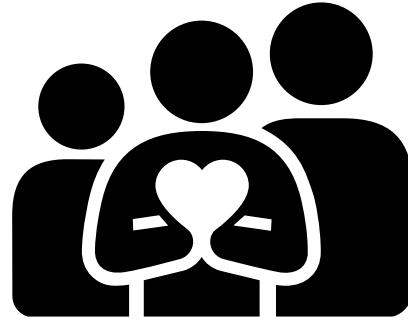
OCL Program Manager (Now Assistant OCL Director)
Temporarily Supervised the LTSS Screening Unit



Whitney Singleton

Former LTSS Screening Program Specialist
Now our new LTSS Screening Supervisor

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



Whitney Singleton
New 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

Hospital Teams

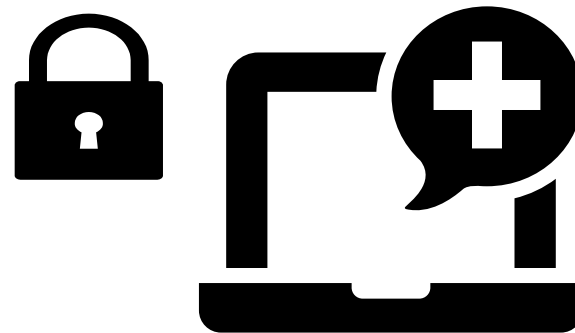


ALL QUESTIONS GO TO SCREENING ASSISTANCE EMAIL

ScreeningAssistance@dmas.virginia.gov

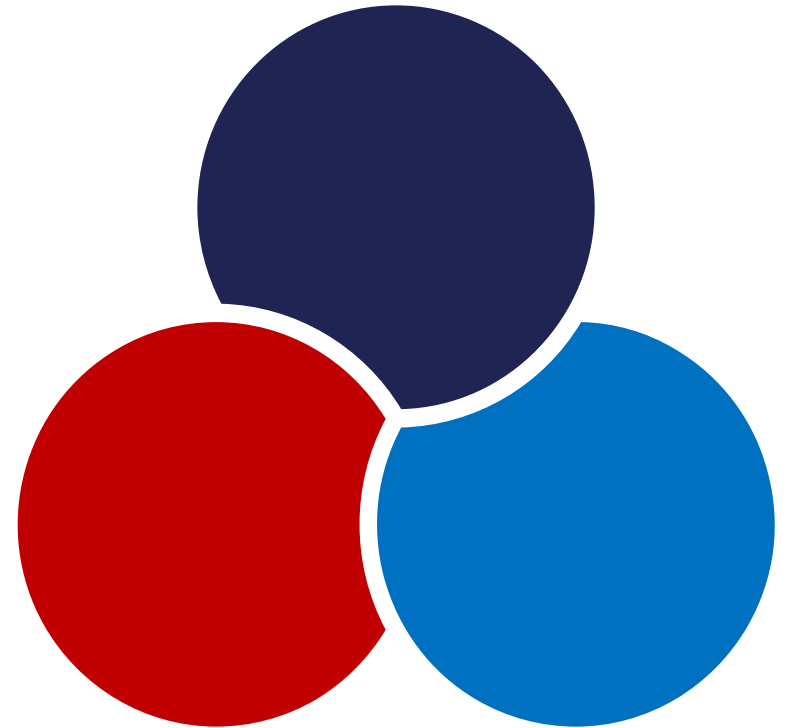
Include your name, place of employment, your contact information in addition to the individual's information so we can research and reach out to you if needed.

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!



Today's Agenda:

- **Data**
- **Updates and Reminders**
- **eMLS and Corrections**
- **Question and Answer Period**



Hospital Team Focus

Presented by Dena Schall,
LTSS Screening Program Specialist

Hospital (Acute Care and Rehab) Teams

January-August 2025 Trend Data



	Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	7526	10	2044	63	172	5050	152	35
2025	7526	10	2044	63	172	5050	152	35
Aug	936	2	247	6	23	636	17	5
Jul	870	5	222	7	19	591	19	7
Jun	894	-	277	9	22	561	22	3
May	898	-	227	9	25	613	20	4
Apr	947	1	264	17	16	630	18	1
Mar	1029	1	290	5	29	679	21	4
Feb	905	1	251	4	20	612	14	3
Jan	1047	-	266	6	18	728	21	8

