

Screening Connections

Hospital Screening Team

December 10, 2025

Office of Community Living



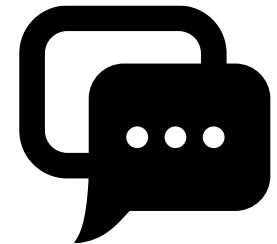
Welcome!

Great Work
This Year!

Happy Holidays!

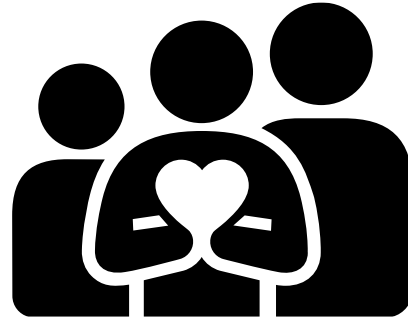
LTSS Screening Connection Call

Logistics



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

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



Whitney Singleton
LTSS Screening Supervisor

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

Dena Schall
Technical Assistance for
Screening Assistance Mailbox and eMLS

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

Hospital Teams



ALL QUESTIONS GO TO SCREENING ASSISTANCE EMAIL

ScreeningAssistance@dmas.virginia.gov

WE NEED:

Place of employment

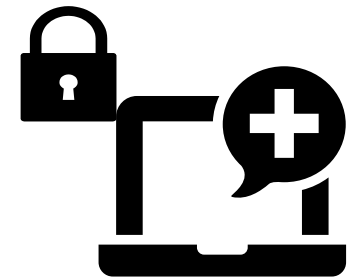
Contact Information

Name of Screener

Details of Issue

Individuals' information

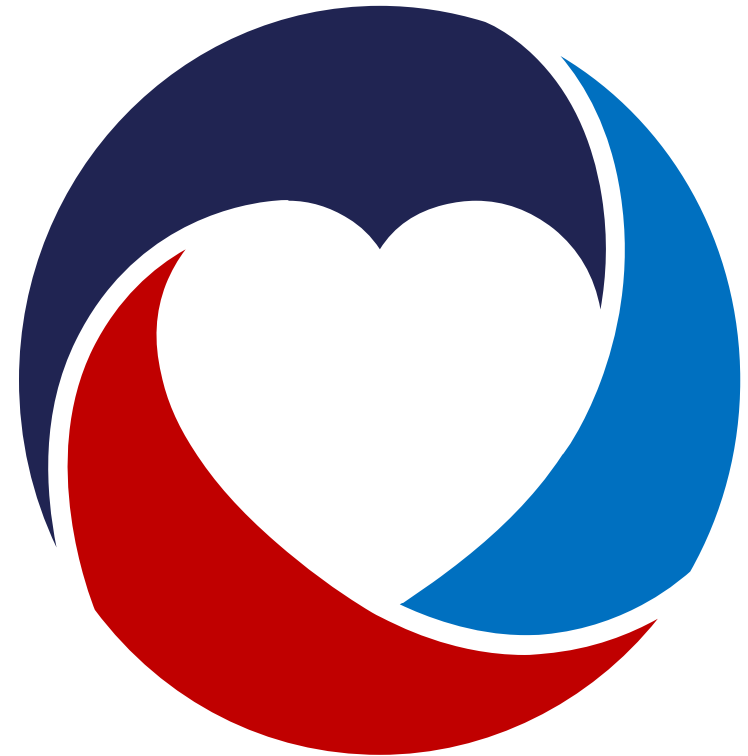
For Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI), ENCRYPT your emails that contain protected information. DO NOT put Names, Social Security Numbers, or Medicaid Numbers in the Subject Line!



DMAS

Today's Agenda:

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



Hospital Team Focus Special Topic

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

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

Special Topic

Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



Background

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

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

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

EPSDT and Medicaid Works are not waivers!



Special Topic

Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



LRI Federal Requirements

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



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



Special Topic

Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care

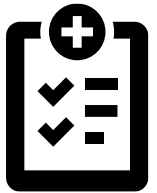


LRI Rules as of July 1, 2025

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



LRI Rules as of July 1, 2025 Continued



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



Special Topic

Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



EXTRAORDINARY CARE GUIDE (Ages 0-18)

FOR USE WHEN THE AIDE/ATTENDANT IS A LEGALLY RESPONSIBLE INDIVIDUAL (LRI) OF A CHILD

This guide is intended for attendants/aides *legally* responsible for individuals 0-18 years of age. It outlines guidelines for providing extraordinary care based on the individual's age and specific needs. The guide will assist providers in identifying extraordinary care needs. *Plans of Care must be person-centered and activities not identified as extraordinary care may be justified through additional documentation.*

Activities of Daily Living (ADL)			
BATHING (Suggested Time Allowance: 15-45 min.)			
Ages 0-4 * NOT Extraordinary	Ages 0-4 ✓ Extraordinary	Ages 5-18 * NOT Extraordinary	Ages 5-18 ✓ Extraordinary
* Mechanical Help Only * Needs No Help * Supervision * Physical Assistance * Mechanical and Physical Assistance * Performed by Others	✓ Performed By Others (confined)	* Mechanical Help Only * Needs No Help * Supervision	✓ Physical Assistance ✓ Mechanical and Physical Assistance ✓ Performed by Others (Confined)
DRESSING/GROOMING (Suggested Time Allowance: 15-45 min.)			
Ages 0-4 * NOT Extraordinary	Ages 0-4 ✓ Extraordinary	Ages 5-18 * NOT Extraordinary	Ages 5-18 ✓ Extraordinary
* Mechanical Help Only * Needs No Help * Supervision * Physical Assistance * Mechanical and Physical Assistance * Performed by Others	✓ Performed By Others (confined)	* Mechanical Help Only * Needs No Help * Supervision	✓ Physical Assistance ✓ Mechanical and Physical Assistance ✓ Performed by Others
TOILETING (Suggested Time Allowance: 15-45 min.)			
Ages 0-4	Ages 0-4	Ages 5-18	Ages 5-18

Extraordinary Care Guide

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



Special Topic

Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



How does LRI affect the LTSS Screening?

