



Screening Connections

Nursing Facility Screening Team

September 12, 2024

Office of Community Living



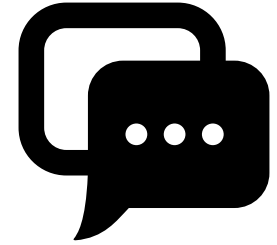


Welcome!

You are appreciated.

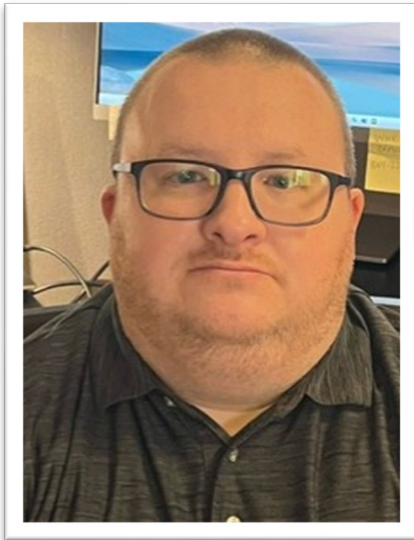
LTSS Screening Connection Call

Logistics

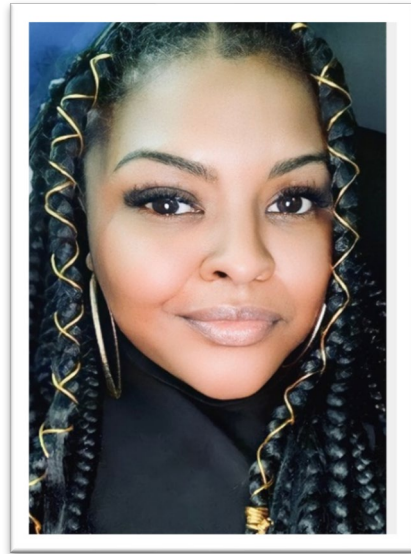


- Post your questions for today's session in the **Chat box**.
- Click the "Chat" bubble icon at the top of the screen to maximize the Chat feature.

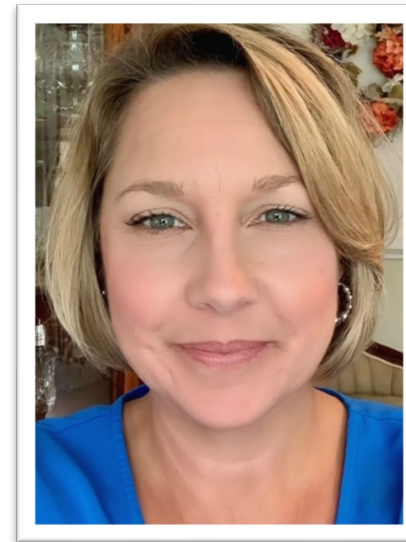
DMAS Office of Community Living (OCL) LTSS Screening Program Staff



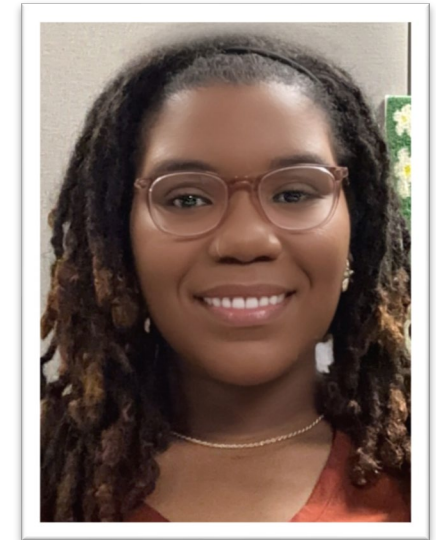
Ryan Fines
LTSS Screening Supervisor



Ivy Young
Technical Assistance for Screening
Assistance Mailbox, Screening
Connections Webex, &
Communications



Dena Schall
Technical Assistance for
Screening Assistance Mailbox
and eMLS

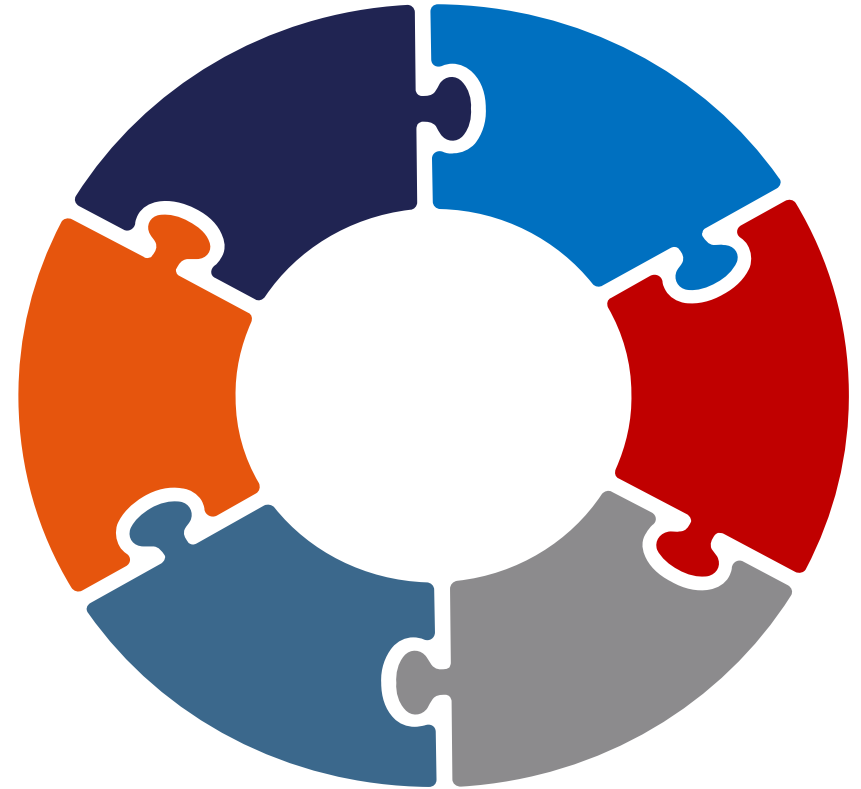


Whitney Singleton
Technical Assistance for
Screening Assistance Mailbox
and PASRR