Team Comparison

January-August 2025 Trend Data



Nursing Facility

	Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	3442	3	234	2	42	3096	56	9

Hospital

	Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	7526	10	2044	63	172	5050	152	35

Community Based

	Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	17384	17	10534	22	2151	975	3552	133

PACE

	Totals	CCC Plus Waiver (04)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	605	68	44	16	11	466



Hospital Teams

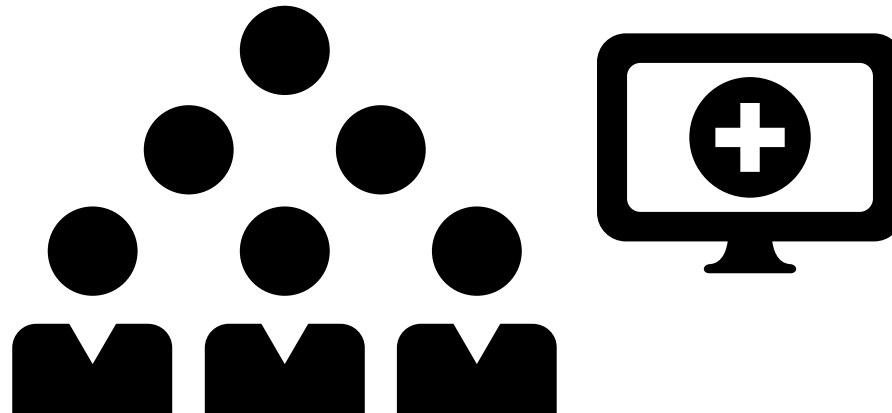
Update



A survey has gone out to Screeners and Screening Teams asking their thoughts about the days and times of the Connection Call. If you have not received one, please contact SA mailbox.

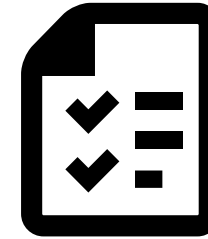
We want as many Screening Teams to attend as possible!

We will announce in December the results and new schedule for the NEW YEAR. Please participate and pass along to your team members.



Hospital Teams

Update



Some of the survey questions will be:

- **What is your Screening Type and role?**
- **What is your preferred time of day for attending the Screening Connections Webinar?**
- **What days of the week are most convenient for you to attend? Mon-Thurs**
- **How frequent should they occur? Monthly, Bi-Monthly, or Quarterly**
- **What topics would you like to see covered?**
- **Do you have any additional comments or suggestions?**

Hospital Teams

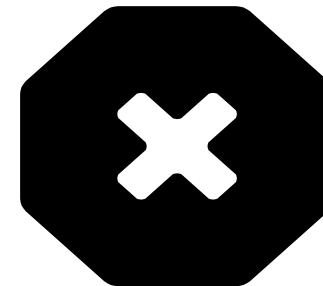
UPDATE AND MEMO



Medicaid LTSS-CCC Plus Waiver Terminations

If an individual is terminated for one of the following reasons or codes, then a new LTSS Screening is required. Effective now and Memo coming soon.

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



If a MCO or Health Plan requests a new LTSS Screening due to a recent termination, you can ask for the termination code to make sure they need a new LTSS Screening.



Hospital Teams

UPDATE AND MEMO

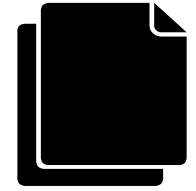


Checking Terminations

- 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 Hospitals 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.



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](#)

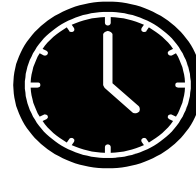
Updated eMLS Offline Screening Upload Form to be Used After September 12, 2024

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.

Hospital 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.



Hospital Teams

Reminder



Direct Screening Requests and Appeal Process:

- If a LTSS Screening Team conducts a screening and the individual is determined to not meet NF level of Care Criteria, they will receive a Denial letter with appeal rights.
- The individual has 35 days from the date of the letter to appeal. This is why it is important for Screening Teams to get these letters out in a timely manner.
- If an individual happens to come back and request another LTSS Screening after the denial letter is given whether they decide not to appeal or if they are in the middle of an appeal process, the LTSS Screening Team is to honor the LTSS Screening Request.
- There are no stipulations stating that the individual can not ask for another screening while in the appeal process.
- If another Screening is conducted while in the appeal process and the new determination is that the individual meets criteria, it is important for the Screening Team to communicate with the Appeals Division staff. The new Screening can be provided as additional information to the Appeal hearing staff.

