

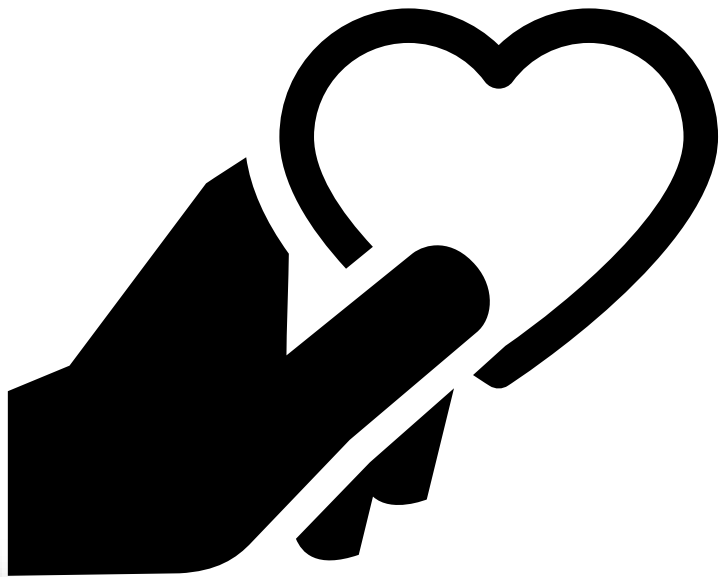
Screening Connections

**Community Based and
PACE Screening Teams**

June 10, 2025

Office of Community Living

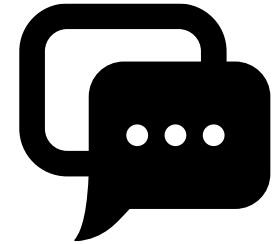
Welcome!



Thank you!

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



Ryan Fines

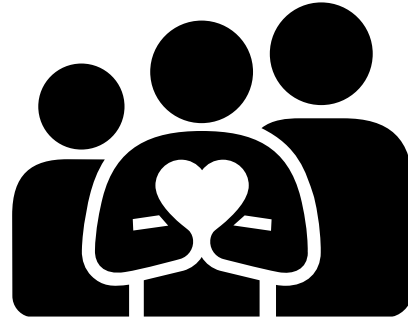
Former LTSS Screening Supervisor
Currently works in a different Unit at DMAS



Nicole Braxton

Program Manager
Temporarily managing the LTSS Screening Unit

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



Nicole Braxton

Program Manager
Temporarily managing 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

Send all LTSS Screening Questions to ScreeningAssistance@dmass.virginia.gov

CBT and PACE Teams

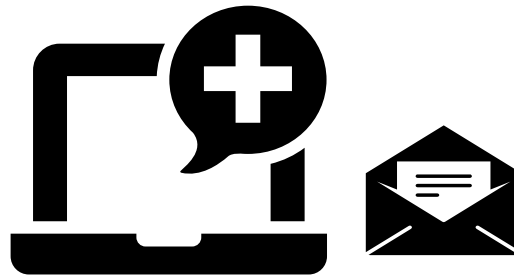


ALL QUESTIONS GO TO SCREENING ASSISTANCE EMAIL

ScreeningAssistance@dmas.virginia.gov

This is for tracking purposes and ensures that your question gets answered.

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.



CBT and PACE Teams

Health Insurance Portability and Accountability Act (HIPAA)
and Protected Health Information (PHI)

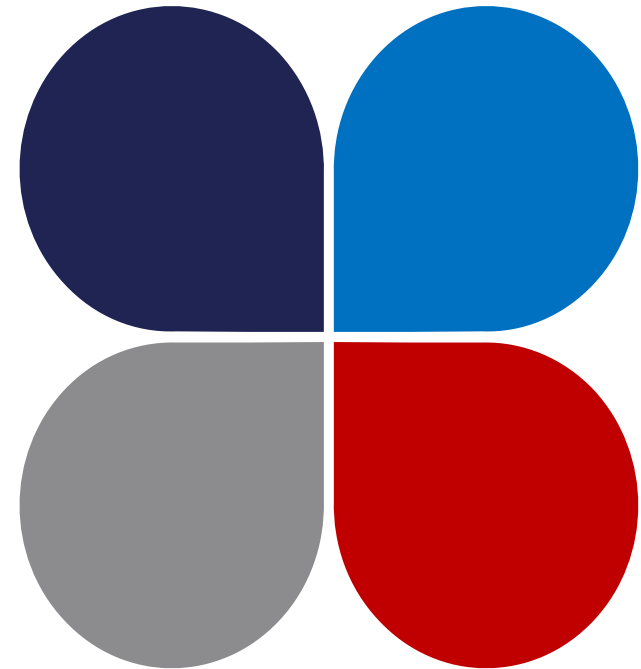
ENCRYPT your emails that contain PHI.

**DO NOT put Names, Social Security Numbers, or
Medicaid Numbers in the Subject Line!**



Today's Agenda:

- **Data**
- **Updates and Reminders**
- **Special Topic**
- **Question and Answer Period**



Community Based and PACE Team Focus

Presented by Dena Schall,
LTSS Screening Program Specialist

CBT and PACE Teams

January-May 2025 Trend Data



Community Based Teams

		May	Apr	Mar	Feb	Jan
Totals	# of Screenings	2263	2360	2313	1761	1829
	# of Submitted > 30 Days	129	134	81	62	111
	% of Submitted > 30 Days	5.7%	5.7%	3.5%	3.5%	6.1%

PACE Teams

		May	Apr	Mar	Feb	Jan
Totals	# of Screenings	81	64	64	52	54
	# of Submitted > 30 Days	1	1	0	0	6
	% of Submitted > 30 Days	1.2%	1.6%	0.0%	0.0%	11.1%



CBT Screening Team



Completing screenings within 30 days is a requirement by law.

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.