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

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

Special Topic

Personal Care and Legally Responsible Individuals (LRI) Extraordinary Care



How does LRI affect the LTSS Screening? Continued

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

LRI Questions



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

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

For questions on the CCC Plus Waiver:

- cccpluswaiver@dmas.virginia.gov can answer questions from a fee-for-service perspective



Hospital Team Focus

Data
Updates and Reminders
Question and Answer Period

Presented by Dena Schall,
LTSS Screening Program Specialist

Hospital (Acute Care) Teams

January-November 2025 Trend Data



Acute Care Hospitals								
	Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	9571	12	2431	80	234	6572	206	36
2025	9571	12	2431	80	234	6572	206	36
Nov	707	1	178	8	22	477	21	-
Oct	903	-	250	7	25	599	19	3
Sep	869	1	244	4	22	575	21	2
Aug	872	2	210	6	21	613	16	4
Jul	822	5	187	6	18	581	18	7
Jun	844	-	244	9	21	545	22	3
May	852	-	193	9	25	603	18	4
Apr	891	1	224	17	16	614	18	1

Data as of 12-5-2025



Hospital (Rehab) Teams

January-November 2025 Trend Data



Rehab Hospitals

	Totals	CCC Plus Waiver (04)	CCC Plus Waiver with PDN (15)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	590	391	1	10	175	8	5
2025	590	391	1	10	175	8	5
Nov	42	29	-	1	12	-	-
Oct	46	29	-	1	14	1	1
Sep	68	49	-	1	17	1	-
Aug	64	37	-	2	24	-	1
Jul	45	33	-	1	10	1	-
Jun	50	34	-	1	15	-	-
May	47	34	-	-	11	2	-
Apr	56	40	-	-	16	-	-
Mar	59	35	1	2	19	1	1

Data as of 12-5-2025

Hospital (Acute Care and Rehab) Teams

January-November 2025 Trend Data



Total Acute Care and Rehab Hospitals

Grand Total

10161

Data as of 12-5-2025



Team Comparison

January-November 2025 Trend Data



Nursing Facility

Grand Total	4870
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Hospital

Grand Total	10161
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Community Based

Totals	# of Screenings	24019
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PACE

Totals	# of Screenings	873
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Data as of 12-5-2025



Hospital Teams

Update



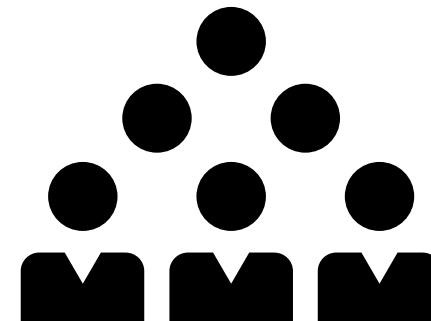
Survey Results

We did not receive enough survey participation from the Hospital Teams. We will continue to reach out and gather more information.

The Hospital Connection Call day and time will remain the same.

March, June, September and December on the 2nd Wednesday at 3pm

We want your input!



Hospital Teams Update

Updated Member Correction Form



DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM

It is essential that all Medicaid records for an individual match. When the records match, the LTSS Screening links to the individual's appropriate Medicaid record in the Medicaid System allowing the existence of an approved LTSS screening to be confirmed for enrollment. If the demographics do not match, the records may not link correctly, and the individual seeking LTSS could be denied services.

Member enrollment change requests are made when there is an error in one of the following key demographic fields in eMLS:

NAME, SSN, MEDICAID ID, DOB, GENDER, or a DOD error message.

These errors occur either by auto-fill in the demographic fields while starting a Screening OR when the Screener makes an error manually and processes the Screening (Accepted Status) with the incorrect information.

To resolve these problems, this form must be completed and submitted to:

PatientPay@dmavirginia.gov

Please label email with the following subject line:

LTSS Screening Member Information Change Request

Allow at least 14 business days for all corrections.

Changes to the Medicaid record must be researched and confirmed to be appropriate. PLEASE do NOT send multiple change requests for the same person or repeatedly email the enrollment office or screening assistance.

Once DMAS Enrollment has researched and made changes to the Medicaid record, you will be notified. Once notified you must wait an additional 48 hours for these changes to be reflected in the eMLS system. After 48 hours you must return to eMLS, CANCEL the newly started screenings that auto filled or VOID/DELETE for processed screenings and then re-enter all the screening information and resubmit. If applicable, use all the original screening dates including original signature dates.

The Enrollment office can only address and make changes to the key demographic information. Please DO NOT send any other type of question to DMAS Enrollment. Other questions should go to ScreeningAssistance@dmavirginia.gov.

It is essential you fully and accurately complete this form, as applicable, for all Medicaid record change requests.

DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM

Submission Date of this Form to Enrollment: _____

LTSS SCREENER INFORMATION: Please print or type.

Name: _____ Contact information (phone and email): _____

Full Name of Agency, Hospital, or Nursing Facility (please do not use initials): _____

LTSS Screening Number: _____ Date of Screening: _____

REQUIRED INDIVIDUAL INFORMATION:

Correct Name: _____ Correct DOB: _____

Correct SSN: _____ Correct Medicaid ID: _____

Please check all that apply: ☐ Auto fill is Incorrect ☐ Error Made by Screener

<input type="checkbox"/> Incorrect Name	<input type="checkbox"/> Incorrect Date of Birth	<input type="checkbox"/> Incorrect Gender
<input type="checkbox"/> Incorrect Social Security Number	<input type="checkbox"/> Incorrect Date of Death	

*How have you verified the correct information, please explain (ex. Used social security card, driver's license, etc.)? This area **MUST** be completed.

Please note that ALL name changes **MUST** match with the individual's Social Security card. If the SS card is wrong the individual **MUST** contact the SS Administration before any Medicaid record can be corrected. It is not required to send a copy of the individual's social security card with this form, but it can expedite the process if you do so.

For items needing correction: Please list the wrong information entered or auto filled and the correction needed.

Name of Individual	Wrong: _____	Correct: _____
Date of Birth	Wrong: _____	Correct: _____
Gender	Wrong: _____	Correct: _____
Social Security Number:	Wrong: _____	Correct: _____
Medicaid Number:	Wrong: _____	Correct: _____

Comments: _____

Return this Form as an Attachment to DMAS Enrollment at PatientPay@dmavirginia.gov