Hospital Teams

Reminder



Appeal Process Tips:

- Every screening team should have access to the Appeals system called AIMS.
- AIMS has its own training and instructions that is provided from the Appeals Division.
- When an Appeal occurs, the Appeals Division will contact the Screening Team (via email, portal, etc.)

It is best practice that the screeners who conducted the Screening be involved in the hearing process, if possible.

Hospital Teams

Reminder



Appeal Process Tips:

When Screening Determinations are overturned during the Appeal Process, the Screening must be amended in eMLS to reflect the changes determined by the Hearing Officer:

- Nursing Facility Level of Care Criteria (ADLs, Medical Nursing Need, Risk)
- Determination on the DMAS 96 Authorization Form/Tab
- Documentation in the Member's Summary about the Appeal to include what information on the screening was amended and why

In eMLS:

- Select the Void and Appeal option to amend the Screening and use the same Request and Screening Dates as the original screening.
- Screener and Physician must re-sign the DMAS 96
- Signature dates should be the date of the Hearing Officer's written appeal decision, unless there is a different effective date in the written decision
- New Approval letter with copy of amended screening showing Accepted-Authorized status must be sent to Individual, Provider, and Medicaid Health Plan
- Follow any additional instructions given by the Hearing Officer/Appeals Division
- If you have continuing questions, contact Screening Assistance



Hospital Teams

Reminder



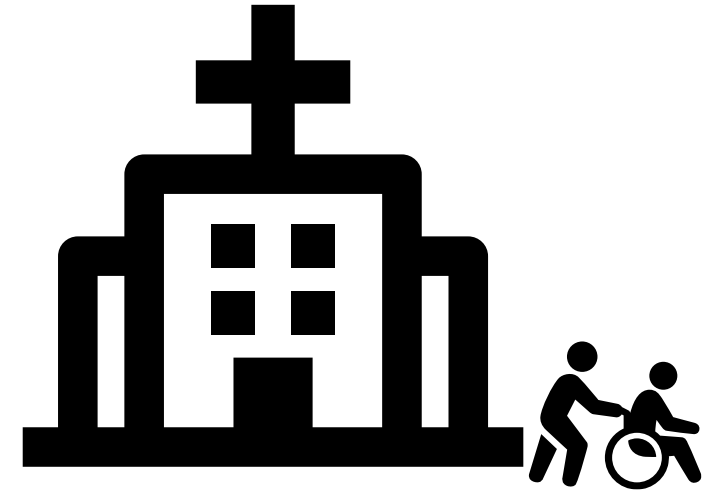
The LTSS Screening Manual and Training are currently under review and being updated.

- **Continue to attend the Connection Calls for updates and information.**
- **If you are unsure, contact:
ScreeningAssistance@dmass.virginia.gov**

Hospital Teams

Reminder

- Make sure to Screen your patient as close to discharge as possible to ensure an accurate assessment of NF level of care needs.
- If you conduct one early in the hospital stay and they improve before discharge, you should void and update your assessment.



Hospital Teams

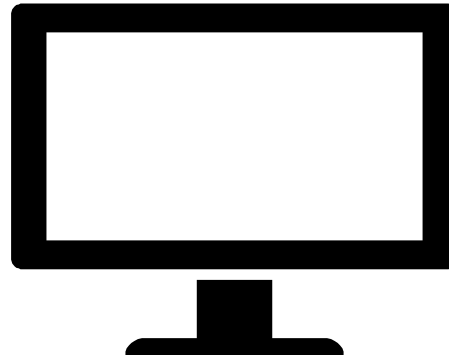
Reminder



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.