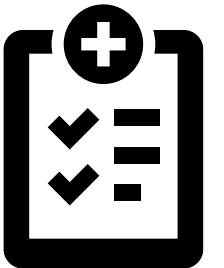
CBT Teams Only

Update



Requests for variances and flexibilities to the LTSS Screening laws or process should be rare but if management of your Agency feels that there are no other options or solutions to the issue then we ask the following:

- Work with your state Liaisons from VDH and DARS to make certain there is no other solutions for the issue and to brainstorm ways of getting back into compliance.
- Once discussed with your state liaison, if they agree that a variance is needed then **the state liaison can submit a Variance/Flexibility Request to DMAS**. We will not accept email requests.
- Your liaisons will need to know the name of locality, key contact staff from VDH/DSS, issue that is occurring, reason issue is occurring if applicable, suggested solution or variance from the law/process, how long it is needed, was it due to staffing issues, did your locality have a back up plan, and a corrective action plan for future months.



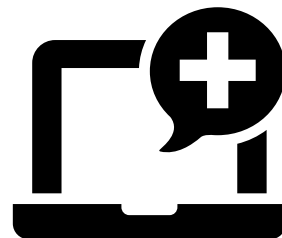
CBT and PACE Teams

Updates Coming Soon!




LTSS Screening Manual and Training

- DMAS is in the process of updating both the Manual and Medicaid LTSS Screening Training.
- It is a lengthy process and will be announced via Memos/Bulletins.




MES Homepage: Bulletins and Memos



MES Public Portal - Department of Medical Assistance Services

An official website of the Commonwealth of Vermont [Here's how you know](#)



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/Asentra



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:

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>



CBT Screening Team



Enhancement Updates in eMLS



- 96 Form: RN Signature Section Dropdown
- 96 Form: Identification of Department of Corrections and Overturned Appeal Screenings
- Increased “Member Summary” Character Requirement
- Required Physician Submission Questions when the Screening is over 30 days
- Initial Contact Field

Changes to eMLS will go into effect June 19, 2025



CBT and PACE Teams

Update



eMLS Enhancement: 96 Form Signature Section

- There is a new dropdown box for your title: Registered Nurse, Social Worker, and Other option
- If you are not a RN or SW then you will be required to type in your title in the Other option
- This will be a required field in the Screener I and II sections (if applicable)
- CBTs are required to have a RN in Screener I field and either a SW or Other: Family Service Specialist in the Screener II field
- PACE Teams are required to have at least a RN in Screener I field.

A screenshot of a web form titled "Title *". Below the title is a dropdown menu with a blue border. The menu is open, showing a list of options: "Please Select" (highlighted in blue), "Registered Nurse (RN)", "Social Worker", and "Other". To the right of the dropdown menu, there is a partially visible text label "tificate" and "licaid a". Below the dropdown menu, the text "Screener 2 Certification Details:" is visible.

If you are a Nurse Practitioner that is assigned to conduct or create a screening, then choose the RN selection in the drop down. NPs should not be creating and approving the same Screening.



CBT and PACE Teams

Update



eMLS Enhancement: 96 Form

- Three new fields have been added to the DMAS 96 form.
- Identify a Screening completed for the Department of Corrections (DOC).
- Identify a Screening modified for an overturned Appeal.
- Identify if DMAS has granted a Variance or Flexibility in conducting the screening and what was approved.

Rationale:

DMAS will be able to capture data on how many screenings were conducted for DOC or was granted a DMAS Variance or Flexibility from Screening Guidelines or was delayed for the Appeals process. For Appeals, the new dates that are required to be used for the modified screenings skew the 30-day CBT compliance data. We can now capture how many of these types of screenings are occurring from month to month.



CBT and PACE Teams

Update



eMLS Enhancement:

- Increase the minimum character limit for the Member's Summary to 500 character (from 20).
- Maximum is 1000

Rationale:

This will require Screeners to report more information to support their approval or denial decision.

CBT and PACE Teams

Update



eMLS Enhancement:

- If the LTSS Screening is over 30 days from the request date, when the Physician or PA/NP goes to submit, an additional question will populate asking why the screening is over 30 days?
- There will be a dropdown with the options of selecting Appeals, Correction, PASRR, and "Other" free text field (numbers and letters).

Rationale:

This will help us to streamline Screening Team compliance issues and be able to identify and resolve them swiftly. We will also be able to collect data on issues that cause delays that are out of the Screening Teams control such as PASRR, Demographic Corrections, and Appeals.



CBT and PACE Teams

Update



eMLS Enhancement:

- Initial Contact Field or “Who Called or Requested the Screening” on the UAI will be mandatory with a red asterisk.

Initial Contact - Who Called			
Who Called:		Relationship:	
Phone:			
Presenting Problem/Diagnosis:			

Rationale:

This will help Screening Teams make sure that they are following DMAS guidelines on referrals, requests, and legal guardianship.

CBT Teams

Special Topic Review

Referral and Direct Request Guidelines

For Screening Information and Appointment
Scheduling with the Community Based Screening Team

- Individuals may call either the LHD or LDSS for Screening information and referral for setting up a Screening appointment.



CBT Teams

Special Topic Review

Referral and Direct Request Guidelines



CBT Screening Intake Reminders

- No informal predetermination should be made
- Obtain basic information only
- Provide education about the purpose of the LTSS Screening and the process used during the home visit
- No prescreening of ADLs
- Individuals' diagnosis should not be discussed or used to determine if a Screening is needed
- The individual decides whether to continue with the screening request



CBT Teams

Special Topic Review

Referral and Direct Request Guidelines



CBT Screening Requests

- Individual
- Individual's representative
- Adult Protective Services (APS)
- Child Protective Services (CPS)
- Physician
- Health Plan Care Coordinator
- Parent
- The entity having legal custody of child
- An emancipated child
- Community Service Board (CSB) Support Coordinator



The individual or legal representative must still give permission to conduct the LTSS Screening unless court appointed.