Revised 10.23.2025



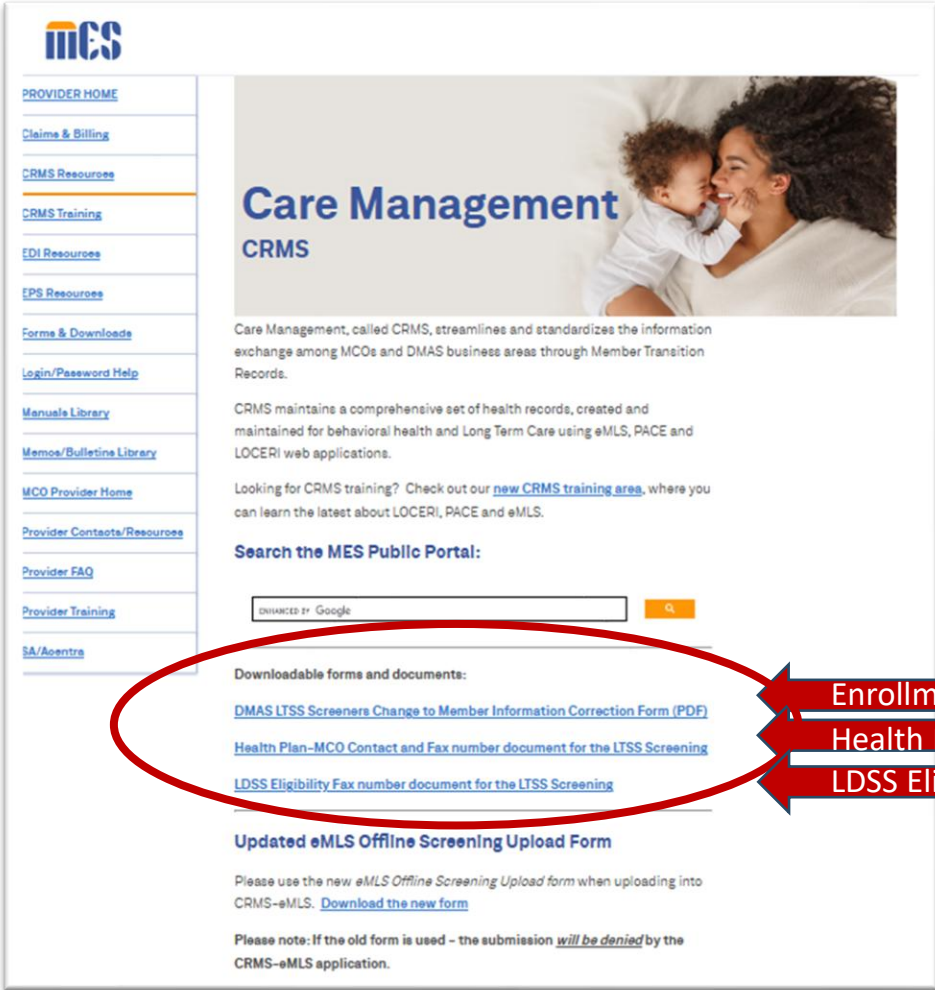
Demographic Correction Reminders

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

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

Downloadable Forms and Documents on the MES Homepage

Forms and Downloads



The screenshot shows the MES homepage. On the left is a sidebar with a list of links: PROVIDER HOME, Claims & Billing, CRMS Resources, CRMS Training, EDI Resources, EPS Resources, Forms & Downloads, Login/Password Help, Manuals Library, Memos/Bulletins Library, MCO Provider Home, Provider Contacts/Resources, Provider FAQ, Provider Training, and SA/Accentra. The 'Forms & Downloads' link is highlighted with a red arrow from the left. The main content area features a 'Care Management CRMS' header with a photo of a woman and child. Below this is a search bar and a section titled 'Downloadable forms and documents:' which contains 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'. These three links are circled in red. Below them is a section for 'Updated eMLS Offline Screening Upload Form' with a 'Download the new form' link. A note at the bottom states that submissions using the old form will be denied.

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

* NEW Updated correction Form

- Enrollment Correction Form
- Health Plan Fax Numbers
- LDSS Eligibility Fax Numbers

Hospital Teams

Reminder

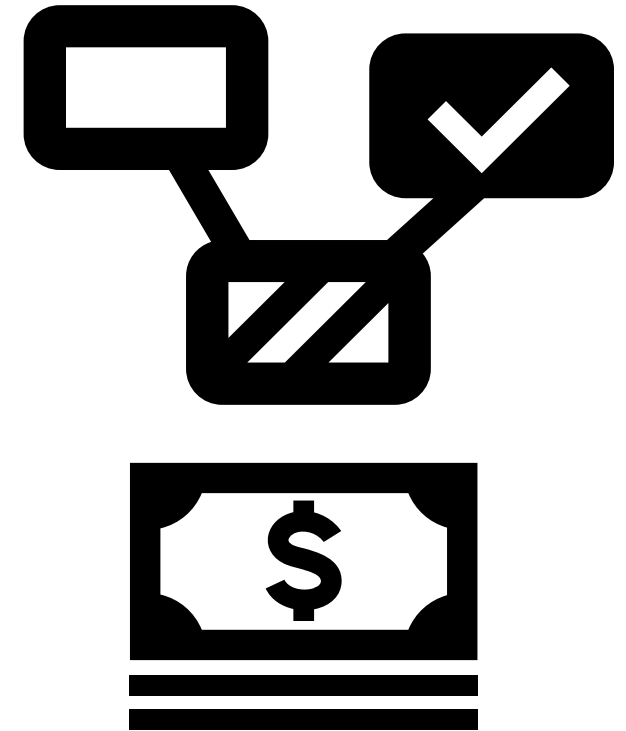
- The individual should be screened as close to discharge as possible to ensure an accurate assessment of NF level of care needs.
- If a Screener starts a Screening early in the hospital stay and the individual improves before discharge, the Screener should cancel or void the initiated Screening and update their assessment.
- Screenings must be completed and signed off by Physician prior to discharge.
- If there are errors in the demographic information of a screening, then they may come back to the team for correction. It is the Hospitals responsibility to make these corrections.



Hospital Teams

Reminder

- The Screening must be for the correct individual and correct Medicaid Number/Social Security Number (except for rare circumstances or infants who don't have a social).
- The Medicaid ID and Social Security Number are directly related to how the Screening is attached in the Medicaid MES System.
- If this is incorrect, it could cause issues with payment because the LTSS Screening will not be found in the system under correct identifying information.



Hospital Teams Reminder

- If DMAS LTSS Screening guidelines warrant a Screening, it should be fully completed and processed in eMLS even if you find that the individual does not meet NF level of care criteria.
- If an individual does not meet Functional, Medical Nursing Need, and Risk categories then you will select “No” under “Medicaid Services Authorized” on the 96 page. The screener makes this determination, not the eMLS system.
- “No” selection on DMAS 96 page will drop down two options :
 - Other Services Recommended
 - No other Services Recommended

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Create

MLS

At-Risk DMAS-96 DMAS-97 DMAS-98(Part-B)

MEDICAID ELIGIBILITY (✓)

Long Term Care Services and Supports Information (to be completed by Screeners)

Medicaid Services Authorized? *

☒ No ☐ Yes

Medicaid Authorized required field

Screener 1 Provider Number: *

Screener 1 Agency Name: *

Screener 2 Provider Number:

Screener 2 Agency Name:

Back Save & Continue

Hospitals get paid to conduct screenings regardless of whether they meet criteria or not.