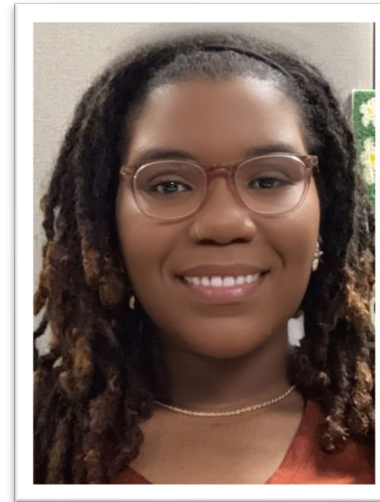
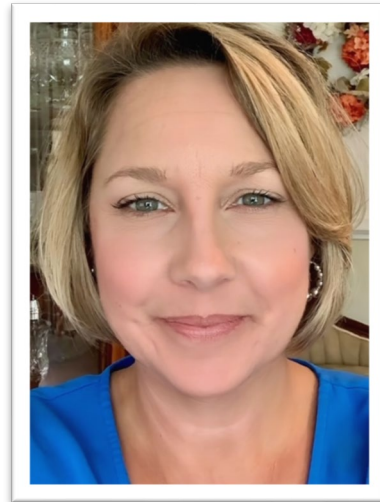
**Send all LTSS Screening Questions to
ScreeningAssistance@dmas.virginia.gov**

Today's Agenda:

- **Updates and Hot Topics**
- **Question and Answer Period**



Today's Screening Team Focus: Nursing Facility



Presented by Dena Schall and Whitney Singleton,
LTSS Screening Program Specialists

Nursing Facility Data



August 2024

| Totals | CCC Plus Waiver (04) | No Other Services Recommended (00) | Nursing Facility (NF) Services (01) | Other Services Recommended (08) | PACE (02) |
|--------|----------------------|------------------------------------|-------------------------------------|---------------------------------|-----------|
| 266 | 28 | 1 | 228 | 8 | 1 |
| 266 | 28 | 1 | 228 | 8 | 1 |

July 2024

| Totals | CCC Plus Waiver (04) | No Other Services Recommended (00) | Nursing Facility (NF) Services (01) | Other Services Recommended (08) | PACE (02) |
|--------|----------------------|------------------------------------|-------------------------------------|---------------------------------|-----------|
| 249 | 12 | 2 | 227 | 4 | 4 |
| 249 | 12 | 2 | 227 | 4 | 4 |

June 2024

| Totals | CCC Plus Waiver (04) | No Other Services Recommended (00) | Nursing Facility (NF) Services (01) | Other Services Recommended (08) | PACE (02) |
|--------|----------------------|------------------------------------|-------------------------------------|---------------------------------|-----------|
| 186 | 6 | 1 | 175 | 3 | 1 |
| 186 | 6 | 1 | 175 | 3 | 1 |

May 2024

| Totals | CCC Plus Waiver (04) | No Other Services Recommended (00) | Nursing Facility (NF) Services (01) | Other Services Recommended (08) | PACE (02) |
|--------|----------------------|------------------------------------|-------------------------------------|---------------------------------|-----------|
| 152 | 7 | 1 | 142 | 2 | 2 |
| 152 | 7 | 1 | 142 | 2 | 2 |

Trend



Update:

Nursing Facility Screening Team Overview

Hospitals will no longer be responsible for conducting LTSS Screenings on individuals discharging from the Hospital to a Skilled Nursing Facility (Short Term-LTC Portal Level 2).

The Nursing Facility (NF) Screening Team is responsible for conducting Screenings on any individual with the legal representative's approval, if applicable that is:

- In the Skilled Nursing Facility (SNF) and is transitioning to the Custodial Long Term Nursing Facility (Long Term-LTC Portal IC Level 1) with the intention of Long-Term Medicaid as the payor source. It will no longer matter if they are Medicaid or Non-Medicaid members, you are doing them both if they are in the SNF and there is a need for Medicaid LTSS.
- The Screening must be fully completed and in Accepted Authorized status within **three (3) business days (Mon-Fri) of initiating Long-Term Custodial NF care** to receive Medicaid reimbursement from the initiation date. **Any screening done within the three days will be allowed to have the admission line put in on the date of that admission. Day 1 is the day they went into Long Term Custodial NF Care.**
- **However, any days after the 3-business day period will not be reimbursed and LTSS payment will not occur until an appropriate LTSS Screening is fully completed in Accepted-Authorized status. The line put in can begin based off the Physician date of the LTSS Screening.**

Update:

Nursing Facility Screening Team Overview

Three (3) Business Day Examples:

- John Doe is in the SNF and goes Custodial Long-Term care on Tues 6/25/2024 and the NF Screening Team conducts it and signs off on it on Thursday 6/27/2024, the NF can go back in despite the physician signature date being 6/27/2024 and put the admission date for 6/25/2024.
- Bobby Sue is in the SNF and goes Custodial Long-Term care on Friday 6/28/2024 and the NF Screening Team conducts it and signs off on it on Tues 7-2-2024. They are within the 3-day business period because the business days are Mon-Fri. The NF can go back in and put the admission date for 6-28-2024.
- Joe Cool is in the SNF and goes Custodial Long-Term care on Friday 6/28/2024 and the NF Screening Team conducts the screening on 7-3-2024 and the physician does not sign until 7-10-2024 which **both dates** are past the 3-business day period then the NF can only put the line in for the date of the physician's signature.

Update:

Nursing Facility Screening Team Overview Continued

It is important for Nursing Facilities to tell the Hospital what level of care the individual will be admitting to the NF under:

- Level 1: Intermediate Care or Custodial Nursing Facility
- Level 2: Skilled Nursing Care or Skilled Nursing Facility

This is how the Hospital will know whether to conduct a LTSS Screening or not for those individuals going to a Nursing Facility. If it is Level 2 then no LTSS Screening is conducted but if it is a Level 1 then yes.