CBT Teams

Special Topic Review

Referral and Direct Request Guidelines

CBT Request Response Timeframe

- Contact the individual or his representative within seven (7) calendar days
- Schedule the Screening within 21 days and
- Complete the Screening, enter into eMLS, and all signatures have been attested to, and dated within 30 days of the request date

Screen within
30 days of a
request****



CBT Teams

Special Topic Review

Referral and Direct Request Guidelines

CBT Referrals

- Any interested person or other third party having knowledge of an individual
- Physician (who may not be the primary care physician)
- PACE provider
- Service Provider
- Family Member
- Neighbor



All referrals must include adequate information to enable contact with the individual

CBT Teams

Special Topic Review

Referral and Direct Request Guidelines

CBT Referral Response Timeframe

- Must attempt contact with the individual or his representative within seven (7) days of the **referral date**



CBT Teams

Special Topic Review



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
- Individuals 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.

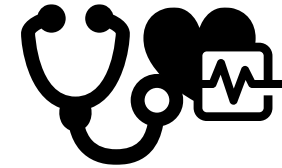


The new request date would be the date of next successful contact with the individual.



CBT and PACE Teams

Special Topic Review



PDN Referrals to Secondary Reviewer

If an individual or family is interested or directly asks to be screened for the CCC Plus Waiver with PDN or as the screener, you feel that the individual could benefit from the higher level of care, it is good practice for the Screener to select CCC Plus Waiver with PDN on the DMAS 96 form to allow the screening to go through a DMAS secondary review process even if the screener does not think that the individual meets criteria on the 108 or 109 for Private Duty Nursing.

Note: Instructions for how to complete the 108 or 109 forms are located on downloadable forms on the DMAS MES Homepage.



CBT and PACE Teams

Special Topic Review

PDN Referrals to Secondary Reviewer

DMAS New MES Medicaid Web Portal: <https://vamedicaid.dmas.virginia.gov/CRMS>



Forms and
Downloads

A screenshot of the MES (Medicaid Eligibility System) web portal. The left sidebar contains a list of links: PROVIDER HOME, Claims & Billing, CRMS Resources, CRMS Training, EDI Resources, EPS Resources, Forms & Downloads (circled in red), Login/Password Help, Manuals Library, Memos/Bulletins Library, MCO Provider Home, Provider Contacts/Resources, Provider FAQ, Provider Training, and SA/Asentra. The main content area features a large image of a woman and a child, with the heading "Care Management CRMS". Below this, there is a paragraph explaining that Care Management, called CRMS, streamlines and standardizes the information exchange among MCOs and DMAS business areas through Member Transition Records. Another paragraph states that CRMS maintains a comprehensive set of health records, created and maintained for behavioral health and Long Term Care using eMLS, PACE and LOCERl web applications. A third paragraph asks if the user is looking for CRMS training and points to a new CRMS training area. Below this is a search bar labeled "Search the MES Public Portal:" with a text input field and a search button. At the bottom, there is a section titled "Downloadable forms and documents:" with 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".



CBT and PACE Teams

Special Topic Review

PDN Referrals to Secondary Reviewer

DMAS New MES Medicaid Web Portal: <https://vamedicaid.dmas.virginia.gov/CRMS>



Forms and Downloads

Type in 108 or 109 Form

A screenshot of the MES (Medicaid Eligibility System) "Forms & Downloads" page. On the left is a sidebar menu with links: PROVIDER HOME, Claims & Billing, CRMS Resources, CRMS Training, CDI Resources, CPS Resources, Forms & Downloads (circled in red), Login/Password Help, Manuals Library, Memoes/Bulletins Library, ICO Provider Home, Provider Contacts/Resources, Provider FAQ, Provider Training, and IA/Acentre. The main content area is titled "Forms & Downloads" and features a large red PDF icon. Below the icon, text explains that the forms and reference file downloads found below represent more important/popular downloads available from the MES portal. It also notes that most files are in Adobe PDF format. A section titled "Forms and Download Search" contains a search bar with "108 form" entered (circled in red) and a search button. Below the search bar, it shows "About 64 results (0.12 seconds)" and a "Sort by: Relevance" dropdown. The first search result is "MSR 2019-121-001-W Attachment - DMAS-108, PDN Adult V1.0 dtd ..." with a download icon and a link to "Download File MSR 2019-121-001-W Attachment - DMAS-108, PDN Adult V1.0 dtd (990819).pdf". The second result is "CRMS-104 - eMLS - Create a New Screening" with a link to "vamedicaid.dmas.virginia.gov/training/story/story". The third result is "DMAS 108 Form DMAS 108 Form DMAS 108 Form DMAS 97 Form DMAS 97 Form".

CBT and PACE Teams

Special Topic Review

PDN Referrals to Secondary Reviewer

DMAS New MES Medicaid Web Portal: <https://vamedicaid.dmas.virginia.gov/CRMS>



Department of Medical Assistance Services
Division for Aging and Disability Services

PRIVATE DUTY NURSING ADULT REFERRAL FOR THE
COMMONWEALTH COORDINATED CARE PLUS (CCC Plus) WAIVER

Adults (21 years or >) must meet Criteria Group A **or** all Criteria Group B to qualify for Private Duty Nursing (PDN) Services.

Individual's Name _____ Phone _____ Date _____

Address _____ Medicaid # _____

Referral Source _____ Phone # _____

Form Completed By _____ Phone # _____

Signature of Person Completing Form _____

TECHNOLOGY / SKILLED CARE	YES	NO	Document Orders Below
Criteria Group A - Ventilator			Ventilator Orders
Ventilator Dependent at least a portion of the day			
Criteria Group B - Complex Tracheostomy			
Has a tracheostomy with the potential for weaning or documentation of the inability to wean			
Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist			Treatment Orders
Requires pulse oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels			Treatment Orders
Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist			
Has a physician's order for oxygen therapy with documented usage			Treatment Orders
Requires tracheostomy care at least daily			Treatment Orders
Has a physician's order for tracheal suctioning as needed			
Is deemed at risk of requiring subsequent mechanical ventilation			

DMAS/CCC Plus Health Plan has the final authority to authorize nursing hours. _____

Criteria Group A ☐ (OR) B ☐ Comments: _____

Approved Skilled PDN Hours/Week _____

RN Coordinator/Reviewer Signature _____ Date _____

Department of Medical Assistance Services
Division for Aging and Disability Services

Adult Referral Instructions

Adults (21 and older) are eligible for Private Duty Nursing Services if they meet Nursing Facility Specialized Care criteria, Group A - Ventilator Dependence **(or)** Group B - Complex tracheostomy **All** criteria. (Refer to PDN Adult Referral Form)

Adults (21 years or >) are assessed by the Medicaid Long-term Services and Supports Screening team on this form for eligibility for CCC Plus Waiver PDN. Screeners will submit the Screening and this form. RN Supervisors/CCC Plus Care Coordinators will complete this form annually for level of care reviews and whenever there are major changes in the individual's medical or technical skilled needs.