Hospital Teams

Reminder

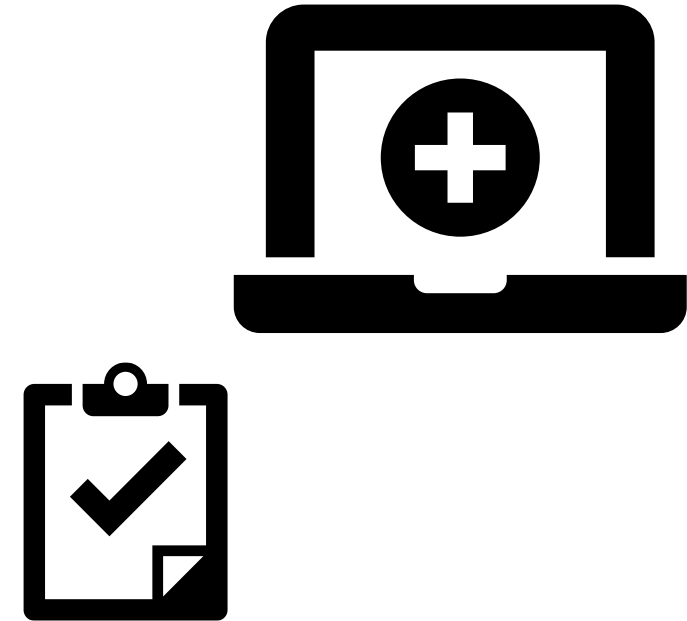
- If the Screener tries to select “Yes” when the individual does not meet criteria according to the information entered into the electronic forms, then a red error message will appear. This is to assist and prevent the Screener from making an error or inconsistencies in their LTSS Screening.
- Under the “No” selection, do not select CCC Plus Waiver with Private Duty Nursing (PDN) if the individual does not need PDN.



Hospital Teams

Reminder

- **If your Hospital updates or changes NPI numbers that are being used for LTSS Screening, please contact DMAS Screening Unit to make sure we update the VCU LTSS Screening Training Portal.**



Hospital Teams

Reminders



Quality Reviews and Certification

- Quality reviews as announced in previous connection calls, will begin in January 2026.
- Not responding/cooperating could result in temporary suspension of Screening certification.

Hospital Teams

Reminder



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

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

Connection Call Power Points

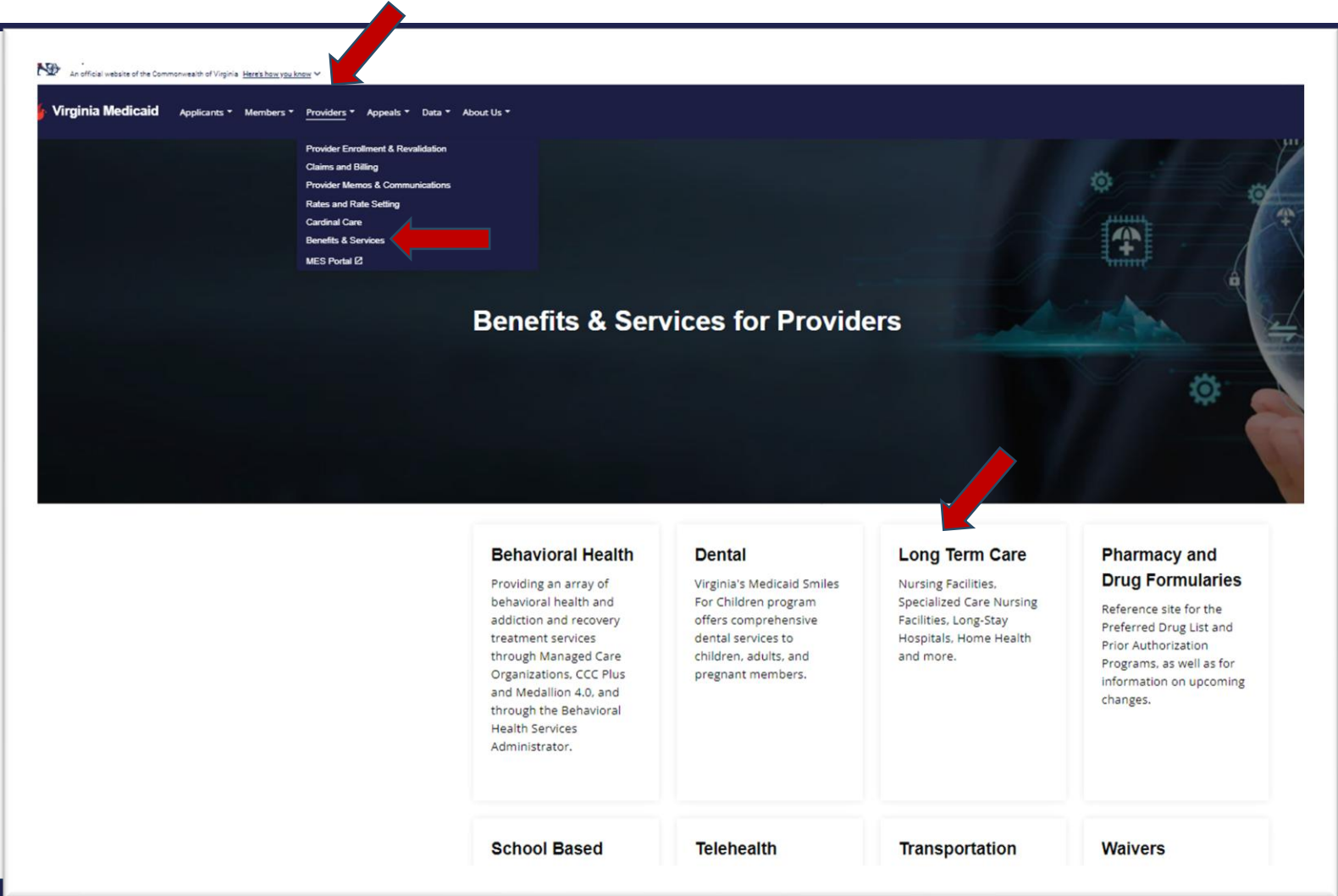
Posted on the DMAS Website:
www.dmas.virginia.gov