Hospital 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:

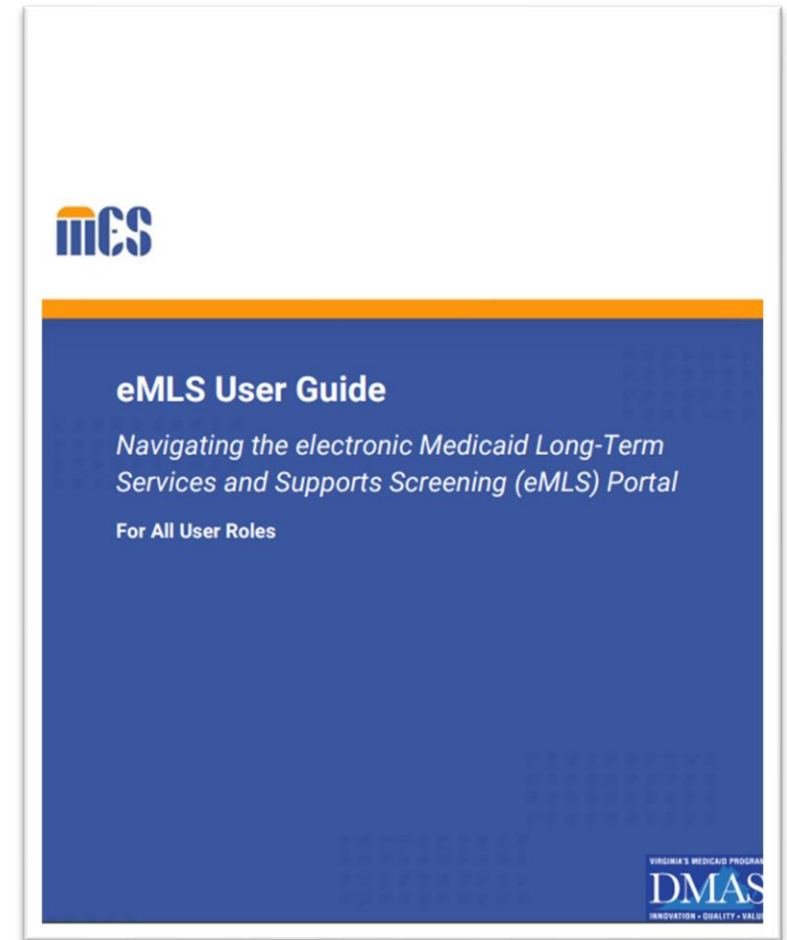
- Accessing and logging in
- Navigating eMLS features and functions
- Searching for existing Medicaid individuals and screenings
- Creating and submitting new LTSS screenings
- Resolving pre- and post-submission screening errors
- Managing screening status
- Reviewing and approving screenings

Use eMLS User Guide and Training

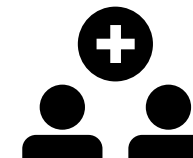
Screening Team staff should take the eMLS training and have a copy of the User Guide on hand if they use eMLS.

<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 Management or Business Manager 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, Physicians, and other staff who will assist in creating screenings.
- Screeners or other staff who create LTSS Screenings are set up in CRMS with a Creator Role 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@dmass.virginia.gov

Hospital 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. 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

- 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.