This information needs to be accurate. If the NF changes this information later, it causes billing issues for the Hospital.

Update:

Nursing Facility Screening Team Overview Continued

The NF Team is also responsible for conducting Screenings on those individuals discharging home from SNF with a need or interest of home and community-based services (CCC Plus Waiver or PACE). The screening is to be conducted before discharge home in the community.

DO NOT tell the patient to ask for one by the Community Based Team when they get home. This can delay care for the individual.

Update:

Nursing Facility Admissions and Business Staff Update

- DMAS 80 will be changing soon.



Update:

Screener Update

- **After today, there will be an updated eMLS Offline Screening Upload-P98 Form to be Used After September 12, 2024.**



Reminder:



Nursing Facility Issues

- Hospitals and Skilled Nursing Facilities (SNFs) need to be reviewing level of care needs as well as payment needs before admissions.
- Asking questions like do they have Medicare coverage or private insurance coverage for their SNF stay?
- We are hearing scenarios where the individual does not have any coverage for their SNF stay (Level 2-SNF) so the NF will categorize the individual at admission for ICF-Level 1-Long Term Custodial but will have some rehab while in Custodial. The level in which the individual is going to be admitted must be clarified with the Hospital, so they know whether to conduct a LTSS Screening or not.

Reminder:



Nursing Facility Issues

- For Level 2 SNF Admissions, if the individual does not have coverage for their Skilled Stay (Medicare, private insurance, etc.), then the NF must take that into consideration for their own business practices.
- The LTSS Screening has nothing to do with Short Stay Skilled NF admissions and payment.
- The LTSS Screening is not mandatory for Medicare payments.
- If the SNF accepts an individual without a payor source for SNF, the NF Screening Team can still conduct a LTSS Screening while the individual is in the SNF for possible Medicaid LTSS Custodial Admission.

Updates:

Nursing Facility Screening Team Changes in Process

- LTSS Screenings will now need to be conducted in the SNF for scenarios where the individual **admitted to SNF from out of state, DBHDS facility, or a Veterans Administration** before transitioning to the Long-Term Custodial NF or discharging home with the need or interest of Medicaid LTSS. The exemption will no longer follow them through.
- Individuals that are in the Long-Term Custodial NF and want to discharge home with the CCC Plus Waiver or PACE AND do not have a screening to pass on to the provider (ex. Special circumstances didn't require one at admission), the NF Screening Team can now conduct the LTSS Screening before discharge. **The NF will no longer have to contact the Community Based Team to come in and conduct it.**

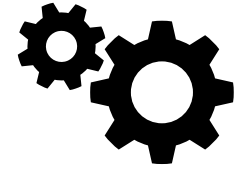
Updates:

Update to the “Post Admission LTSS Screenings by SNFs” Memo (6-month Penalty Guidelines):

An update has been made to the Medicaid Bulletin “Post-Admission Long-Term Services and Supports Screenings by Skilled Nursing Facilities Effective July 1, 2023” on August 10, 2023.

- **Any individual who was previously not screened prior to admission to a Nursing Facility for Long Term Custodial NF care, may have a LTSS screening performed by the NF screening team.**
- All other requirements, as outlined in the August 10, 2023, bulletin still apply and remain in effect. This means, if a NF admits anyone straight to custodial without a valid screening, then the NF would have a six-month penalty and the NF Screening Team would complete the screening and follow the memo instructions for path to payment.
- This excludes those emergent cases where the NF and Community Based Team is allowed to make an agreement for the NF Screening Team to conduct the LTSS Screening because the CBT could not do it within 30 days. The documented agreement will be used.

Updates:



Quick Glance at Other Screening Team Guidelines

- Community Based Teams conduct Screenings on individuals that reside in the Community who request one.
- PACE Teams conduct Screenings on individuals referred to them by the Community Based Team.
- Hospitals will no longer be conducting LTSS Screenings on individuals discharging to the Skilled Nursing Facility. Hospitals will continue to conduct Screenings on individuals who are inpatient, have Medicaid or Medicaid Pending, and are discharging to the Long-Term Custodial NF or discharging home with a need or interest in the CCC Plus Waiver or PACE.

Updates:

Issues

If you have issues with a Hospital not knowing the new LTSS Screening guidelines, please contact ScreeningAssistance@dmas.virginia.gov.



Reminder:

Nursing Facility Screening Team Best Practices

- Must have at least an RN and Physician (NP or PA) signing off on each Screening.
- Can have other Assessors such as a Social Worker/LPN but must have a RN sign along with them on the Screening.
- Set up an organized system for identifying when to conduct a screening and notifying the Physician (NP or PA) when to go in and electronically sign off.
- Assign or set up additional and back up team members for when staff are sick, on vacation, on unexpected leave, retirements, increased volume of needed screenings, etc.
- Inquire and Utilize Corporate staff to help as appropriate.

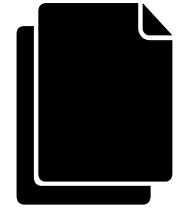
Reminders:



Interviewing and Assessing the Individual

- Educate the individual about Medicaid LTSS is and its three options (CCC Plus Waiver, PACE, or Custodial Long-Term NF).
- Explain to the individual that the LTSS Screening is an application for Medicaid LTSS and the importance of providing accurate information about their ADLs and personal needs to the Screener to determine their eligibility. The individual could be embarrassed to share certain information.
- Remind individuals that if they refuse a Medicaid LTSS Screening then they will not obtain certain services through Medicaid if it is needed. Make sure to document the refusal in the individual's records.
- Screeners must obtain permission from the individual and/or the individual's legal representative to conduct the Screening. People close to the individual should be included in these conversations if the individual gives permission.
- Screeners MUST observe, assess, and interview the individual. Screening information is not obtained by chart review alone. Some type of documentation should be obtained to verify ongoing Medical Nursing Need determination.

Reminders:



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 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.**

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.