When completing the adult referral form, check the technology needs of the individual and **document the physician's orders for care under the appropriate sections of the form.**

Criteria Group A - Ventilator

The ventilator dependent criteria are met when an individual is on a ventilator for any portion of the day. Document physician's ventilator orders in the appropriate block in the right side column.

Criteria Group B - Complex Tracheostomy (MUST MEET ALL CRITERIA IN THIS GROUP)

Potential for weaning - Individuals who are unable to wean from a tracheostomy meet this criteria.

Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day. Document treatment orders in the appropriate block on the right side of the form.

Pulse oximetry readings are required every nursing shift. Document physician's pulse ox orders in the appropriate block.

Skilled nursing or respiratory assessments are required every shift due to respiratory insufficiency.

Individuals meet oxygen use criteria when oxygen is needed continuously at least 8 hours per day. Document physician's oxygen orders in the appropriate box.

The individual must require tracheal care at least daily. Document physician's trach care orders in the adjacent box.

A physician's order for tracheal suctioning as needed (PRN) is required. Suctioning is defined as tracheal suctioning requiring a suction machine and flexible catheter.

Individuals must be at risk of requiring ventilator support.

If further help is needed questions may be sent to: LOCReview@dmas.virginia.gov

DMAS-108 (Rev. 4-2019)

108 Adult Form



DMAS New MES Medicaid Web Portal: <https://vamedicaid.dmas.virginia.gov/CRMS>



Department of Medical Assistance Services Division for Aging and Disability Services

Pediatric Referral Instructions

8. Medication points are awarded based on the complexity of the child's medication regimen:

- 3 or less medications = simple category (2 points)
- 4 or 5 medications = moderate category (4 points)
- 6 or more medications = complex category (6 points)

PRN or "as needed" medications are not counted when determining the appropriate medication category.

Nebulizer treatments do not count as medications, they are considered special treatments (see #10).

9. Dressing points are assigned depending on frequency of care for stable dressing changes and wound care for stages II, III, or IV wounds. Dressing points are not assigned for tracheostomy tubes, gastrostomy tubes, etc., as these points are included in other sections.

10. Special treatments include routine nebulizer treatments, chest PT, blood sugar checks, INR checks (at home), colostomy/ileostomy/urostomy care, etc. Treatments must require a skilled professional. ROM or splint applications are not considered special treatments. Treatments that are done together, such as nebulizer treatments followed by chest PT three times per day (TID), would be assigned TID points (6 points).

Children receiving single or multiple different treatments four (4) or more times per day would receive QID points (8pts.). The maximum awarded in this category is eight (8) points no matter how many treatments are performed.

11. Specialized I/O monitoring is reserved for those who need careful monitoring of intake and output due to significant conditions such as kidney problems, severe dumping syndrome or peritoneal dialysis. Children are eligible for these points if I & O results require action on the part of the nurse to make adjustments in tube feeding amounts or IV fluid rates. Normally this monitoring would be due to the need for replacement fluids if the output is too high.

12. The "Other" category is for **major** procedures that are not covered elsewhere on the form. Children with needs that are not covered on the referral form should be discussed with a DMAS/CCC Plus Care Coordinator who will assign a point score for the "Other" category.

13. Assign points in all relevant categories and record the total points at the bottom of the page.

14. Skilled nursing hours should decrease when there is a decrease in a child's total points indicating medical improvement.

If further help is needed questions may be sent to: LOCReview@dm.virginia.gov

Page 3 of 3

DMAS - 109 (Rev. 4-2020)

109 Child Form

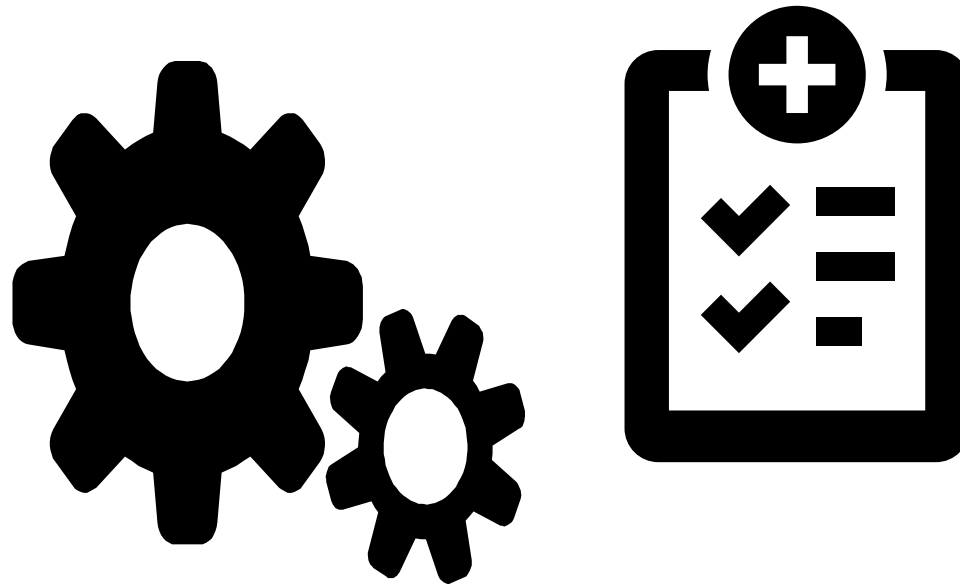
CBT and PACE Teams

Special Topic Review



BACK UP PLAN

It is best practice to make sure that your Team has back up staff and plans for when Screeners are out sick, on vacation, retire, or leave employment.



