



Screening Connections

Community Based Team Focus

September 12, 2023

Office of Community Living (OCL)

VIRGINIA'S MEDICAID PROGRAM

DMAS

Welcome!

**You are blooming
and appreciated!**





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.

Today's Agenda:



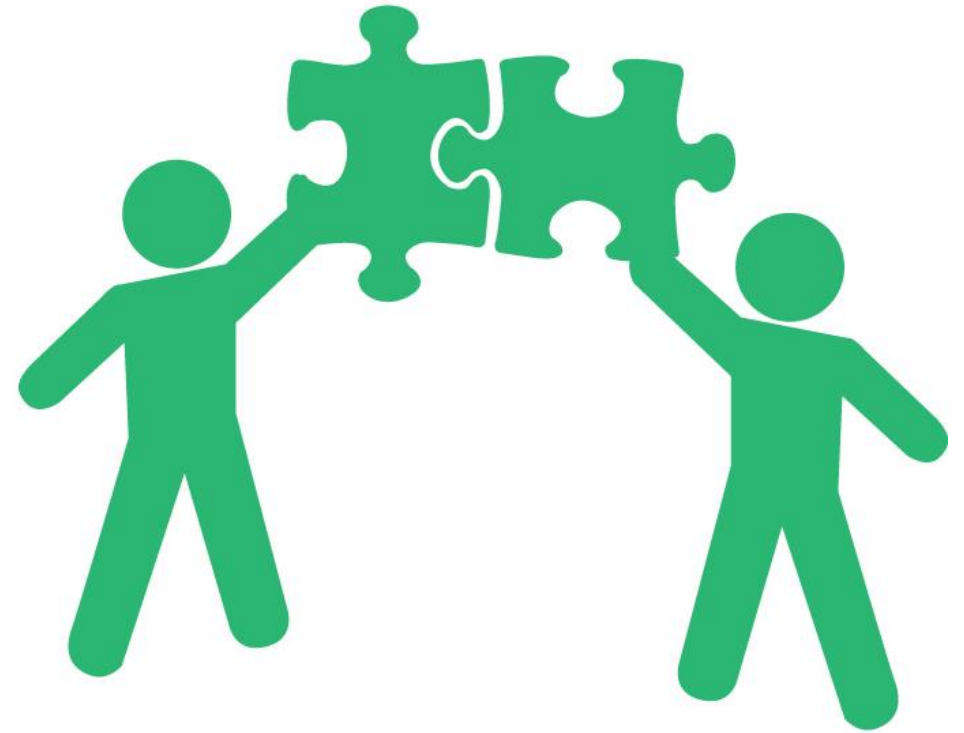
**Important Updates
and Reminders**



CBT Best Practices



**Question and Answer
Period**



A decorative dashed line consisting of several grey curved segments, positioned above the main title text.

Today's focus: Community Based Updates and Best Practices

*Presented by
Dena Schall
and the CBT Liaisons*



Staff Update:



Office of Community Living (OCL)

Ramona Schaeffer has retired.

New Supervisor for LTSS Screening is Nicole Braxton

Make sure to send all LTSS Screening Questions to
ScreeningAssistance@dmas.virginia.gov

Do not send emails to individual staff members



Nicole Braxton
Supervisor



Myra Isaacs
Technical Assistance for
Screening Assistance Mailbox
and PASRR for MI/ID/ RC



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**



Update:

Record and Retention Law for LTSS Screenings

Screening Teams must retain LTSS Screening Records and be willing to provide screening information to providers upon request.

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

Anything prior to 2016 will be from your facility archive and those 2016 to current from eMLS.



✓ Update:

Changes made to the Member Information Correction Form

It is a required form used by the DMAS Enrollment Division to receive requests for corrections needed to the demographic fields in the Medicaid System that auto-populate into the LTSS Screening.

DMAS Virginia Department of Medical Assistance Services (DMAS)

DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM

It is essential that all Medicaid records for an individual match. When records match, the LTSS Screening and the individual's Medicaid application/eligibility information can link, and the existence of a LTSS screening can be confirmed. 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 **auto-fill error** in eMLS of one of the following key demographic items: **NAME, SSN, MEDICAID ID, DOB, GENDER or RACE**, OR when the screener makes an error in one of the fields (**NAME, SSN, MEDICAID ID, DOB, GENDER or RACE**) and processed the screening through the system and the screening is now in an "ACCEPTED" status.