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

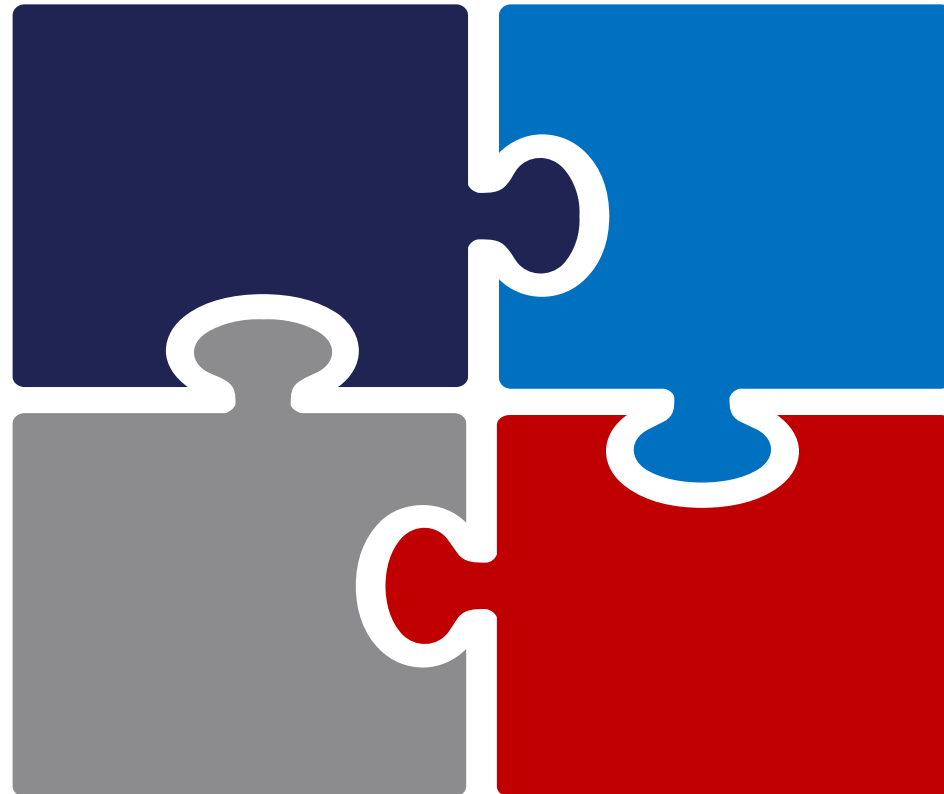
SCREENING CONNECTIONS FOR LTSS

Look down the page for list of Screening Connection calls

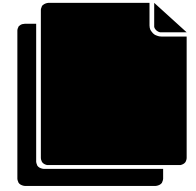
If the Power Point is not on the website yet, you can contact Screening Assistance for a copy.



Resources:



MES Homepage: Bulletins and Memos



Memos/Bulletins Library

MES Public Portal - Department of Medical Assistance Services
An official website of the Commonwealth of Virginia [tells how you know](#)

MES

[PROVIDER HOME](#)

[Claims & Billing](#)

[CRMS Resources](#)

[CRMS Training](#)

[EDI Resources](#)

[EPS Resources](#)

[Login/Password Help](#)

[Manuals Library](#)

[Memos/Bulletins Library](#)

[MES Forms Search](#)

[MCO Provider Home](#)

[Popular Downloads](#)

[Provider Contacts/Resources](#)

[Provider FAQ](#)

[Provider Training](#)

[SA/Acentre](#)

Care Management CRMS

Care Management, called CRMS, streamlines and standardizes the information exchange among MCOs and DMAS business areas through Member Transition Records.

CRMS maintains a comprehensive set of health records, created and maintained for behavioral health and Long Term Care using eMLS, PACE and LOCERI web applications.

Looking for CRMS training? Check out our [new CRMS training area](#), where you can learn the latest about LOCERI, PACE and eMLS.

Search the MES Public Portal:

ENHANCED BY: Google

Downloadable forms and documents:

[DMAS LTSS Screeners Change to Member Information Correction Form \(PDF\)](#)

[Health Plan-MCO Contact and Fax number document for the LTSS Screening](#)

[LDSS Eligibility Fax number document for the LTSS Screening](#)

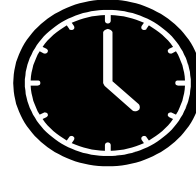
Updated eMLS Offline Screening Upload Form to be Used After September 12, 2024

Please use the new [eMLS Offline Screening Upload form](#) when uploading into CRMS-eMLS. [Download the new form](#)

Please note: If the old form is used - the submission *will be denied* by the CRMS-eMLS application.

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

Updated Screening Timelines



- Individuals who have a screening conducted have 1 year of the physician's date to enroll in CCC Plus Waiver, PACE or Custodial Nursing Facility care.
- Screenings completed prior to a discharge from a SNF for persons who are enrolled into Medicaid while in the SNF, including health plans and FFS, have **180 days** post SNF discharge to enroll in the CCC Plus Waiver or PACE or a new LTSS Screening is required. If the individual is not a Medicaid member (non-Medicaid) at SNF discharge, the person has one year from the date of physician's signature on the screening to be enrolled in LTSS. After a year, a new LTSS Screening is required.
- Once an individual is ENROLLED in CCC Plus Waiver, PACE or NF, a screening does NOT expire or need to be updated as long as the individual continues to receive Medicaid LTSS.
- **If the individual is terminated for any of the following then a new LTSS Screening is required to reapply for Medicaid LTSS: Moving out of state Code 002, Not Meeting NF Level of Care Criteria Code 003, having an overdue LOCERI Code 431, or not having services Code 504.**
- **Individuals are allowed 180 days to transition between Medicaid LTSS Choices (NF, CCC Plus Waiver, or PACE). After 180 days the individual must re-apply for Medicaid LTSS and a new screening is required.**
- When in doubt, screen the individual.

Hospital Teams



Checking Terminations

- If the individual is in a Health Plan, then the Health Plan should confirm the termination codes.
- Individuals, Eligibility Workers, and Service Providers should consult with the Health Plan before asking for a new LTSS Screening.
- Some Hospitals may have access to business staff for checking the termination or end codes in the system.
- If the individual is FFS, then you can contact ScreeningAssistance@dmass.virginia.gov.