Hospital Teams

Reminder

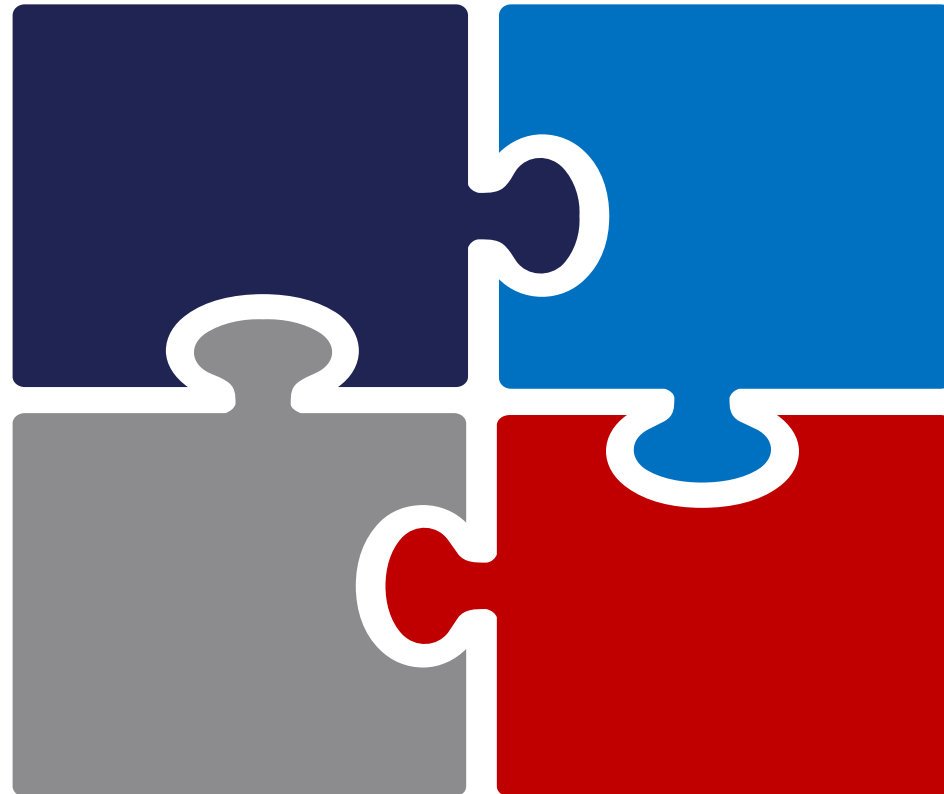


eMLS Overview

- 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 (eMedicaid Management System) interface. At the top, there's a header bar with "MLS" on the left and "Accepted- [menu icon]" on the right. Below this, a list of fields is displayed: "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 record, there are two buttons: "Edit" (with a pencil icon) and "View" (with an eye icon). The "Edit" button is highlighted with an orange rectangular box.

Resources:



Connection Call Power Points

Posted on the DMAS Website:

www.dmas.virginia.gov

Under the Provider Tab, select from dropdown- Benefits and Services, then select Long Term Care, Programs and Initiatives, and LTSS Screening.

SCREENING CONNECTIONS FOR LTSS

Look down the page for list of Screening Connection calls

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

The screenshot shows the Virginia Medicaid website interface. At the top, the navigation bar includes 'Applicants', 'Members', 'Providers', 'Appeals', 'Data', and 'About Us'. A red arrow points to the 'Providers' tab. Below the navigation bar, a dropdown menu is open, showing options: 'Provider Enrollment & Revalidation', 'Claims and Billing', 'Provider Memos & Communications', 'Rates and Rate Setting', 'Cardinal Care', 'Benefits & Services', and 'MES Portal ID'. A second red arrow points to the 'Benefits & Services' option. The main content area is titled 'Benefits & Services for Providers'. Below this, there are four columns of services: 'Behavioral Health', 'Dental', 'Long Term Care', and 'Pharmacy and Drug Formularies'. Each column has a brief description. At the bottom, there are four more boxes labeled 'School Based', 'Telehealth', 'Transportation', and 'Waivers'. A third red arrow points to the 'Long Term Care' section.

Behavioral Health
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.

Dental
Virginia's Medicaid Smiles For Children program offers comprehensive dental services to children, adults, and pregnant members.

Long Term Care
Nursing Facilities, Specialized Care Nursing Facilities, Long-Stay Hospitals, Home Health and more.

Pharmacy and Drug Formularies
Reference site for the Preferred Drug List and Prior Authorization Programs, as well as for information on upcoming changes.


School Based **Telehealth** **Transportation** **Waivers**

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.**

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 for a PASRR Level II Referral. The form is titled "Fax" in the top left and "maximus" in the top right. The subject line reads "Subject: Virginia PASRR Level II Referral". Below this, there are three columns of information. The first column contains "To Name:", "To Fax Number:", and "Reason for referral:". The second column contains "Assessment Pro", "(877) 431-9568", and "check one". The third column contains "From Name:", "From Fax #:", "Resident Review:", and "Preadmission Screening:". There are checkboxes next to "Resident Review:" and "Preadmission Screening:". A large QR code is located at the bottom center 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>

The screenshot shows the 'Search Provider' interface of the vamedicaid.vaxix.net tool. The header features the 'MES' logo and a 'MES Home' link. The search form includes fields for First Name, Last Name, Address, City, NPI, Business Name, Gender (dropdown), Zip Code, Provider Type (dropdown), Specialty (dropdown), State (dropdown), Language (dropdown), and Location Name. There are also checkboxes for 'Accepting New Patients' and 'ADA Compliant'. A note states: 'At least one more search criteria is required with "Accepting New Patient" or "ADA Compliant"'. At the bottom of the form are 'Search' and 'Reset' buttons. The footer contains links for 'Glossary of Terms' and 'Translation Services', 'Privacy Policy' and 'Nondiscrimination/Accessibility', and copyright information for 2020 DMAS and 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.