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

- For all persons one (1) year old and above, this form **MUST** be submitted by the LTSS Screener to: enrollment@dmass.virginia.gov
- For all persons under one (1) year old, this form **MUST** be submitted by the LTSS Screener to: Newborn@dmass.virginia.gov

Please label the email with the following **subject** so that the request can be given priority status: **LTSS Screening, Member information change.**

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. Each time you submit an email for the same correction, the time it takes to resolve the issue "resets" from the beginning.

Once the DMAS Enrollment/Newborn area has researched and made changes to the 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, VOID/DELETE the screening and re-enter all the screening information and resubmit. Use the original screening dates including original signature dates.

The Enrollment office can only address changes in the key demographic information. They are not able to respond to questions about MES, MMIS, CRMS, eMLS or screening policies and procedures. Do NOT send any other type of question to DMAS Enrollment.

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

Date of Submission of this Form to Enrollment: _____

LTSS SCREENER INFORMATION:

Name: _____

Contact information (phone and email): _____

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

Revised 8.10.2023 Page 1

DMAS Virginia Department of Medical Assistance Services (DMAS)

REQUIRED INFORMATION FOR THE INDIVIDUAL:

Correct Name _____ Correct DOB _____

Correct SSN _____ Correct Medicaid ID _____

Screening Number _____ Date of Screening _____

Please Check One: Auto-Fill is Incorrect _____ Error Made During LTSS Screening _____

<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	<input type="checkbox"/> Race:

*How have you **verified** the correct information? Please explain (example: 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.** No other source can be used for name changes. If the SS card is wrong the individual **MUST** contact the SS Administration before any Medicaid record can be corrected.

While it is not required to send a copy of the individual's social security card with this form, it is helpful if you do.

For items needing correction: (Please list the wrong information auto-filled or error and the correction.)

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

Return this form as an email attachment to DMAS:

- One (1) year old and above: enrollment@dmass.virginia.gov
- Under one (1) year old: Newborn@dmass.virginia.gov

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Use the **CURRENT** “Change to Member Information Correction Form” found on the MES Homepage under CRMS tab at: <https://vamedicaid.dmas.virginia.gov/crms>

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

MES Appeals **CRMS**

Provider Menu

- PROVIDER HOME
- MCO Provider
- Provider Training
- CRMS Resources**
- CRMS Training
- Provider FAQ
- Popular Downloads
- Manuals Library
- Memos/Bulletins Library
- MES Forms Library
- EDI Resources
- EPS Resources
- Login/Password Help

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 \(PDF - Updated August 2023\)](#)**
- [Updated eMLS Offline Screening Upload Form to be Used After October 13, 2022](#)

Please use the new *eMLS Offline Screening Upload form* when uploading into CRMS-eMLS. The new form is located here: <https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-09/eMLS-Offline-Form-Template.xls>

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

**Download form
each time you
prepare to use it!**

Member Information Correction Form Tips

- Use the Correct Email Address:
For all persons one (1) years of age or older, the form is sent to:
enrollment@dmas.virginia.gov

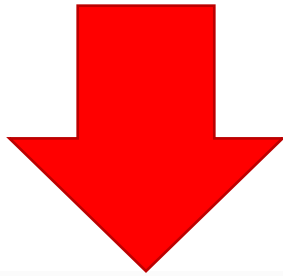
For all persons under (1) one years of age, the form must be sent to:
Newborn@dmas.virginia.gov
- EMAIL Subject Line should read: **LTSS Screening, Member Information Change**
- Allow at least **14 Business days** for all Corrections
- Once the change has been completed by the Enrollment Division, it can take up to **48 hours** for all systems to catch up.
- **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 are written on the form**





Member Information Correction Forms must be filled out completely or the request will be sent back.



LTSS SCREENER INFORMATION:

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

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

REQUIRED INFORMATION FOR THE INDIVIDUAL:

Correct Name _____ Correct DOB _____

Correct SSN _____ Correct Medicaid ID _____

Screening Number _____ Date of Screening _____

Please Check One: Auto-Fill is Incorrect _____ Error Made During LTSS Screening _____

<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	<input type="checkbox"/> Race:

Please note that **ALL name changes MUST** match with the individual's Social Security card. No other source can be used for name changes. If the SS card is wrong the individual **MUST** contact the SS Administration before any Medicaid record can be corrected. While it is not required to send a copy of the individual's social security card with this form, it is helpful if you do.

For items needing correction: (Please list the wrong information auto-filled or error and the correction.)