Hospital Teams

Reminder



Validity Concepts:

- Screening must have all its required forms and be in Accepted Authorized status for Medicaid LTSS to begin (CCC Plus Waiver, PACE, and Long-Term Custodial NF)
- Screening must be for the correct individual and correct Medicaid Number/Social Security Number (except for rare circumstances in adoption cases-contact SA for these cases). The Medicaid ID and Social Security Number are directly related to how the Screening is attached in the Medicaid MES System. If this is incorrect, it could cause issues with payment because the LTSS Screening will not be found in the system under correct identifying information.
- Be within the General Timelines (previous slide).
- If the individual already has Medicaid LTSS and this is a transition from one LTSS to another then the original Screening used to enroll the individual into LTSS is used and passed onto the new provider. Keep in mind Screenings conducted prior to July 1, 2019, may or may not have a tangible screening to pass on and are grandfathered in.
- The only way to check for Medicaid LTSS continuity is to have access to the Medicaid System's Eligibility tabs. If the individual is in a Health Plan, they should be contacted and can help with this information.



Hospital Teams

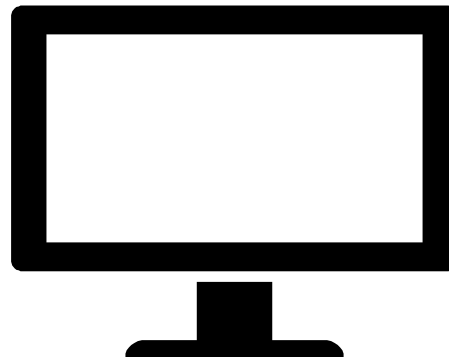
Reminder



eMLS Overview

The electronic Medicaid Long Term Services and Supports Screening (eMLS) portal is the web-based tool that certified LTSS screeners use to create and submit individual screenings for Virginia Medicaid Long Term Services and Supports (LTSS).

The eMLS portal is located on the Virginia Medicaid Enterprise System (MES) in the Care Management Solutions (CRMS) module.



Hospital Teams

Reminder



eMLS User Guide

The user guide outlines the steps for navigating, creating, and managing LTSS screenings in the eMLS portal in MES, including the following tasks:

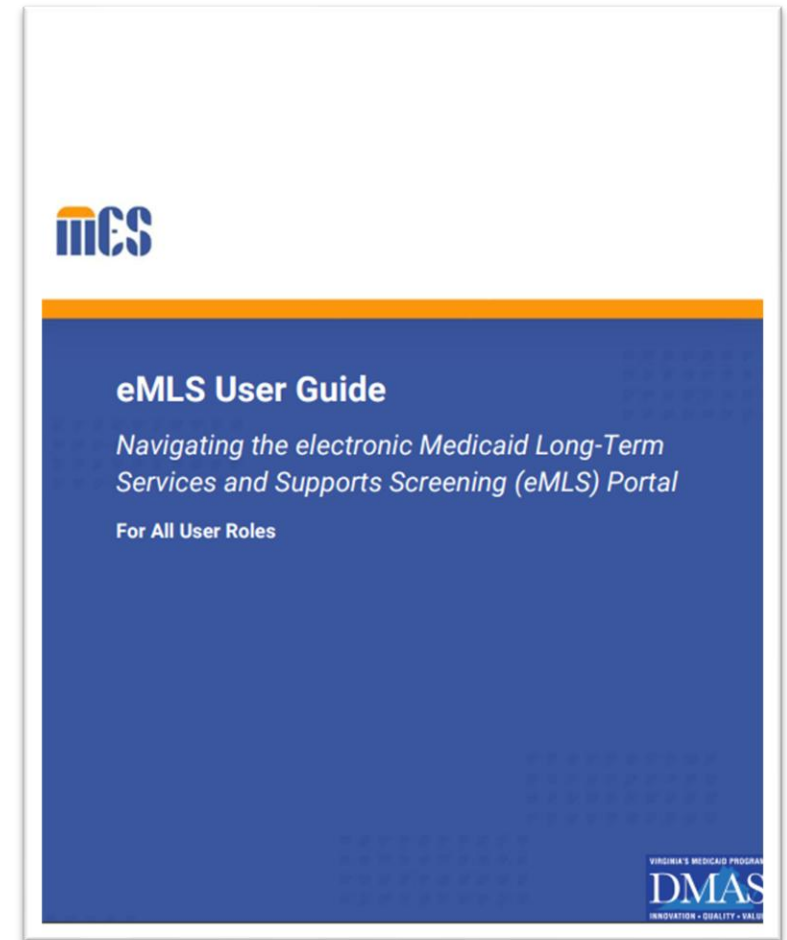
- Accessing and logging in
- Navigating eMLS features and functions
- Searching for existing Medicaid individuals and screenings
- Creating and submitting new LTSS screenings
- Resolving pre- and post-submission screening errors
- Managing screening status
- Reviewing and approving screenings

Use eMLS User Guide and Training

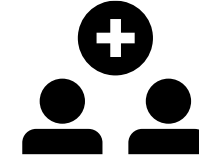
Screening Team staff should take the eMLS training and have a copy of the User Guide on hand if they use eMLS.

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

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



eMLS Log-In Access



How do we add new users to eMLS?

- Your Management or Business Manager will know who your Primary Account Holder-PAH or Delegate Administrators-DAs are for your NPI.
- These Administrators have been designated by your facility and are responsible for setting up and providing the MES-CRMS-eMLS Log-in access to your Screeners, Physicians, and other staff who will assist in creating screenings.
- Screeners or other staff who create LTSS Screenings are set up in CRMS with a Creator Role and Physicians are set up with an Approver Role. Other staff who will just view or print screenings should be set up with Viewer Role.

Specific training for your PAH or DAs only, on how to add Delegates or Users can be found at: [Provider Training Resources | MES \(virginia.gov\)](#) PRSS 118. If you have questions about PAH or DA issues, contact MES-Assist@dmass.virginia.gov

Hospital Teams

Reminder



eMLS Demographic or Assessment Date Corrections to a LTSS Screening



Depends on the status of the screening:

- Screenings “in progress” status just need to cancel the screening and start over.
- Screenings “in Accepted-Authorized or Not Authorized status will have to void and delete their screenings then send in a Member Correction Form to PatientPay@dmass.virginia.gov. Once the information has been corrected in MMIS Medicaid System and Patient Pay has notified you, then you can re-enter your information using the same original dates for screening assessment date, request date, screener signature date, and Physician date.

Enrollment Member Correction Form on the MES Homepage

For demographic corrections, all Enrollment Member Corrections Forms are to be sent to PatientPay@dmass.virginia.gov

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

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

Hospital Teams

Reminder



eMLS Overview

- Please make sure to put the correct Medicaid Number in each correction request form regardless of whether they have active Medicaid or not.
- If the individual has never applied for Medicaid before and has a LTSS Screening submitted (Accepted status), eMLS will generate a 975 Medicaid number in MMIS Medicaid System through the screening process. You can find this newly generated Medicaid Number on the Screening Information card in eMLS.
- The Medicaid Number and Social are linked in every record in MMIS and eMLS.
- If you make an error with the Social Security Number and the individual already had a Medicaid Number but you didn't have it and the system accidentally generates another one creating a duplicate wrong record in MMIS, then you will need to put the Correct Medicaid number and then the Wrong Medicaid Number that was generated on the Member Correction Form.