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](#)

[Glossary of Terms](#) [Privacy Policy](#) [Nondiscrimination/Accessibility](#) Copyright© 2020 DMAS

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Health Plan-MCO Contact and Fax Numbers for Referral Process



LTSS Screening Team MCO Contact Numbers

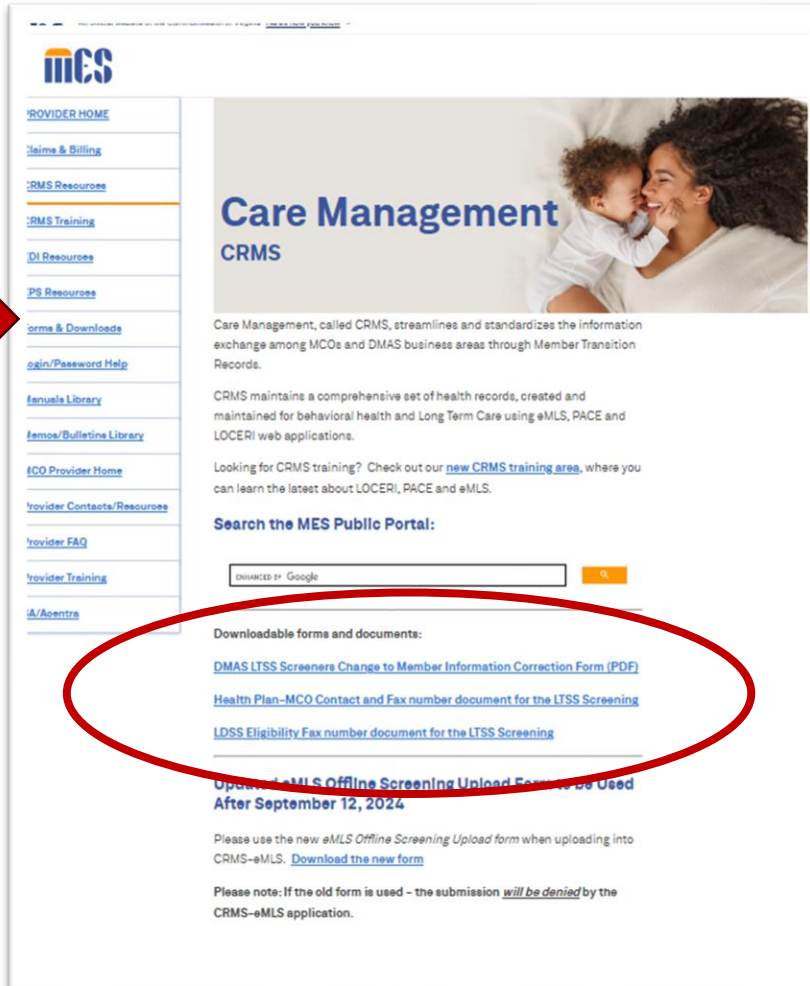
Cardinal Care Health Plan	Fax Number for Screening Documents	Care Management Phone Number
Aetna Better Health of Virginia	844-459-6680	855-652-8249 Ask for Case Management Members 1-800-279-1878
Anthem HealthKeepers Plus	844-471-7937	Members 1-800-901-0020
Humana Healthy Horizons of Virginia	502-508-1607 or 888-665-9781	844-881-4482 Members 1-800-424-4518
Sentara Health Plans	844-552-7508	866-546-7924 or 757-552-8398 Members 1-800-881-2166
United Healthcare Community Plan	855-770-7088	Providers 877-843-4366 Members 1-844-752-9434

For individuals enrolled in the Cardinal Care Managed Care program, the health plan is responsible for submitting the DMAS-225 to the LDSS benefits program (eligibility section) once services are initiated for the individual. For FFS for NF, CCC Plus Waiver and PACE, the direct service provider is responsible for notifying the LDSS eligibility section via a DMAS-225 that services have been initiated for the individual.