Tool:



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 for the Medicaid Provider Search Tool. The page features the MES logo in the top left and a 'MES Home' link in the top right. The search form includes the following fields and options:

- First Name: Text input field
- Last Name: Text input field
- Gender: Dropdown menu (Select Gender...)
- Address: Text input field
- City: Text input field
- Zip Code: Text input field
- State: Dropdown menu (Select State...)
- NPI: Text input field
- Provider Type: Dropdown menu (Select Provider Type...)
- Specialty: Dropdown menu (Select Specialty Type...)
- Language: Dropdown menu (Select Language...)
- Business Name: Text input field
- Location Name: Text input field
- Accepting New Patients: Checkbox
- ADA Compliant: Checkbox

Below the form, 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 © 2020 DMAS'. A copyright notice at the very bottom reads '© 2024 ALL RIGHTS RESERVED'.

Tool:



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

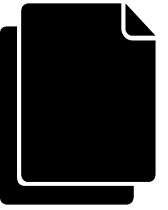
Business Name Location Name Accepting New Patients ADA Compliant

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

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Reminder:



eMLS Corrections: Cancel versus Voids

Cancel

- Use when screening is “In Progress” status to correct auto-fill fields (Name, DOB, Gender, Race, SSN, Medicaid #) or incorrect Request and Screening dates.
- Must be re-entered with correct information.

Void-Correction (Clone)

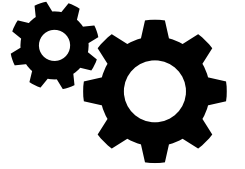
- Used to make changes to fully processed “Accepted” status screenings in any of the fields that are NOT auto-fill demographics or Request/Screening Date. Auto-fill fields will be greyed out and cannot be changed.
- A new MLS screening number will be assigned to the cloned screening.

Void-Delete

- Used to delete fully processed “Accepted” status screenings that are duplicates, submitted for the wrong person, submitted with an incorrect SSN or incorrect information in any of the auto-fill fields or demographic fields.
- Must be re-entered with correct information after an enrollment correction form is completed.

Cancelled and Voided screenings will show in eMLS under their original MLS # with a status of “Cancelled” or “Void” . For more information review the eMLS user guide on the MES homepage.

Frequently Asked Questions:



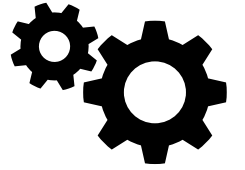
Topic: eMLS

Q: Do I contact MES Assist if I am having trouble navigating eMLS or receiving error messages that I don't understand?

A: No, you should always go to the eMLS user guide and tutorial first as a resource but if you continue to have questions then it is best to contact ScreeningAssistance@dmas.virginia.gov.

MES-Assist@dmas.virginia.gov is contacted when you can't log into Medicaid Enterprise System (MES) or cannot get into CRMS or the MES System is down.

Frequently Asked Questions:

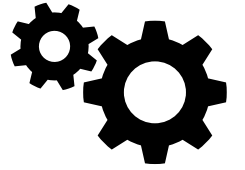


Topic: eMLS

Q: What do I do if I receive an error message when I try to use the P98 Upload feature in eMLS?

A: Make sure that you have downloaded a brand-new upload form from the MES Homepage before each use and do not change the form in any way such as saving in a different format or deleting tabs. If you continue to have issues contact ScreeningAssistance@dmas.virginia.gov

Frequently Asked Questions:



Topic: SNF Admissions and LTC Portal

Q: What do I do if I am trying to enter my SNF Admission (Level 2) into the portal and it keeps giving me an error message of “No Valid Screening”?

A: For issues entering in Fee For Service (FFS) SNF Admissions into the LTC Portal, DMAS is working to fix the error message issue so that it does not look for a LTSS Screening on Short Term-Skilled Admissions.

If you receive the error message for FFS entries contact the AEANDD@dmas.virginia.gov for assistance.

For individuals in a Medicaid Health Plan, the Health Plan puts in the SNF Admissions.

Reminders:



Pre-Admission and Resident Review (PASRR) Process

- Federal law requires that ALL individuals (regardless of payer source) who apply as a new admission to a Medicaid certified NF, be evaluated for evidence of possible Mental Illness, Intellectual Disability or Related Condition. This screening is conducted to ensure that individuals are placed appropriately, in the least restrictive setting possible and that individuals receive needed services, wherever they are living.
- Medicaid-certified NFs must have a policy on file describing how the MI/ID/RC screening (Level I) and referral for evaluation and determination (Level II), when needed, will be handled for non-Medicaid-eligible individuals and other scenarios in which they are to conduct it. There is a special paper Non-Medicaid 95 Form for the NFs.

Reminders:



Pre-Admission and Resident Review (PASRR) Process

- The Federal Pre-Admission Screening and Resident Review (Level I and II referral) AND the DMAS LTSS Screening Process (formerly known as Pre-Admission Screening-PAS) are two separate programs.
- The PASRR only bundles with the LTSS Screening Process in certain circumstances such as when a LTSS Screener is conducting a screening and NF is chosen and selected on the 96 form at the time of the Screening being conducted. The eMLS system automatically drops down the 95 Level I and Level II Supplemental Forms when NF is selected and when a referral for Level II is warranted.
- The PASRR Level I or II referral is not conducted when CCC Plus Waiver or PACE is the selection on the 96 form.

Reminders:



Pre-Admission and Resident Review (PASRR) Process

- If someone has a history of ID,DD, MI and there is a “YES” on the DMAS-95, Level I then a referral for a Level II evaluation and determination must be made.
- Only Maximus, the contractor for Level II and resident review evaluation can conduct a Level II.
- Maximus professionals evaluate the status of the individual and then submit that evaluation to the Department of Behavioral Health and Developmental Services (DBHDS) to make a determination regarding what specialty services (aside from nursing and/or custodial care) are to be provided to the person.