A screenshot of the eMLS (Electronic Medicaid Listing System) interface. At the top, there's a header bar with "MLS" on the left and "Accepted- [menu icon]" on the right. Below the header, a list of fields is displayed: "Last Name:", "First Name:", "Date of Birth:", "Medicaid ID:", "SSN:", and "NPI:". A red arrow points from the left towards the "Medicaid ID:" field. At the bottom of the list, there are two buttons: "Edit" (with a pencil icon) and "View" (with an eye icon). The "Edit" button is highlighted with a yellow rectangular box.

Required:



For All Screening Teams

- A full copy of the Screening Packet (all completed forms) is always provided to the individual or the individual's representative.
- Every individual screened should receive an Approval or Denial Letter from the Screening Team (use DMAS template).
- Screeners will need to retain copies of the Screening packet per retention policy (10 years for adults). **This includes the copy of the DMAS 97 Choice Form with the individual's or representatives hand signature.**
- Screeners will need to determine whether individuals are in a Medicaid Health Plan-MCO and if so, forward the completed Screening packet to the health plan for use by the individual's assigned care coordinator. Contact and FAX numbers are listed on the MES Homepage.

 **Screeners are responsible for sending a copy of the DMAS 96 form only to the local DSS benefits staff where the individual resides. If you don't have this list contact ScreeningAssistance@dmass.virginia.gov.**

Reminders:



Record and Retention Laws

Screening Teams, must retain or be willing to pull the screening information for:

- **10 years for Adults**
- **Age 28 for a Child**

If your facility conducted the Screening, then your staff are responsible for retrieving copies for Individuals, Providers, Health Plans, and other Screening Teams who may need it.

Fax Cover Sheet for PASRR Level II:



Cover sheet is found at:

<https://maximusclinicalservices.com/svcs/virginia>

When NF is the selected choice, a DMAS-95 form is required. If the Level I indicates that a Level II referral is warranted, there is a referral process for further evaluation and determination of needed specialty services. This process is described in the LTSS Screening Manual.

FAX Number **877-431-9568**

The image shows a digital representation of a fax cover sheet. At the top left, the word "Fax" is in a large, bold, black font. At the top right, the "maximus" logo is displayed in a lowercase, sans-serif font. Below the "Fax" header, the subject line reads "Subject: Virginia PASRR Level II Referral". The form is divided into two main columns. The left column contains fields for "To Name:", "To Fax Number:", and "Reason for referral:". The right column contains fields for "From Name:", "From Fax #:", "Resident Review:", and "Preadmission Screening:". The "Reason for referral:" field has a dropdown menu showing "Assessment Pro" and "check one". The "Resident Review:" and "Preadmission Screening:" fields have checkboxes. A large QR code is positioned in the center of the form. The "maximus" logo is also present in the top right corner of the form area.

PASRR TRACKING



maximus VIRGINIA PASRR
RESIDENT TRACKING FORM

Please return this completed form to Maximus via fax at 877.431.9568, Attn: Virginia PASRR. This form helps Maximus and the Commonwealth of Virginia track residents who have been referred for a PASRR.

Individual's Name _____
(Last) (First) (MI)

SSN-_____ Date of Birth_____

Upon completion of the Pre-Admission Screening, the following outcome occurred:

☐ Nursing Facility Admission

Admitting Facility_____ Admitting Date_____

Contact Person_____ Contact Phone () _____

☐ Admission to Alternative Level of Care

- o Assisted Living Facility _____
- o Group Home _____
- o State Hospital _____
- o Other _____

☐ Other Outcome

- o Discharged to/Remained in current residence _____
- o Deceased _____
- o Other _____

MAXIMUS, as the Level II Evaluator tracks Disposition of Individuals

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



Reminders:



All Screening Teams

If an individual is FFS or applying or Medicaid Pending, then the Screening Team is responsible for providing a list of Medicaid Provider options during the Screening Process. If the individual is in a Medicaid Health Plan, then the Health Plan is responsible for providing this list.

Medicaid Provider Search Tool: <https://vamedicaid.vaxix.net/Search>

The screenshot displays the 'Search Provider' interface of the vamedicaid.vaxix.net tool. At the top left is the 'MES' logo, and at the top right is a 'MES Home' link. The search form includes several input fields: 'First Name', 'Last Name', 'Address', 'City', 'NPI', 'Business Name', 'Provider Type' (a dropdown menu), 'Location Name', 'Gender' (a dropdown menu), 'Zip Code', 'Specialty' (a dropdown menu), 'State' (a dropdown menu), and 'Language' (a dropdown menu). Below these fields are two checkboxes: 'Accepting New Patients' and 'ADA Compliant'. A note states: 'At least one more search criteria is required with "Accepting New Patient" or "ADA Compliant".' At the bottom of the form are 'Search' and 'Reset' buttons. The footer contains links for 'Glossary of Terms' and 'Translation Services', a 'Privacy Policy' link, and a copyright notice: 'Copyright © 2020 DMAS' and '© 2024 ALL RIGHTS RESERVED'.

Reminders:



Medicaid Provider Search Tool Tips

- **Provider Type:** Filter your search by choosing the provider type. Either choose “Waiver Services” if you are trying to find providers for the CCC Plus Waiver or choose “Nursing Facility”.
- **Specialty:** After choosing a Provider Type, then select a Specialty in the drop down. You can choose “Personal Care Services” for finding a Medicaid CCC Plus Waiver Agency or choose “Consumer Directed Services” to find Service Facilitators OR “Private Duty Nursing” for PDN cases OR by type of Nursing Facility such as Custodial.
- Try looking up multiple localities individually that are near the individual's residence.

mES

Search Provider [MES Home](#)

First Name Last Name Gender

Address City Zip Code State

NPI Provider Type Specialty Language

Business Name Location Name

☐ Accepting New Patients ☐ ADA Compliant

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

[Search](#) [Reset](#)

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

[Translation Services](#) [Nondiscrimination/Accessibility](#)