Revised 7-2025

Found on MES Homepage
<https://vamedicaid.dmas.virginia.gov/crms>

Downloadable Forms and Documents on the MES Homepage



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

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

New Enrollment Correction Form

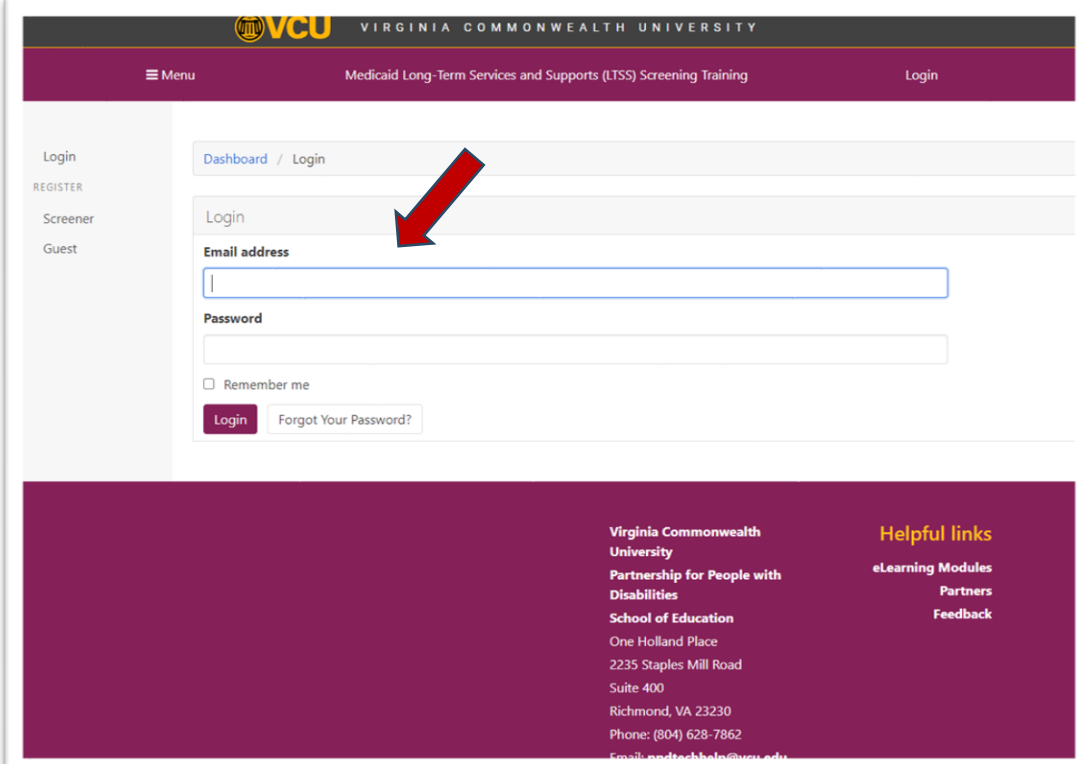
New Health Plan Fax Numbers

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

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



VCU VIRGINIA COMMONWEALTH UNIVERSITY

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

Dashboard / Login

Login

REGISTER

Screener

Guest

Email address

Password

☐ Remember me

Login Forgot Your Password?

