



# Screening Connections

**Community Based Team Focus**

**March 12, 2024**

*Office of Community Living (OCL)*

VIRGINIA'S MEDICAID PROGRAM

**DMAS**



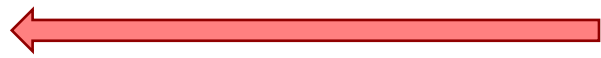
Great Job on  
improving  
your  
compliance!!

We appreciate  
your hard  
work!

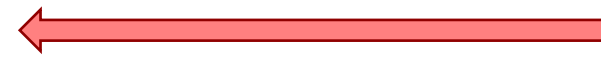


**Over 30-day average percentages are coming down! Keep up the good work!**

TREND for all localities		2024	2023		
		Feb	Jan	Dec	Nov
CBT All	# of Screenings	2028	1913	1810	1833
Screening	# of Submitted > 30 Days	106	151	151	200
Totals	% of Submitted > 30 Days	5.2%	7.9%	8.3%	10.9%



Children only	# of Screenings	288	243	242	241
	# of Submitted > 30 Days	14	30	18	31
Totals	% of Submitted > 30 Days	4.9%	12.3%	7.4%	12.9%



Adult Only	# of Screenings	1740	1670	1568	1592
	# of Submitted > 30 Days	92	121	133	169
Totals	% of Submitted > 30 Days	5.3%	7.2%	8.5%	10.6%



Average length of time from request date to final submission was 18 days!!!!

Data pulled on 3-5-2024, number are subject to change as corrections are made.

CBT Monthly Trend

November 2023  
to  
February 2024





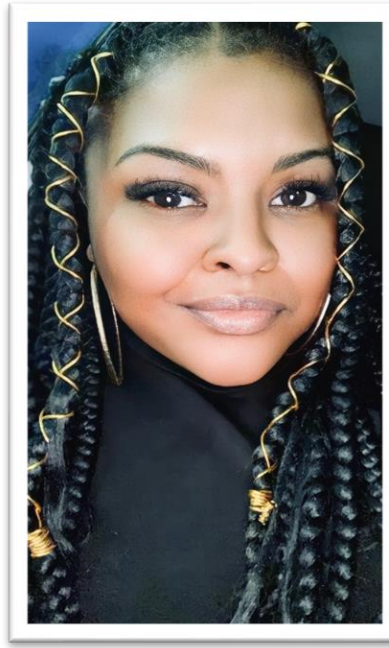
## Logistics

- 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.





**Nicole Braxton**  
OCL Program Manager



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

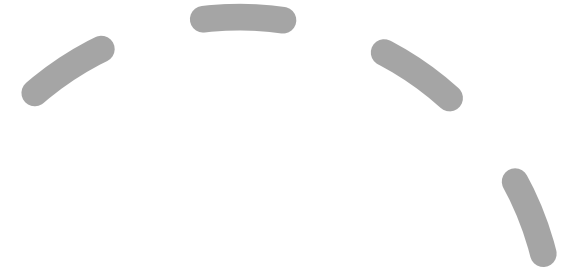


**Dena Schall**  
Technical Assistance for  
Screening Assistance Mailbox  
and eMLS

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

**Send all LTSS Screening Questions to [ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov)**

# Today's Agenda:



**IMPORTANT UPDATES  
AND REMINDERS**

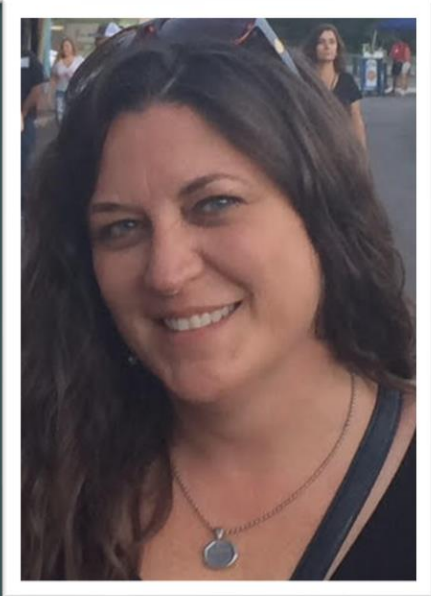


**COMMUNITY BASED TEAM  
HOT TOPIC**



**QUESTION AND ANSWER  
PERIOD**

# Today's Screening Team Focus: Community Based Teams



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*Presented by Dena Schall, LTSS Screening Unit*