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 screenshot of a fax cover sheet from Maximus. The word "Fax" is in the top left, and "maximus" is in the top right. The subject line reads "Subject: Virginia PASRR Level II Referral". Below this, there are three columns of information: "To Name:" (Assessment Pro), "To Fax Number#:" ((877) 431-9568), and "Reason for referral:" (check one). To the right, there are fields for "From Name:" (a blank line), "From Fax #:" (a blank line), "Resident Review:" (with a checkbox), and "Preadmission Screening:" (with a checkbox). A large QR code is centered at the bottom of the form.

Updates and Reminders:



Pre-Admission and Resident Review (PASRR) Process

NEW PROCESS For Hospitals and Nursing Facilities

- **Individuals who are discharging from the Hospital to the Skilled Nursing Facility where the LTSS Screening is no longer required per the new Bill, the NF or the Hospital is allowed to conduct the PASRR Level I and Level II referral if needed.**
- The NF and Hospital will have to agree on who can get the required Federal requirement of PASRR most expediently before the NF Admission. Ideally, it should be conducted in the place where the individual is currently at, but the NF is not prohibited from doing it if needed.
- The NF can use the Non-Medicaid 95 Level I Form and a paper Level II 95 Supplemental Form if a Level II referral is warranted and the Hospital can **conduct the PASRR Level I and II Referral if warranted on the paper 95 forms** and pass along the results to the SNF before admission (this includes waiting for the results of the level II from DBHDS). The PASRR in this scenario will not go into eMLS by the Hospital Screener. Once the individual admits to the SNF, if Long Term Custodial NF is needed then the SNF Screening Team will conduct a LTSS Screening in eMLS and then transcribe the information from the Hospital or NF PASRR Level I and Level II referral if warranted paper forms into the electronic screening forms.
- It will be important for the Hospital and NF who is conducting the PASRR process on paper to use the DMAS 95 Level I form or Non-Medicaid 95 form and the DMAS 95 Level II Supplemental Forms so that all needed information for the system is captured. Please go to MES Homepage, forms library to download these forms.
- **Individuals coming from the Hospital to Long Term Custodial will obtain a LTSS Screening with the bundled PASRR.**

Updates:

PASRR: PreAdmission Screening and Resident Review Process

- Nursing Facilities are responsible and have the authority to conduct the PASRR Level I/II MI/ID/RC and Level II referral upon admission for **private pay individuals** using the Non-Medicaid 95 Level I Form **and other scenarios agreed upon by the NF.**
- Individuals transferring from the CCC Plus Waiver or PACE (where the original screening did not warrant a DMAS 95 level or II referral) to a Nursing Facility, the NF can conduct the PASRR Level I or Level II referral if warranted before admission/level of care change using the Non-Medicaid 95 Level I Form and DMAS 95 Supplemental Form if a Level II referral is warranted.

PASRR: Level I 95 Form and Level II Referral 95 Supplemental Form



CardinalCare
Virginia's Medicaid Program

**LEVEL I SCREENING
FOR MENTAL ILLNESS, INTELLECTUAL DISABILITY, OR RELATED CONDITIONS**

This form, or the DMAS-95 for Medicaid members, must be completed for ALL individuals seeking a Nursing Facility admission. The form must be completed PRIOR to a Nursing Facility admission by the Staff assigned to conduct Level I Screening.

Name: _____ Date of Birth: _____
 Social Security No. _____ If Applicable Medicaid No. _____

1. DOES THE INDIVIDUAL MEET NURSING FACILITY CRITERIA?
 Yes No (If NO, the individual should not be admitted to a NF nor be referred for a Level II Screening.)
 Can a safe and appropriate plan of care be developed to meet all services and supports including medical/nursing/custodial care needs?
 a. Yes No

If the answer to #1 is "Yes", the remainder of this form MUST BE COMPLETED.

2. DOES THE INDIVIDUAL HAVE A CURRENT SERIOUS MENTAL ILLNESS (MI)? Yes No
 (Check "Yes" only if each item below are all "Yes". If "No", do not refer for evaluation of active treatment needs for MI Diagnosis.)
 a. Is this major mental disorder diagnosable under DSM (e.g., schizophrenia, mood, paranoid, panic, or other serious anxiety disorder, somatoform disorder, personality disorder, other psychotic disorder, or other mental disorder that may lead to a chronic disability)?
 Yes No
 b. Has the disorder resulted in functional limitations in major life activities within the past 3-6 months, particularly with regard to interpersonal functioning, concentration, persistence, or pace, and adaptation to change? Yes No
 c. Does the treatment history indicate that the individual has experienced psychiatric treatment more intensive than outpatient care more than once in the past 2 years or the individual has experienced within the last 2 years an episode of significant disruption to the normal living situation due to the mental disorder? Yes No

3. DOES THE INDIVIDUAL HAVE A DIAGNOSIS OF INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD) WHICH WAS MANIFESTED BEFORE AGE 18? Yes No

4. DOES THE INDIVIDUAL HAVE A RELATED CONDITION (RC)? Yes No
 (Check "Yes" only if each item below is checked "Yes". If "No", do not refer for evaluation of active treatment needs for related condition.)
 a. Is the condition attributable to any other condition (e.g. cerebral palsy, epilepsy, autism, muscular dystrophy, multiple sclerosis, Frederick's ataxia, spina bifida), other than MI, found to be closely related to ID because this condition may result in impairment of general intellectual functioning or adaptive behavior similar to that of ID persons and requires treatment of services similar to those for these persons? Yes No
 b. Has the condition manifested before age 22? Yes No
 c. Is the condition likely to continue indefinitely? Yes No
 d. Has the condition resulted in substantial limitations in three (3) or more of the following areas of major life activity: self-care understanding and use of language, learning, mobility, self-direction, and capacity for independent living?
 Yes (if yes, circle applicable areas) No

5. RECOMMENDATION (Either "a" or "b" must be checked.) DATE LEVEL II REFERRAL MADE
 a. Refer for Level II evaluation (NF Placement = Level II refer to Ascend Maximus Management) _____
 MI (#2 above is checked "Yes")
 ID or Related Condition (#3 or #4 is checked "Yes")
 Dual diagnosis (MI and IDD or Related Condition categories are checked)