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

Helpful links

eLearning Modules

Partners

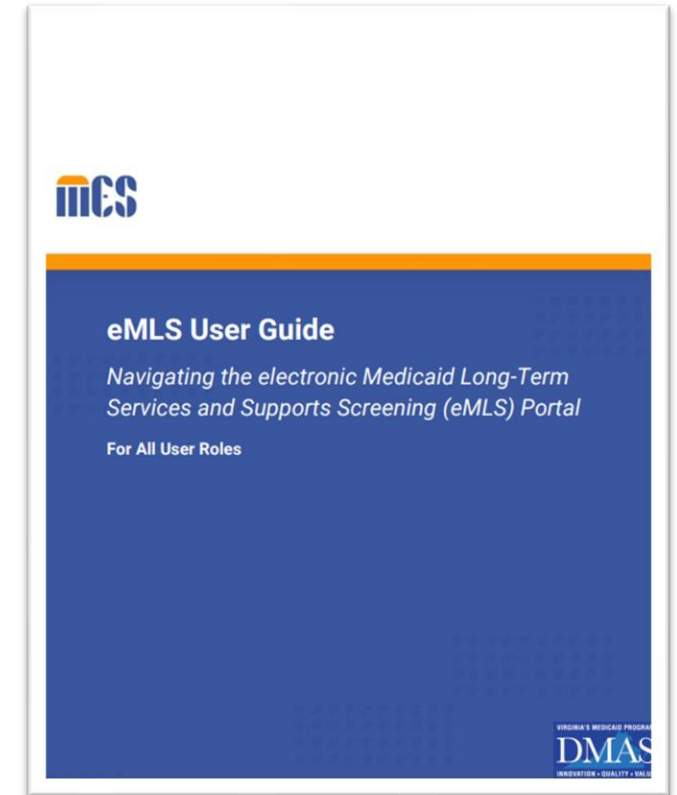
Feedback

Use eMLS User Guide and Training

- 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

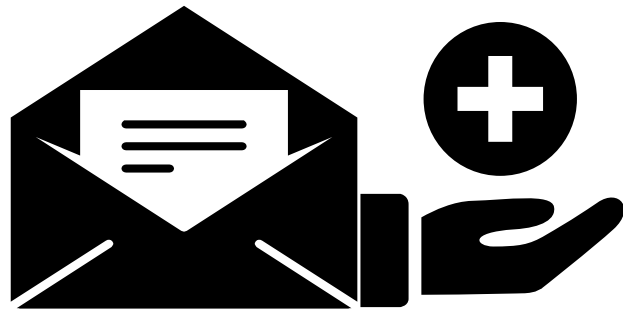
<https://vamedicaid.dmas.virginia.gov/training/crms>

Complete courses, CRMS-101,103,104,106, & download the e-MLS User Guide



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) or CRMS go to: MES-Assist@dmas.Virginia.gov
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: ppdtechhelp@vcu.edu



LRI or Paid Caregiver

CCC Plus Waiver

Any questions on LRI or Paid Caregivers should go to:

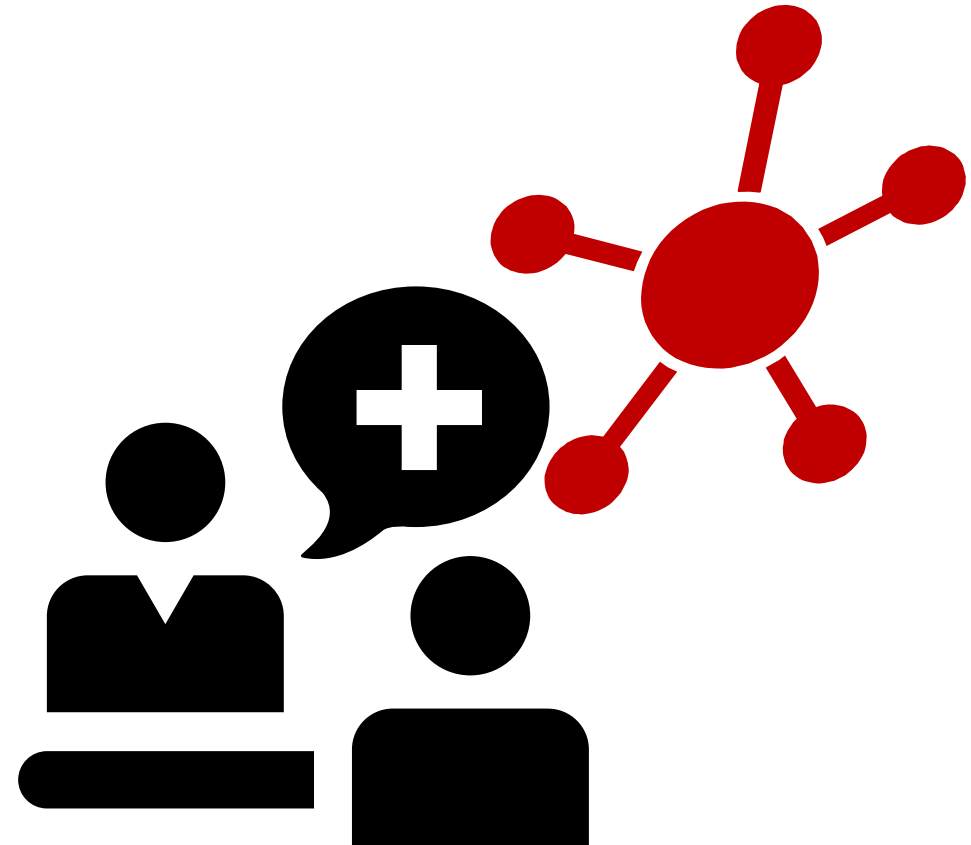
cdlri@dmas.virginia.gov

LTSS Screening Connection Call Schedule

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

Share Information with your Team

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



Save the Date:

Hospital Team Focus

Wednesday, December 10, 2025

Any team can join the call and listen, but the focus will be on the Hospital Team



Question and Answer