CBT and PACE Teams

Reminders:



Scoring and Rating-Medical Nursing Needs (Updated)

Must fit into one of the following categories. Must be documented in Members Summary.

An individual with medical or nursing needs is an individual whose health needs require medical or nursing supervision or care above the level, which could be provided through assistance with ADLs, medication administration, and general supervision and is not primarily for the care and treatment of mental diseases (12VAC30-60-303. D.). NOTE: Autism is not considered a Mental Disease.

1. The individual's medical condition requires observation and assessment to ensure evaluation of the individual's need for modification of treatment or additional medical procedures to prevent destabilization, and the individual has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals; or
2. Due to the complexity created by the individual's multiple, inter-related medical conditions, the potential for the individual's medical instability is high or medical instability exists; or
3. The individual requires at least one ongoing medical or nursing service. Ongoing means that the medical/nursing needs are continuing, not temporary, or where the individual is expected to undergo or develop changes with increasing severity in status. "Ongoing" refers to the need for daily direct care and/or supervision by a licensed nurse that cannot be managed on an outpatient basis. Medical/Rehab services should be ongoing in nature and/or reflect that additional special procedures are warranted.

NF LOC for an individual is not determined by an individual's age, nor a specific diagnosis or therapy.



CBT and PACE Teams

Reminders:



Scoring and Rating-Medical Nursing Needs (Updated)

- Unlike hospitals and nursing homes, community screeners typically do not have medical documentation readily available at the time of the screening.
- Based on the individual's overall condition, RNs on the Community Teams use their nursing judgement to determine whether an individual has ongoing medical or nursing needs.
- Remember, “ongoing” means that the medical/nursing needs are continuing, not temporary, or where the patient is expected to undergo or develop changes with increasing severity in status.

CBT and PACE Teams

Reminders:



Scoring and Rating-Medical Nursing Needs (Updated)

IMPORTANT

Make sure to document how you determined medical/nursing need in the summary.

Example: Medical nursing need verified by

- review of medications
- in-person assessment
- physician's progress notes
- hospital discharge paperwork

If there are discrepancies in what you are being told vs what you see, ask for documentation.



CBT and PACE Teams

Reminders:

Scoring and Rating-Medical Nursing Needs (Update)

To improve our access to medical records, consider the following:

When scheduling the appointment, ask the client or their representative to have documentation from their physician or hospital that supports their need for long term care services. Advise them that lack of documentation may result in denial of services or the need to reschedule the screening.

Do not automatically deny or reschedule if records aren't available. Again, use your nursing judgement.



CBT and PACE Teams

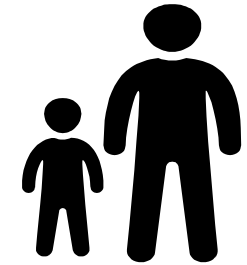
Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

Screening Children

- Adults expected to be independent
- Children need care, assistance and guidance provided by those around them



CBT and PACE Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

So, what is different about rating children?

Adults, were it not for a medical, physical, and or emotional condition or limitation would be expected to be independent in performing ADLs.

Children, on the other hand, are not always expected to be independent in their ADLs. Based on age and appropriate developmental stage, children are expected to need assistance from those around them. This means that a child's age and developmental stage must be considered prior to rating a functional area.



CBT and PACE Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones



Functional Capacity

The degree of independence that, depending on age, **a child** or **a child and caregiver as a unit**, have in performing ADLs, ambulation, and IADLs



<https://brightfutures.aap.org/Pages/default.aspx>



CBT and PACE Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

- For younger age groups, accurately assessing needs may involve looking at the child and a caregiver as a unit. This means that it is normal for a child to be dependent on a caregiver to complete certain tasks or ADLs.
- **Children from birth through 5 years of age often require supervision for safety and physical assistance to complete certain tasks. To accurately assess a child, screeners must take into consideration whether the child has complex medical needs and/or equipment; or has any of the special considerations for the task as listed in the manual; or if the child needs assistance from their caregiver, beyond what is age appropriate.**
- Please note that assessing child and caregiver as a unit does not mean that the screener rates the parents' or caregiver's ability to perform the task. If the caregiver is unable to perform the task, they should not be used to assess the functionality of ADLs.



CBT and PACE Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

Key Medical Concerns to Rating Children's ADLs

- Complex medical needs and equipment
- Seizure activity
- Spasticity
- Contractures
- Tone or lack of tone
- Paralysis



CBT and PACE Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

- Note that a child would be rated independent unless serious medical conditions or complex medical equipment were involved. Some of these conditions may include special equipment for life support, or whether the child lives with seizure activity, spasticity, contractures, lack of muscle tone, paralysis, or any other special considerations for a child. In the LTSS Screening manual, screening considerations for children are provided in each ADL section.
- If any of these situations exist, the Screener should note the child has complex medical needs and, **if applicable**, that equipment or a condition makes it difficult for the caregiver to complete the ADLs or requires an additional caregiver to assist in completing the task. Ex: Supervision/Physical Assistance or Performed by others).
- Children who meet this criteria should be rated dependent (D) in the category that most applies, as age appropriate



CBT and PACE Teams

Special Topic Review



Child and Caregiver as a Unit and Developmental Milestones

As a reminder:

All infants are **NOT** rated Performed by Others.



Performed by Others category may include a child who:

- cannot participate, as age appropriate, such as neuromuscular disorders, lack of tone, contractures, spasticity, seizure activity, or
- have complex medical needs and/or equipment such as trach, port, G-tube, or a serious skin condition.