** NOTE: If "a" is checked, the individual may NOT be authorized for Medicaid-funded NF LTSS until the Level II evaluation has been completed.

b. No referral for Level II evaluation for active treatment needs required because individual:
 Does not meet the applicable criteria for serious MI or ID or related condition
 Has a primary diagnosis of dementia (including Alzheimer's disease) and does not have a diagnosis of ID
 Has a primary diagnosis of dementia (including Alzheimer's disease) AND has a secondary diagnosis of a serious MI
 Has a severe physical illness (e.g. documented evidence of coma, functioning at brain-stem level, or other conditions which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.)
 Is terminally ill (note: a physician must have documented that individual's life expectancy is six (6) months or less)

Signature & Title: _____ Date: _____
DMAS-95, Level I PASRR Form, Revised 2/2019

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MI/IDD/Related Conditions SUPPLEMENT: LEVEL II**

Name: _____ Recommendation for Services _____

B. This section is to be completed by the contractor for the Level II evaluation process.

1. EVALUATIONS REQUIRED UPON RECEIPT OF REFERRAL (Check evaluations submitted upon receipt of referral)

| | |
|---|---|
| <input type="checkbox"/> Neurological Evaluation | <input type="checkbox"/> Psychosocial Functional Assessment |
| <input type="checkbox"/> Psychological Assessment | <input type="checkbox"/> History and Physical Examination |
| <input type="checkbox"/> Psychiatric Assessment | <input type="checkbox"/> Other (please specify) _____ |

2. RECOMMENDATION
 Specialized services are not indicated.
 Specialized services are indicated.
 Comments: _____

3. Date referral package received: _____ Date package sent to DBHDS: _____

| | | |
|--|------------|------------------------|
| _____ QMHP Signature (MI diagnosis) | _____ Date | _____ Telephone Number |
| _____ Psychologist Signature (IDD diagnosis) | _____ Date | _____ Telephone Number |
| _____ Case Manager Signature/Title | _____ Date | _____ Telephone Number |

Agency / Facility Name _____ Agency / Facility Name ID # (if applicable) _____
 Mailing Address _____

C. THIS SECTION IS TO BE COMPLETED ONLY BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES.

Date referral package received: _____ Concur with recommendations of specialized services? yes no
 Comments: _____

| Copies of referral package sent to: | Representatives Name | Date Package Sent |
|---|----------------------|-------------------|
| <input type="checkbox"/> PAS representative | _____ | _____ |
| <input type="checkbox"/> Community Services Board | _____ | _____ |
| <input type="checkbox"/> Admitting/retaining nursing facility | _____ | _____ |
| <input type="checkbox"/> Discharging hospital (if applicable) | _____ | _____ |
| <input type="checkbox"/> Individual being evaluated | _____ | _____ |
| <input type="checkbox"/> Individual's family | _____ | _____ |
| <input type="checkbox"/> Individual's legal representative (if any) | _____ | _____ |
| <input type="checkbox"/> Attending physician | _____ | _____ |
| <input type="checkbox"/> Appeals information included. | _____ | _____ |

Signature of State MH/MRA _____ Title _____ Date _____ Telephone Number _____
DMAS-95 MI/IDD/RC Supplement (Revised 12/15)



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 _____

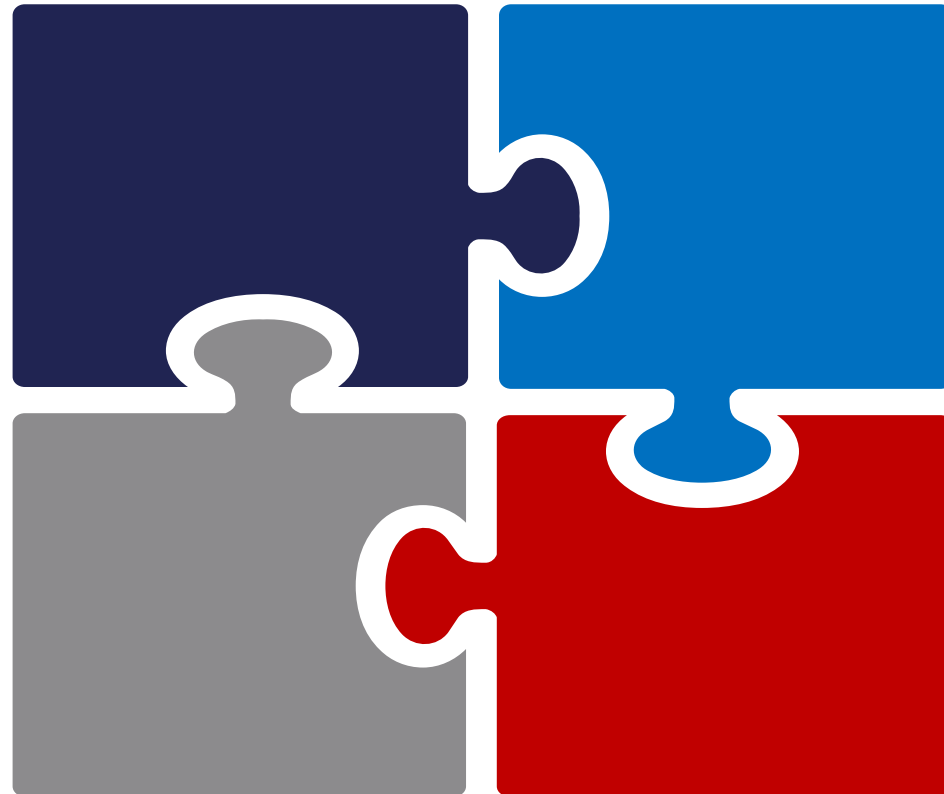
Other Outcome
 Discharged to/Remained in current residence _____
 Deceased _____
 Other _____

MAXIMUS, as the Level II Evaluator tracks Disposition of Individuals

Please be sure to return the Virginia PASRR Resident Tracking form back to Maximus



Resources:



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>

Updated 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

- EMAIL Subject Line should read: **LTSS Screening Member Information Change Request**
- Allow at least **14 Business days** for all Corrections
- Once the change has been completed by the Enrollment Division, it can take up to **48 hours** for the information to show up in the Medicaid System.
- **The Screener must return to eMLS and CANCEL or VOID/DELETE the original Screening with the wrong information, then re-start a new Screening for the corrected information to auto-populate into the form.**
- The eMLS system **DOES NOT** automatically correct the Screening with the new information.
- **Make sure to use all the same dates that was in the original Screening (request, screening, and Screener/Physician signature dates).**
- Instructions are written on the form.