*and Special Guest Carey Raleigh, AS/APS Program Manager  
from the Virginia Department for Aging and Rehabilitative Services*

# Update:



## General Assembly House Bills 2024 Session: Passed

### **House Bill 729 PACE programs; long-term services and support screening.**

- Allows qualified staff of programs of all-inclusive care for the elderly (PACE) to conduct the required long-term services and supports screening in accordance with requirements established by the Department of Medical Assistance Services.

### **House Bill 291 Long-term services and supports screening; expedited screening and screening exemption.**

- Modifies existing provisions regarding the required long-term services and supports screening under the state plan for medical assistance services by creating greater flexibility for how screenings are completed under certain circumstances.

**DMAS is working on a systematic implementation plan. More information will be coming soon.**

Virginia's Legislative Information System

<https://lis.virginia.gov/lis.htm>





# Reminder:



Bulletins and Memos can be found on the MES Home Page in the Provider Menu at:

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

The screenshot shows the MES Public Portal website. At the top, it says "MES Public Portal - Department of Medical Assistance Services" and "An official website of the Commonwealth of Virginia". The "MES" logo is prominent. A navigation bar includes links for Appeals, CRMS, EDI, EPS, MES Training, and Providers. On the left, a "Provider Menu" sidebar lists various options, with "Memos/Bulletins Library" circled in red. The main content area features a "Provider Resources" header with a photo of a doctor, a welcome message, a search engine, and a "What is MES?" section.

Designate someone on your team to check periodically for new Bulletins and Memos that may provide updates on the LTSS Screening Process.

# Reminder:



## Updated Enrollment Member Correction Form coming soon.

Start using now

**NEW:** For demographic corrections, all Enrollment Member Corrections Forms are to be sent to [PatientPay@dmas.virginia.gov](mailto:PatientPay@dmas.virginia.gov)

- EMAIL Subject Line should read: **LTSS Screening Member Information Change Form**
- 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 all systems to catch up (information corrected in MMIS to auto-populate in eMLS).
- **Screener must return to eMLS CANCEL or VOID/DELETE the Screening and re-enter it with all the same dates used in the original Screening.**
- Instructions will be written on the form.
- All forms must be completely filled out or they will get sent back.

# Reminder:



## Enrollment Member Corrections

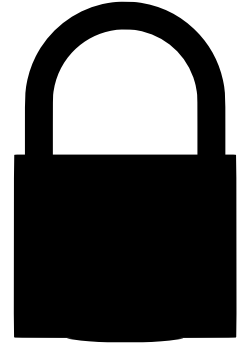
- The Screener must return to eMLS CANCEL or VOID/DELETE the Screening and re-enter the screening information to finish the correction.
- The eMLS system DOES NOT automatically correct the Screening with the new information.
- Make sure the Screeners and Physician use all of the same dates used in the original Screening or your screening may show as being late (past your 30-day requirement).

# Reminder:



## PROTECTED HEALTH INFORMATION AND ENCRYPTION

- Do not put the full Name of the individual, Medicaid Number, Social Security Number, or Screening Numbers in the subject line of your emails to Screening Assistance.
- Make sure to encrypt your messages that have personal information in them.
- Put all identifying information in the body of your encrypted email. For the subject line, you can put the topic and individuals' initials if you need to.



# Reminder:



## Best Practice for Individuals with Developmental Disabilities (IDD)

Ask individual or family:

- Do you have a Support Coordinator or Case Manager at their local Community Service Board (CSB)?
- Do you have a Developmental Disability (DD) Waiver Slot?