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

Return this form as an email attachment to DMAS:

- One (1) year old and above: enrollment@dmass.virginia.gov
- Under one (1) year old: Newborn@dmass.virginia.gov

Clarification on SSN Card Verification:



The Social Security Card or other documentation is **NOT** required to be sent with the “**Change to Member Information Correction Form**” **but can help expedite the request.**

Due to the laws around Enrollment & Eligibility, staff must research and contact the Social Security Administration (SSA) to verify information.

✓ Reminder:

CBT Delegate Administrator (DA) Change Requests

- Delegate Administrator Transaction Form is submitted to Screening Assistance by staff from a DSS or LHD to delete, add, or change existing information for a designated Screening Team DA
- Forms must be completed fully or will be sent back
- Must list the correct CBT shared API
- Localities should keep a list and manage their designated DAs. We have been receiving multiple requests to add people who already have access

eMIS Delegated Administrators: Add, Delete, Change Information for Delegated Administrators for Community Based Teams

Community-based teams (local Departments of Social Services and Health Departments) must contact DMAS when there is a change in the Delegated Administrator for their agency. This includes deletions, additions and changes in essential contact information as listed below.

The following information must be provided in full prior to any changes being made in the Medicaid Enterprise System (MES) for access to the Electronic Medicaid LTSS Screening (eMIS) system in the Care Management Module (CRMS).

Please allow at least 14 days for all updates.

Date of Submission of this Form to ScreeningAssistance@dmas.virginia.gov: _____

Submitted by: Name: _____
email: _____

DELEGATED ADMINISTRATOR INFORMATION

This is a request for the following type of transaction for Delegated Administrator (DA):

- CHECK ONE: DELETE DA
 ADD DA
 CHANGE IN INFORMATION FOR EXISTING DA

LOCAL (CHECK ONE): DSS <input type="checkbox"/>		HEALTH DEPARTMENT <input type="checkbox"/>	
FIRST NAME		LAST NAME	
STREET ADDRESS		CITY	
EMAIL USED BY DELEGATED ADMINISTRATOR FOR MES		DIRECT PHONE NUMBER(S) FOR DELEGATED ADMINISTRATOR	
		CELL	
		WORK	
LOCALITY NAME (S)		API NUMBER (S)	

ROLE: DELEGATED ADMINISTRATOR

Return this Form as an Attachment to DMAS at
ScreeningAssistance@dmas.virginia.gov

✓ Reminder:

Pre-Admission Screening for MI, ID and RC

- **MAXIMUS, as the Level II Evaluator tracks the disposition of Individuals**
- **Please be sure to return the Virginia PASRR Resident Tracking form back to Maximus**

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 _____

Reminder:

Frequently asked question

DMAS Eligibility Renewal/Unwinding Project

- **Individuals who lose coverage after failing to renew within the 30-day window may still submit their paperwork for renewal during the 90 days following the date that their package was sent.**
- **Anyone who renews within that 90-day grace period may have their Medicaid reinstated if they're still eligible, with coverage being retroactively applied through the date of termination to eliminate any gaps.**
- **Individuals will not require a new screening during this grace period.**

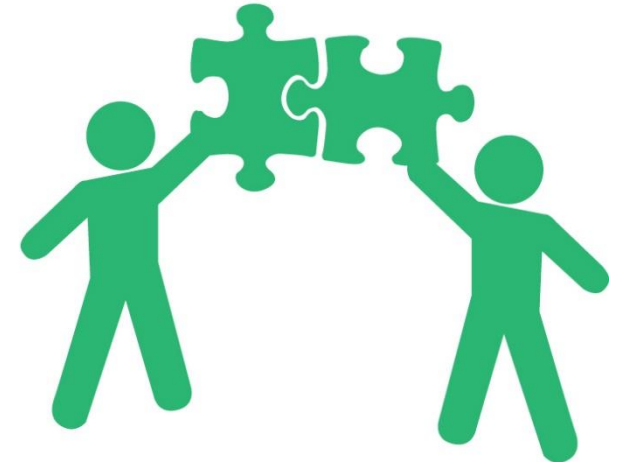
CBT Best Practices

What can Community Based Teams do to reduce going over the 30-day requirement?

- Contact your **state liaisons** for help immediately when you can foresee issues such as retirements, vacations, unexpected leaves of absences, sickness, issues with obtaining physicians signatures, internal program conflicts, prolonged PASRR/Level II or member enrollment change cases, etc.. They can help you!