CBT and PACE Teams

Special Topic Review

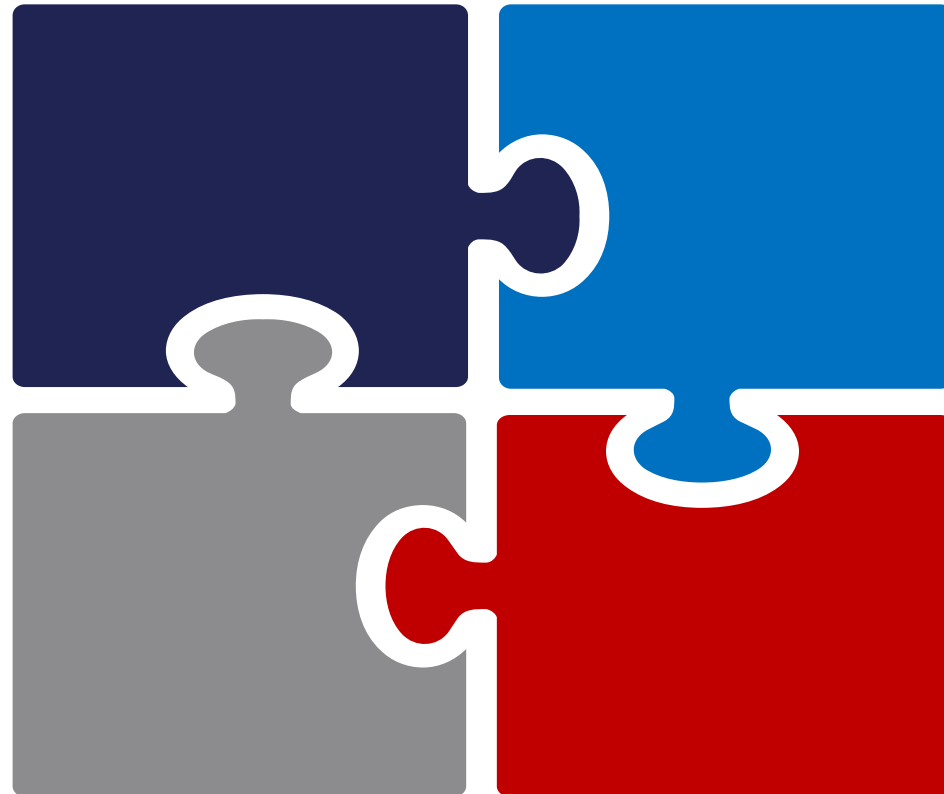


Child and Caregiver as a Unit and Developmental Milestones



You can not rate or score Children without your LTSS Screening Manual

Resources:



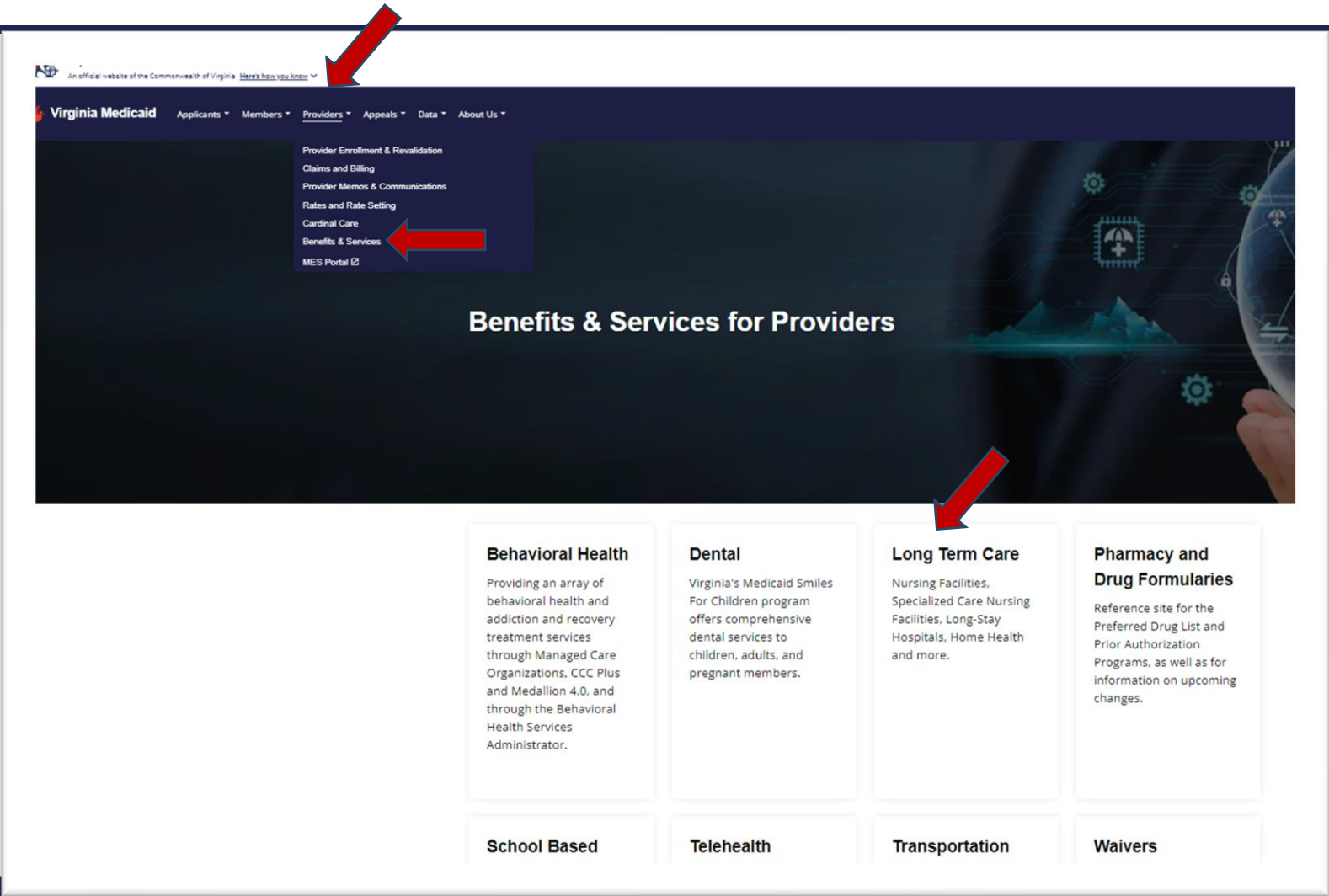
Connection Call Power Points

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




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.**

Current 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.