Just as it is important to find out if the individual already has Medicaid LTSS in the Community (CCC Plus Waiver or PACE), it is also important to know if they have other types of Waivers as well such as the DD Waiver with DBHDS.



# Reminder:



## Best Practice for Individuals with Developmental Disabilities (IDD)

- Remember, individuals can only be in one Waiver at a time.
- An individual can not be in the CCC Plus Waiver and the DD Waiver at the same time.
- An individual can not be in a DBHDS Residential facility and have the CCC Plus Waiver.
- They will have to make a choice, which should be done with their case manager if they have one.

If the individual or family does not completely understand they could lose or delay their DD Waiver spot. The DD Waiver has more specialized services for individuals who are eligible.



**Screening Team Hot Topic:**



Authorized Representative

# Screening Team Hot Topic:

**If an individual is not able to make decisions for themselves then their legal representative must give permission and be involved in the LTSS Screening Process.**

**This may mean that you will need to:**

- Provide an option for the legal representative to be present while the Screening is being conducted.
- Make special arrangements via telephone conference calls if the legal representative lives out of state.
- Send the DMAS 97 Choice Form to the representative for them to sign and send back if they can't be there in person.



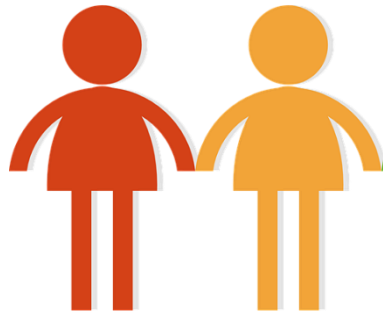
# Screening Team Hot Topic:

## What is a legal representative?



### LTSS Screening Manual Chapter IV:

"Representative" means a person who is legally authorized to make decisions on behalf of the individual.



Manual Title	Chapter	Page
Screening Manual for Medicaid-Funded Long-Term Services and Supports (LTSS)	IV	
Chapter Subject	Page Revision Date	
HCBS Waivers, PACE and Nursing Facility	10/25/2021	

CHAPTER IV

# Screening Team Hot Topic:

## What is a legal representative?



### LTSS Screening Manual Chapter III : Pages 10-12

#### SECTION: MEDICAID APPLICATIONS--AUTHORIZED REPRESENTATIVE POLICY

- Medicaid eligibility requirements require an applicant **or someone conducting business on his or her behalf** to verify citizenship or alien status, declare all income and assets, and make assignment of insurance and medical support benefits.
- In order to accurately determine eligibility, **Screening Team** must ensure that an individual who files an application or someone conducting business on behalf of the applicant **has full knowledge of the applicant's situation and can provide correct information.**
- A Medicaid applicant must sign the application form **unless the application is filed and signed by the applicant's legal guardian or conservator, attorney-in-fact, or other person who is authorized to apply on the applicant's behalf.**
- **If the applicant is unable to sign his or her name (due to physical limitations) but can make a mark, the mark must be designated "his/her mark" and witnessed by one person.**

Provider Manual Title: All Manuals  
Chapter III: Member Eligibility

Revision Date: 7/31/2023

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CHAPTER III  
MEMBER ELIGIBILITY



# Screening Team Hot Topic:

## What is a legal representative? Continued

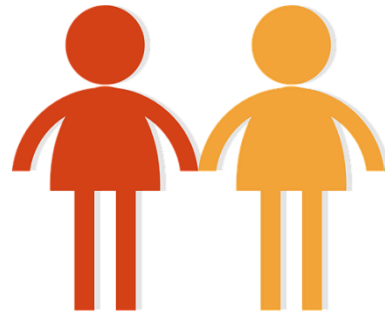
- A child under age 18 cannot legally sign a Medicaid application for himself or herself unless he or she is **legally emancipated** from his or her parents.
- If a child is not legally emancipated, **his or her parent or legal guardian, an authorized representative designated by the parent or legal guardian, or a caretaker relative with whom the child lives must sign the application.**  
*Exception: A minor child under 18 years of age may apply for Medicaid on behalf of his or her own child.*
- A legally competent individual age 18 or older may authorize anyone age 18 or older to file a Medicaid application on his or her behalf **provided that the authorization is in writing, identifies the individual or organization authorized to conduct business on his or her behalf, and is signed by the individual giving the authorization.**