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

Downloadable Forms and Documents on the MES Homepage

The screenshot shows the MES homepage with a sidebar on the left containing various navigation links. The main content area features a 'Care Management CRMS' header with a photo of a woman and child. Below the header, there is a search bar and a section titled 'Downloadable forms and documents:' which contains two links: 'DMAS LTSS Screeners Change to Member Information Correction Form (PDF)' and 'Health Plan-MCO Contact and Fax number document for the LTSS Screening'. A red arrow points from the 'MES Forms Search' link in the sidebar to the search bar. A red oval highlights the 'Downloadable forms and documents:' section, with two red arrows pointing to the two links mentioned above.

<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

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.

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

The screenshot shows the Virginia Medicaid website interface. At the top, there is a navigation bar with the following menu items: Applicants, Members, Providers, Appeals, Data, and About Us. A red arrow points to the 'Providers' menu item. A dropdown menu is open under 'Providers', listing the following options: Provider Enrollment & Revalidation, Claims and Billing, Provider Memos & Communications, Rates and Rate Setting, Cardinal Care, Benefits & Services, and MES Portal. A second red arrow points to the 'Benefits & Services' option in the dropdown. Below the navigation, the main heading reads 'Benefits & Services for Providers'. A red arrow points to this heading. Below the heading, there is a grid of eight categories, each with a brief description:

- 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**

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

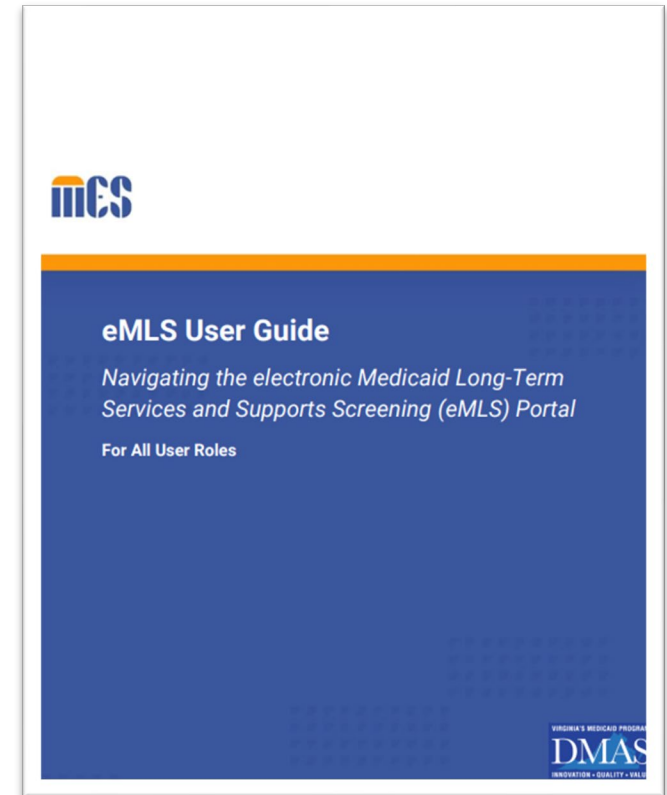
The screenshot shows the login interface for the VCU Medicaid LTSS Screening Training. The page has a purple header with the VCU logo and the text 'VIRGINIA COMMONWEALTH UNIVERSITY'. Below the header, there is a navigation bar with a 'Menu' icon, the page title 'Medicaid Long-Term Services and Supports (LTSS) Screening Training', and a 'Login' link. The main content area is a white box with a light purple border. On the left side of this box is a vertical navigation menu with links for 'Login', 'REGISTER', 'Screener', and 'Guest'. The main content area contains a 'Dashboard / Login' breadcrumb, a 'Login' heading, and a form with two input fields: 'Email address' and 'Password'. A red arrow points to the 'Email address' field. Below the password field is a 'Remember me' checkbox and two buttons: 'Login' and 'Forgot Your Password?'. The footer of the page is purple and contains contact information for the Virginia Commonwealth University Partnership for People with Disabilities, including the address 'One Holland Place, 2235 Staples Mill Road, Suite 400, Richmond, VA 23230', phone number '(804) 628-7862', and email 'pedtech@vcu.edu'. There are also 'Helpful links' for 'eLearning Modules', 'Partners', and '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

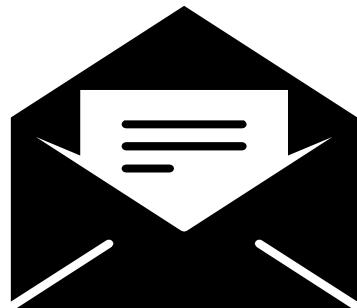
<https://vamedicaid.dmas.virginia.gov/training/crms>