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 Virginia 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 two columns of information. The left column contains "To Name:", "To Fax Number:", and "Reason for referral:". The right column contains "From Name:", "From Fax #:", "Resident Review:", and "Preadmission Screening:". The "Reason for referral:" field is filled with "Assessment Pro", "check one", and "Resident Review:" has two checkboxes, one of which is checked. 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

- ☐ 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

Select Gender...

Address

City

Zip Code

State

Select State...

NPI

Provider Type

Select Provider Type...

Specialty

Select Specialty Type...

Business Name

Location Name

☐ Accepting New Patients

☐ ADA Compliant

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

Search

Reset

Glossary of Terms

Translation Services

Privacy Policy

Nondiscrimination/Accessibility

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.

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](#)

© 2024 ALL RIGHTS RESERVED

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 <u>HealthKeepers Plus</u>	844-471-7937	Members 1-800-901-0020
Molina Healthcare	800-614-7934	800-424-4524 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

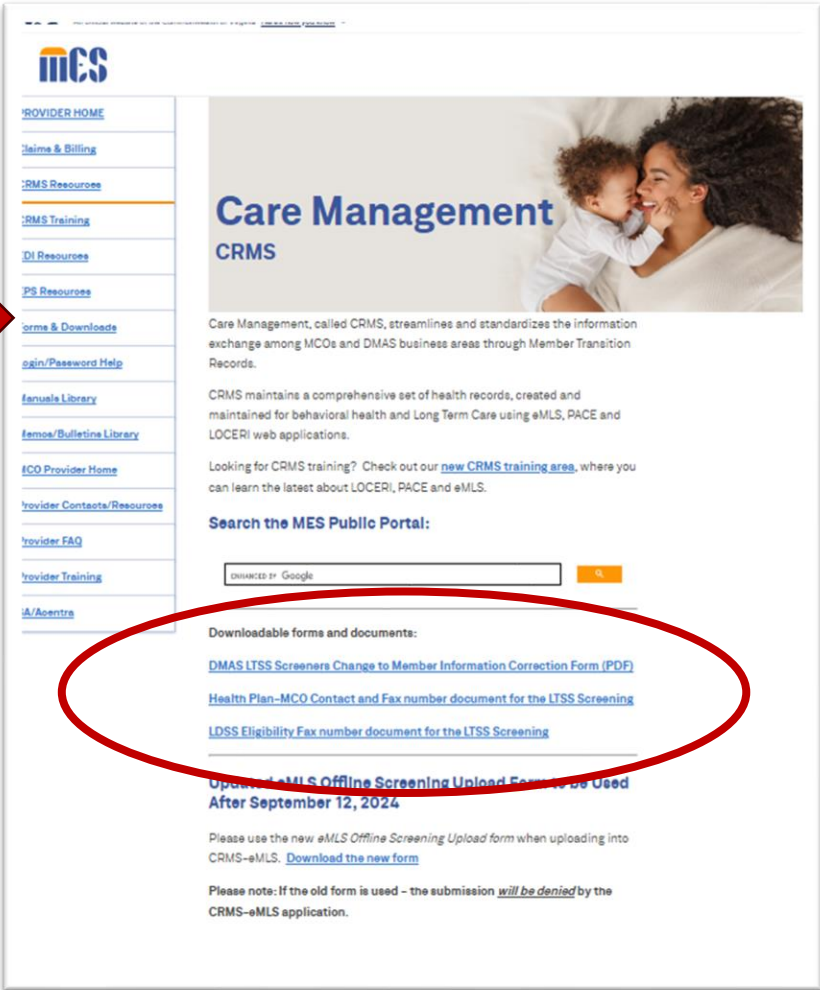
For individuals enrolled in the Cardinal Care Managed Care program, the health plan is responsible for submitting the DMAS-225 to the LDSS benefits program (eligibility section) once services are initiated for the individual. For FFS for NF, CCC Plus Waiver and PACE, the direct service provider is responsible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

Found on MES Homepage

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

Downloadable Forms and Documents on the MES Homepage

Forms and Downloads



<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

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.

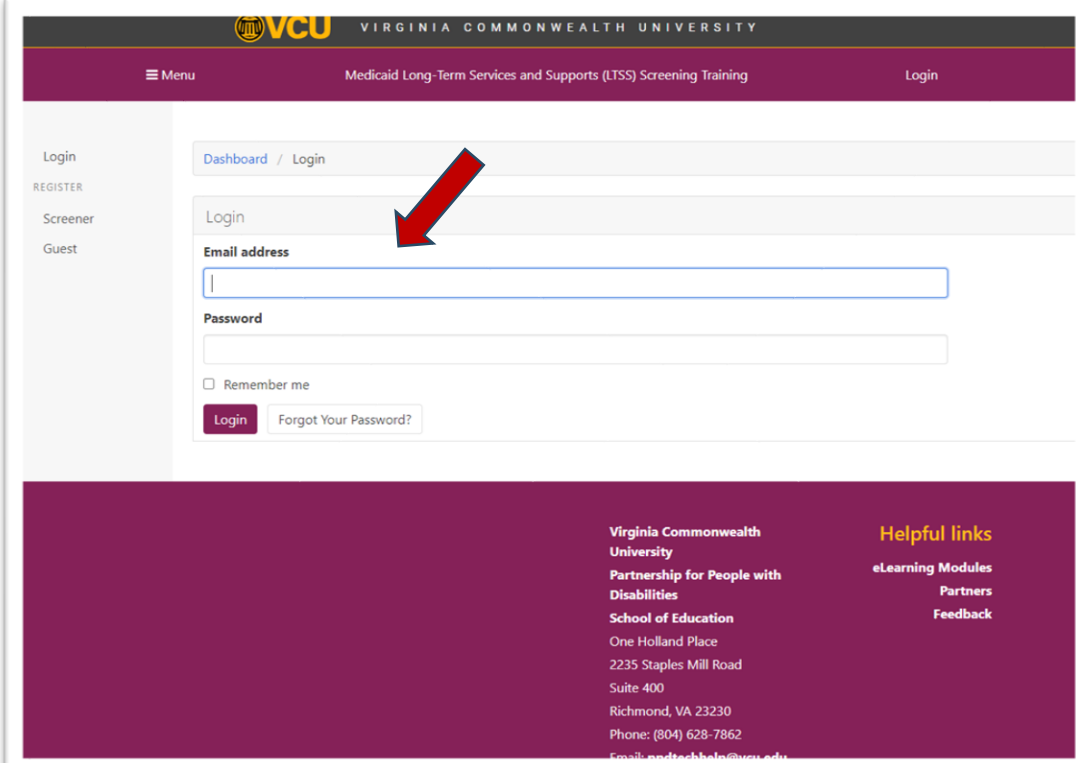
All forms must be filled out completely or they will get sent back.