# Screening Team Hot Topic:

## What is a legal representative? Continued

- When an individual has been **determined by a court to be legally incompetent or legally incapacitated**, the individual's legally appointed guardian or conservator is the individual's authorized representative and can apply for Medicaid on the individual's behalf. Example: Legal Guardianship sought out after an individual became incapacitated.



# Screening Team Hot Topic:



## What if an individual does not have a legal representative assigned?

- If an individual does not have a legal guardian or authorized representative and is mentally unable to sign an application or designate a representative, **the individual's spouse will be considered the authorized representative for Medicaid purposes.**
- In situations where the individual is not married, is estranged from his or her spouse, or the spouse is unable to represent him or her, **a relative of the individual who is willing to take responsibility for the individual's Medicaid business may be considered his or her authorized representative.**

Relatives who may be considered authorized representatives in this situation are, in the following order of preference:

1. The Individual's Adult Child;
2. Parent;
3. Adult Sibling;
4. Adult Niece or Nephew;
5. or Adult Aunt or Uncle.



# Screening Team Hot Topic:



## What if an individual does not have a legal representative? Continued

- If it is determined that an individual cannot sign an application and does not have an attorney-in-fact or authorized representative (no relatives or relatives willing to act as the representative), a Medicaid application may be filed by someone other than an authorized person provided the individual's inability to sign the Medicaid application is verified by a written statement from the individual's doctor. The statement must indicate that the individual is unable to sign and file a Medicaid application because of his or her diagnosis or condition. Examples: People who are not listed, friend, neighbor, etc..
- The Screening Team will pend the application until it can be appropriately signed if it is determined that court action has been initiated to have a guardian or committee appointed for the individual or until an Adult Protective Services investigation concludes that guardianship proceedings will not be initiated. Example: Guardianship is in process or pending.



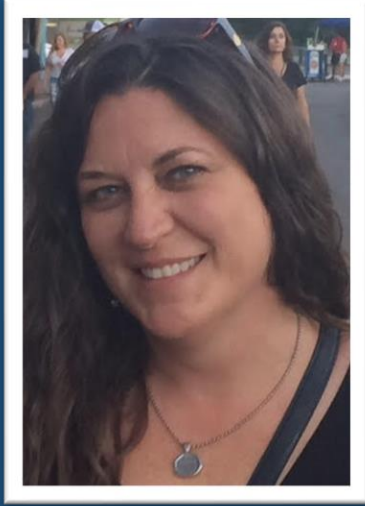
# Screening Team Hot Topic:

## What if an individual does not have a legal representative? Continued

- Under no circumstances can an employee of, or an entity hired by, a medical service provider who stands to obtain Provider Medicaid payment file a Medicaid application on behalf of an individual who cannot designate an authorized representative. Example: LTSS Screeners, Service Providers, Health Plan Staff, etc..







# APS and Guardianship

Carey Raleigh, AS/APS Program Manager  
Virginia Department for Aging and Rehabilitative Services (DARS)

# APS and guardianship

- State law permits local departments of social service (LDSS) to petition for a guardian for an adult under very specific circumstances.
- Local APS is not the default agency to petition when an adult may need a guardian.

# § 63.2-1609 of the Code of Virginia



A. Upon petition by the local department to the circuit court, the court may issue an order authorizing the provision of adult protective services on an emergency basis to an adult after finding on the record, based on a preponderance of the evidence, that:

1. The adult is incapacitated;
2. An emergency exists;
3. The adult lacks the capacity to consent to receive adult protective services; and
4. The proposed order is substantially supported by the findings of the local department that has investigated the case, or if not so supported, there are compelling reasons for ordering services.