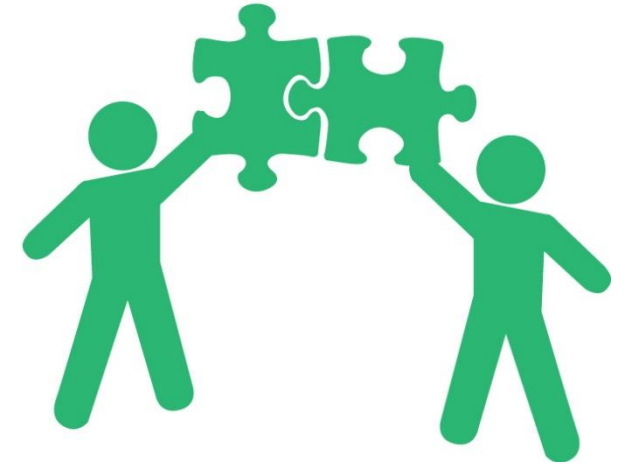
VDH LHD Liaison: Grace Hughes, LTSS Screening Program Manager at the VDH State Office
grace.hughes@vdh.virginia.gov

DARS Liaison to assist LDSS Staff: Pamela Cole and Ellie Rest, DARS Adult Services Specialist
adultservices@dars.virginia.gov



CBT Best Practices

- Schedule monthly meetings between LHD/LDSS Screening Team.
- Share a calendar for slot availability.
- Get permission from your management to have other localities help out.
- If possible, schedule screenings within 21 days of the request date to allow enough time for all members of the Screening Team to get their part completed in time.

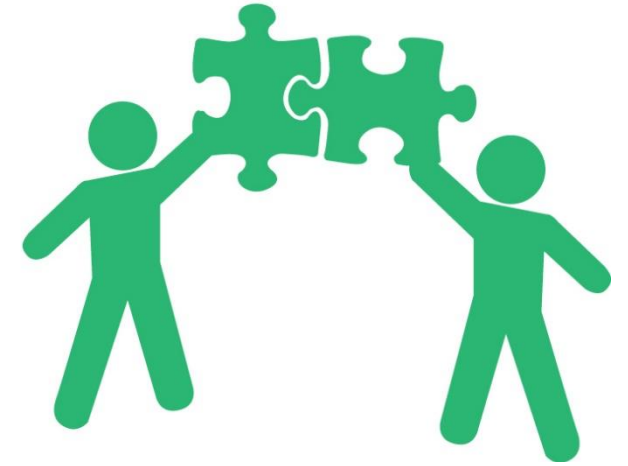


CBT Best Practices

Request dates can ONLY be adjusted for the following:

- Individual cancels appointment
- Individual is not at home when the screening team arrives
- Individual requests a later date even though earlier appointments were available
- Individual does not respond to repeated contact attempts to schedule the screening

These are areas that affect the 30-day count that is of no fault of the CBT. If adjusted, notes should be kept in the departments record.



CBT Best Practices

Physician Signatures:

- Make sure that the clinician knows when the screening must be signed to be in compliance of the 30 days.
- Work out and have a process set up with the physician to alert them if a screening needs to be signed immediately, especially for those who only review screenings weekly. The clinician can choose how they want to be notified - text, email, phone call, etc.
- It is highly encouraged that a Physician sign within a week of the Screening date.



CBT Best Practices

Make sure the individual knows what information will be needed at the home visit:

- Ask individuals and their authorized representatives to have ready doctor's names and numbers, list of medications, recent hospitalizations, medical diagnoses, insurance cards, ID, social security card, etc.
- By having the client gather this information ahead of time, you can reduce the length of the home visit and possibly perform more screenings in a day.
- Remember, no prescreening an individual before visit.



Reminders:

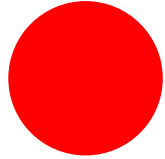
- Screenings must be conducted within 30 days or will be marked as late. Be careful of months that have 31 days.
- Use the offline form to save time.
- When a screening is voided for a correction, make sure the Screeners and Physician use the original date on the DMAS 96, not the current date or it will look like your screening was late.
- Try to keep track of the reasons why your Screenings went past 30 days.



Resources

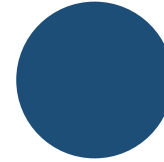


Validity Check for LTSS Screening



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.

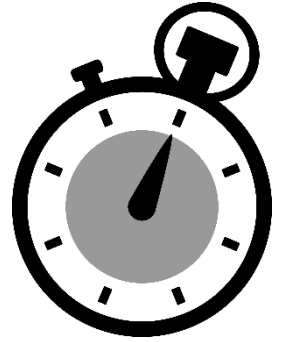


Fee For Service

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)

* Find out if the individual already has Medicaid LTSS and if they are trying to transition from one LTSS choice to another. This would mean that the original Screening used to enroll the individual into LTSS is used and passed onto the new provider.