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

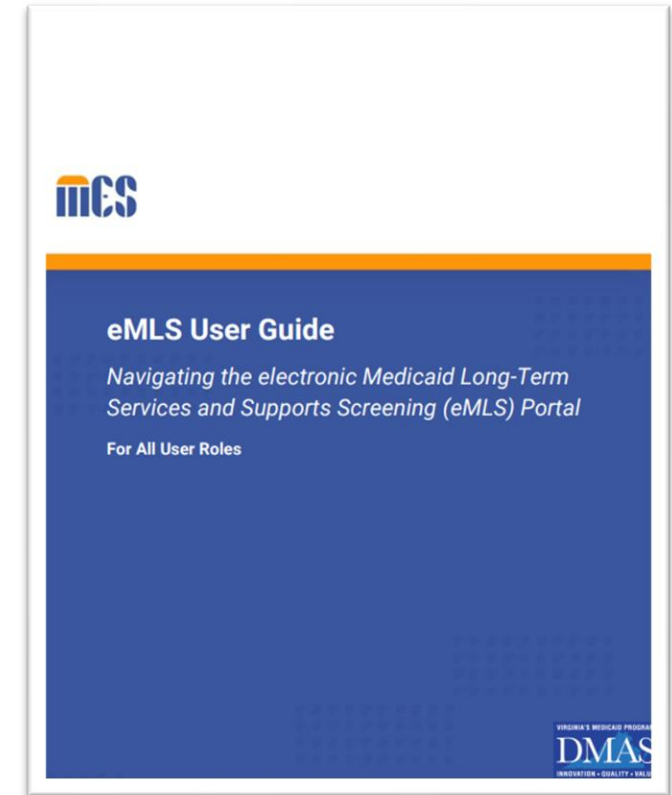
Feedback

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

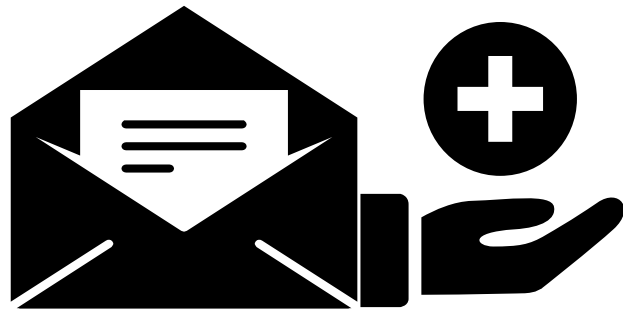
<https://vamedicaid.dmas.virginia.gov/training/crms>

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:

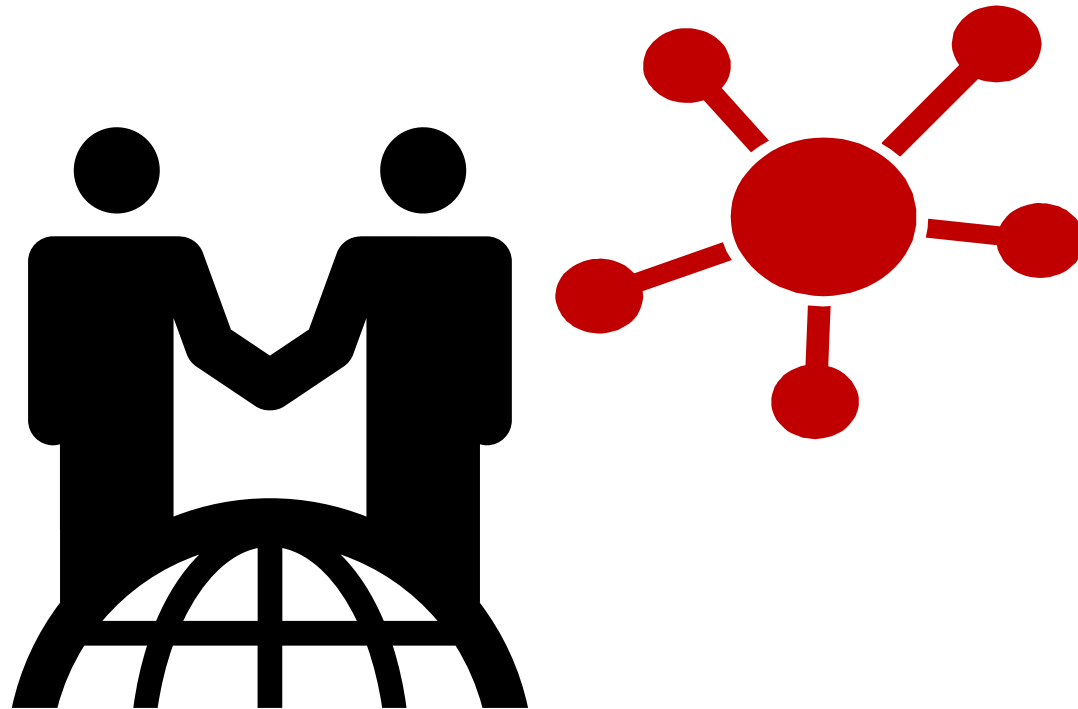
cdlri@dmas.virginia.gov

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)		June 10	September 9	December 9
Hospitals		June 11	September 10	December 10
Nursing Facilities		June 12	September 11	December 11

Share Information with your Team

- Other Screeners
- Supervisors
- Managers
- Administrative Staff



Save the Date:

Community Based and PACE Screening Team Focus

Tuesday, September 9, 2025

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



Question and Answer