# APS's role is narrow in scope

Seeking a petition under 63.2-1609 requires that the LDSS **first** conduct an APS investigation AND that the finding (or disposition) of the investigation is that the adult needs protection but lacks the ability to consent to protective services.

Additionally, the circumstances must indicate there is an **emergency**.

**"Emergency"** means (i) that an adult is living in conditions that present a clear and substantial risk of death or immediate and serious physical harm to himself or others or (ii) that an adult has been, within a reasonable period of time, subjected to an act of violence, force, or threat or been subjected to financial exploitation.

# Additionally,

The judge's order under § 63.2-1609 is limited:

“Adult protective services may be provided through an appropriate court order only for a **period of 15 days**. The original order may be renewed once for a five-day period upon a showing to the court that continuation of the original order is necessary to remove the emergency.”



Resources



# Reminder:

## Health Plan

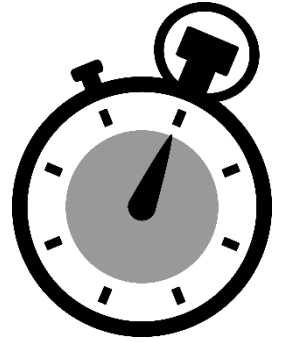
If the individual is in a **Medicaid Health Plan**, then contact the Health Plan for assistance in checking for Validity of the LTSS Screening.

Once you have contacted the Health Plan, if you have continued deputed contact:  
[cccplus@dmas.virginia.gov](mailto:cccplus@dmas.virginia.gov)

## Fee For Service

If the individual is Fee For Service or is not in a Medicaid Health Plan, then contact the DMAS LTSS Screening Unit at:  
**[ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov)**

# New 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 PowerPoints

Posted on the DMAS Website Under the Provider Tab:

Long Term Care:

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/>

## SCREENING FOR LTSS

Look down the page for Screening Connection call information

The screenshot shows the Virginia Medicaid website interface. At the top, the header includes the Virginia Medicaid logo and navigation links for Privacy Policy, Sitemap, and MDS Portal Login. A search bar is also present. Below the header is a dark blue navigation bar with tabs for Applicants, Members, Providers, Appeals, COVID-19, Open Data, and About Us. A red arrow points to the 'Providers' tab. Below the navigation bar is a large image of a man in a plaid shirt working in a kitchen. Overlaid on this image is the text 'Programs and Initiatives' with a red arrow pointing to it, and a list of programs: 'Electronic Visit Verification, Program of All-Inclusive Care, Civil Monetary Penalty, Screening'. Below the image is a section titled 'Resources - Programs and Initiatives' which contains a grid of four resource cards. A red arrow points to the 'Screening' card in the bottom row.

**Providers**

**Programs and Initiatives**  
Electronic Visit Verification, Program of All-Inclusive Care, Civil Monetary Penalty, Screening

**Resources - Programs and Initiatives**

- Electronic Visit Verification**  
The federal 21st Century CURES Act of 2016 requires states to implement Electronic Visit Verification (EVV).
- Program of All-Inclusive Care**  
PACE helps adults ages 55+ who are living with chronic health care needs and/or disabilities to receive community-based services and support.
- Civil Monetary Penalty**  
Civil Monetary Penalty (CMP) funds help improve the quality of life for individuals residing in Nursing Facilities within the Commonwealth.
- Screening**  
Screening ensures Medicaid-eligible individuals, and those who will become eligible for Medicaid within six months, meet the required level of care criteria.