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



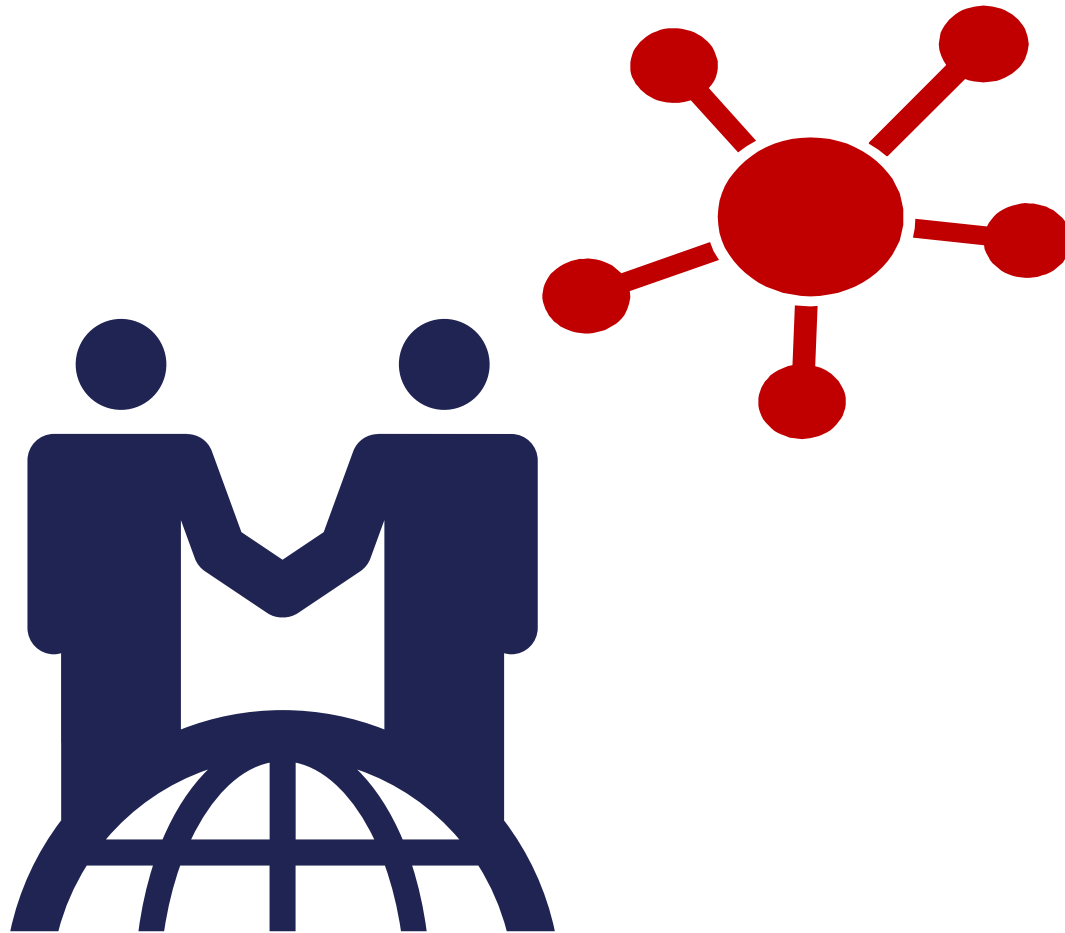
Need Help?

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



Share Information with your Team

- Other Screeners
- Supervisors/Managers
- MDS Coordinators
- Billing Staff
- Administrative Staff
- Corporate Staff
- Administrator



LTSS Screening Connection Call Schedule

| 2024 | | | | |
|-------------------------------------|------------------|------------------|--------------------|-------------------|
| <u>SCREENING TEAM TYPE</u> | <u>QUARTER 1</u> | <u>QUARTER 2</u> | <u>QUARTER 3</u> | <u>QUARTER 4</u> |
| Community Based Teams (CBTs) | March | June | | December 10, 2024 |
| Hospitals | March | June | | December 11, 2024 |
| Nursing Facilities | March | June | September 12, 2024 | December 12, 2024 |

Save the Date:

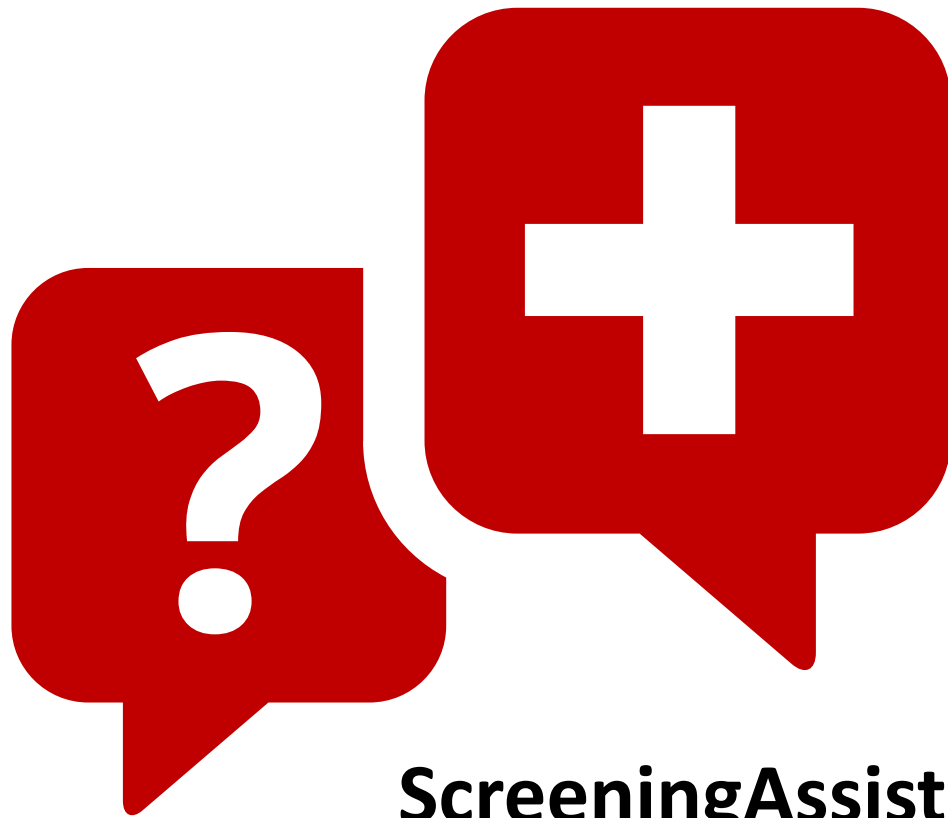
Nursing Facility Screening Team Focus

Thursday, December 12, 2024

Any team can join the call and listen, but the focus will be on the Nursing Facility Screening Team.



Question and Answer



ScreeningAssistance@dmas.virginia.gov