Screening Timelines:



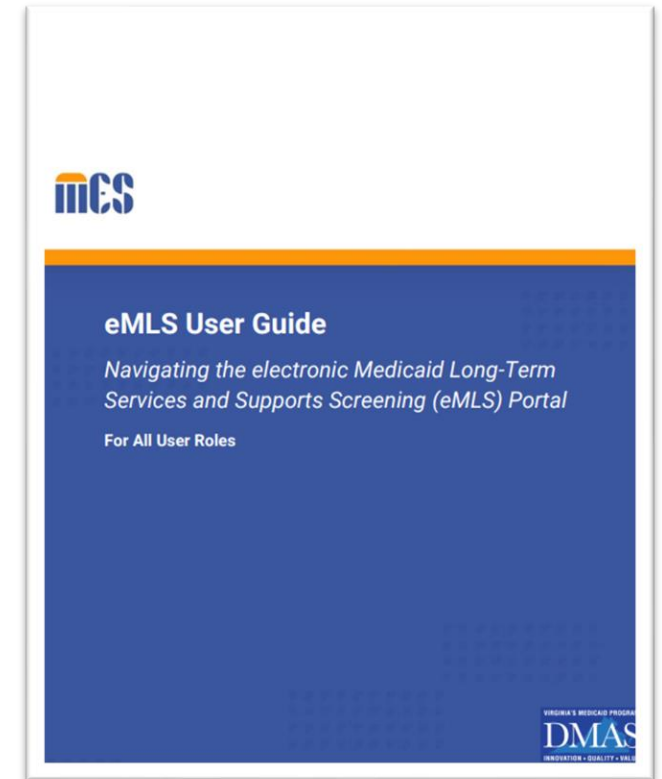
- Individuals who have a screening conducted have 1 year of the date of the physician's signature to enroll in CCC Plus Waiver, PACE or Custodial Nursing Facility care.
- Screenings completed prior to a discharge from a SNF for persons who are enrolled into Medicaid while in the SNF, including health plans and FFS, have 30 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 30 days to transition between providers. After 30 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 even if it is less than 30 days since the level of care review. Hospital screeners do not see this scenario as often.
- When in doubt, screen the individual.

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



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, there is a navigation bar with the following items: '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 banner image of a man in a plaid shirt. Overlaid on the banner 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 banner is a section titled 'Resources - Programs and Initiatives' which contains four cards. A red arrow points to the 'Screening' card. The cards are:

- 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 displays the login interface for the VCU Medicaid LTSS Screening Training. The header includes the VCU logo, the text 'VIRGINIA COMMONWEALTH UNIVERSITY', the slogan 'WE ARE THE UNCOMMON.', and a 'GIVE TO VCU' icon. The main navigation bar contains 'Menu', 'Medicaid Long-Term Services and Supports (LTSS) Screening Training', 'Login', and 'Register'. The left sidebar lists 'Login', 'REGISTER', 'Screener', and 'Guest'. The central login form is highlighted with a red oval and includes a 'Login' button, a 'Forgot Your Password?' link, and a 'Remember me' checkbox. The footer contains contact information for the Virginia Commonwealth University School of Education and a 'Helpful links' section with 'eLearning Modules', 'Partners', and 'Feedback' links. A yellow arrow points to the 'eLearning Modules' link.

Need Help?

- Questions about the LTSS Screening process, policy or requests for copies of screenings go to:
ScreeningAssistance@dmas.Virginia.gov
- Questions about MES (computer system issues) , CRMS, eMLS go to:
MES-Assist@dmas.Virginia.gov
- All technical questions about accessing the Medicaid LTSS Screening Training go to VCU: ppdtechhelp@vcu.edu

Upcoming Connection Call Schedule and Team Focus

2023				
<u>SCREENING TEAM TYPE</u>	<u>QUARTER 1</u>	<u>QUARTER 2</u>	<u>QUARTER 3</u>	<u>QUARTER 4</u>
Nursing Facility				October 10
Hospitals				November 14
Community Based Teams (CBTs)				December 12

SHARE INFORMATION WITH YOUR TEAM



- Other Screeners
- Supervisors
- Managers



SAVE
the
DATE

Next Call:

- **Skilled Nursing Facility Screening Team Focus**
- **October 10, 2023 at 3:30**
- **Any team can join the call and listen, but the focus will be on NF Issues**



Question and Answer Time