# Need a Refresher?

## VCU Medicaid LTSS Screening Training

at: <https://medicaidltss.partnership.vcu.edu/login>

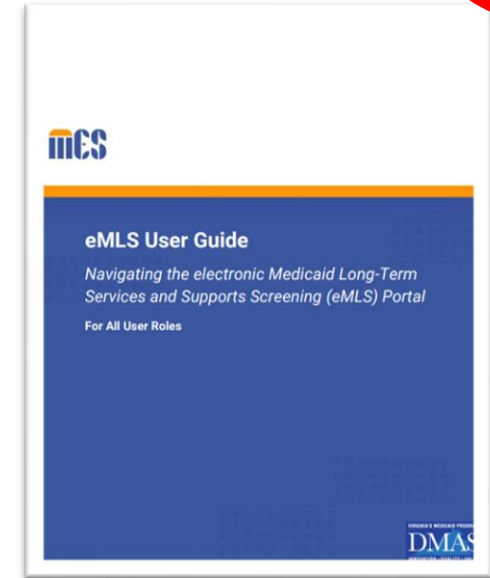
- Log-in Using your email address and created password
- To Access the Training Modules go to helpful Links – eLearning Modules

The screenshot shows the login page for the VCU Medicaid LTSS Screening Training. The page has a purple header with the VCU logo and navigation links: Menu, Medicaid Long-Term Services and Supports (LTSS) Screening Training, Login, and Register. The main content area is white and contains a login form. The form has a 'Login' button highlighted in yellow. Below the form, there is a 'Remember me' checkbox and a 'Forgot Your Password?' link. The footer is purple and contains the VCU logo, the text 'Virginia Commonwealth University Partnership for People with Disabilities School of Education 700 East Franklin Street', and a 'Helpful links' section with links for 'eLearning Modules', 'Partners', and 'Feedback'. A yellow arrow points to the 'eLearning Modules' link.

# Use eMLS User Guide and Training

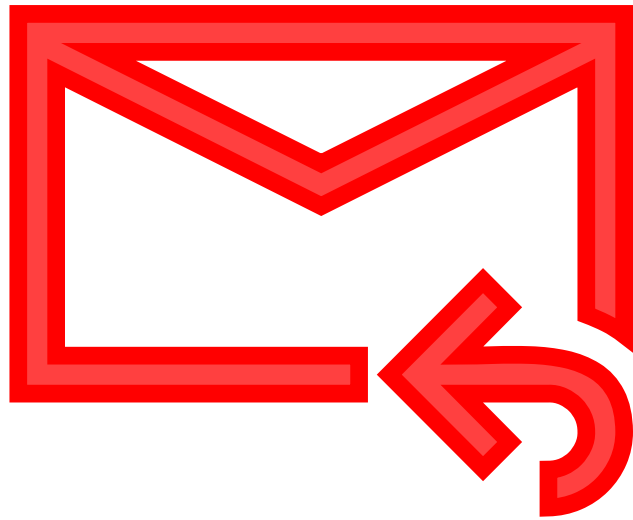


- Access, System Requirements, User Access Roles, and Logging In
- Navigation and Functions of System
- Error Message Meaning
- Searching of an Existing Screening
- Data Entry and Submission of New Electronic LTSS Screenings
- Screening Status and Watermarks
- Voiding and Corrections of Existing Screenings
- 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 or requests for copies of screenings go to: [ScreeningAssistance@dmas.Virginia.gov](mailto:ScreeningAssistance@dmas.Virginia.gov)
- Questions about MES (computer system issues) , CRMS, eMLS go to: [MES-Assist@dmas.Virginia.gov](mailto:MES-Assist@dmas.Virginia.gov)
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: [ppdtechhelp@vcu.edu](mailto:ppdtechhelp@vcu.edu)

# Connection Call Schedule and Team Focus

2024				
<u>SCREENING TEAM TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
<b>Nursing Facility</b>		April 9	July 9	October 8
<b>Hospitals</b>		May 14	August 13	November 12
<b>Community Based Teams (CBTs)</b>		June 11	September 10	December 10



# SHARE INFORMATION WITH YOUR TEAM

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- Other Screeners
- Supervisors
- Managers
- Directors



# Next Call:

- Nursing Facility Screening Team Focus
- April 9, 2024 at 3:30
- Any team can join the call and listen, but the focus will be on the Nursing Facility



Save  
the  
Date



# Question and Answer Time