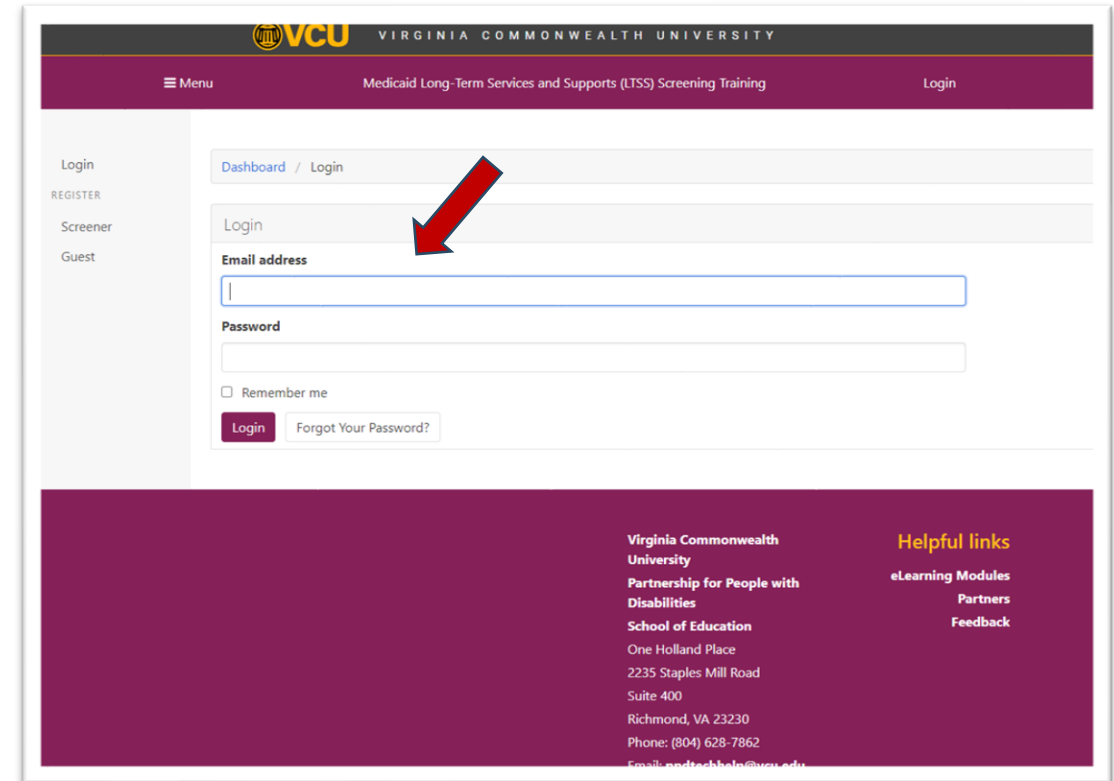
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VCU Medicaid LTSS Screening Training and Refresher

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

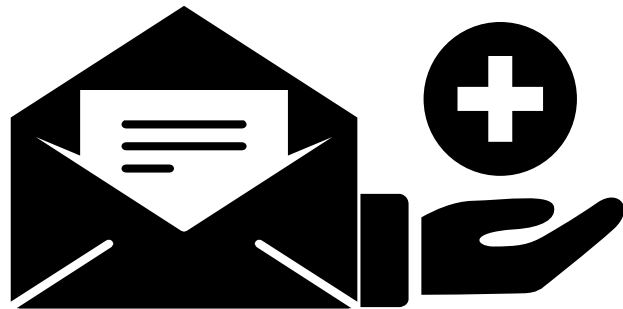
eLearning Modules

Partners

Feedback

Need Help?

- Questions about the LTSS Screening process, policy, general eMLS, or requests for copies of screenings go to: ScreeningAssistance@dmas.Virginia.gov
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: ppdtechhelp@vcu.edu



LTSS Screening Connection Call Schedule

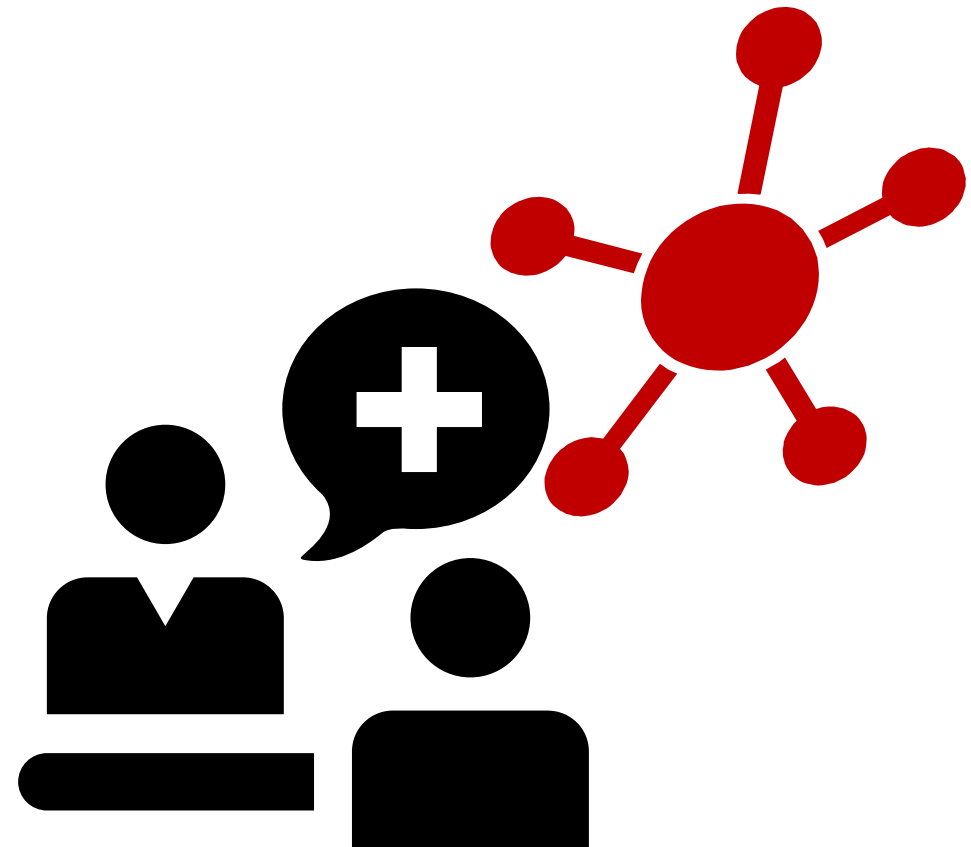
2025				
SCREENING TEAM TYPE	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Community Based Teams (CBTs)				
Hospitals				December 10
Nursing Facilities				December 11

LTSS Screening Connection Call Schedule

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

Share Information with your Team

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



Save the Date:

Hospital Team Focus

Wednesday, March 11, 2026

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



Question and Answer

