



LTSS Screening Connections

*Nursing Facility
Screening Team Focus*

April 9, 2024

Office of Community Living (OCL)



**Thank You,
for all you do!**

**You are
amazing!**

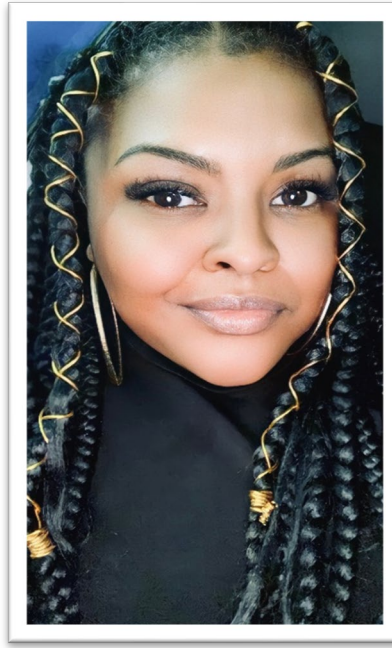
Logistics

- 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.

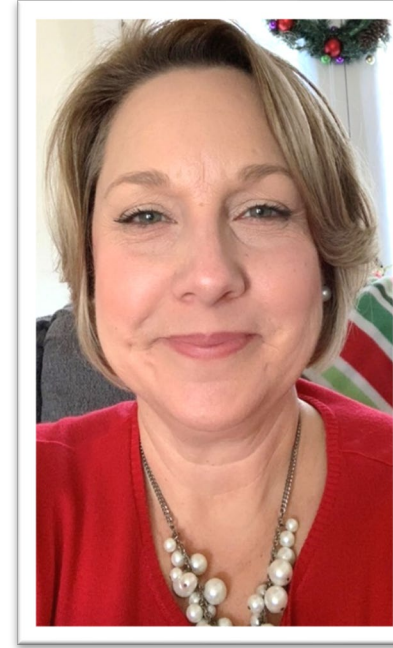




Nicole Braxton
OCL Program Manager



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

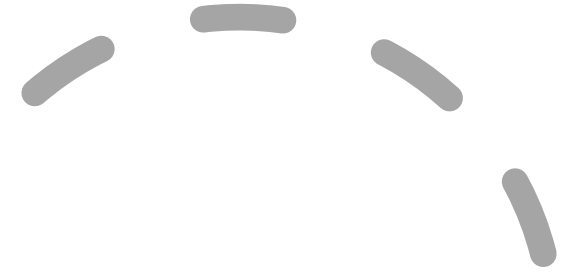


Dena Schall
Technical Assistance for
Screening Assistance Mailbox
and eMLS

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

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

Today's Agenda:



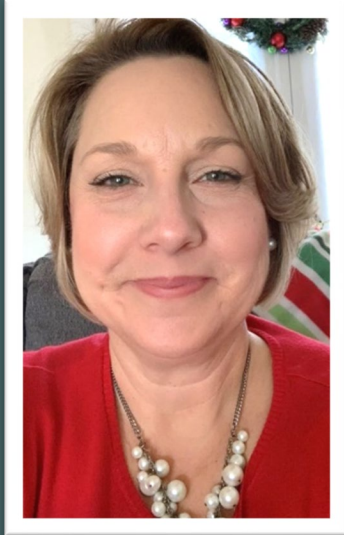
**IMPORTANT UPDATES,
AND REMINDERS**



**NURSING FACILITY TEAM
TOPIC REVIEW**



**QUESTION AND ANSWER
PERIOD**



Today's Screening Team Focus:

Nursing Facility

Presented by Dena Schall, LTSS Screening Unit

2023 Total Screenings Conducted by Skilled Nursing Facility Team

	Totals	CCC Plus Waiver (04)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	2132	69	23	1995	37	8
2023	2132	69	23	1995	37	8

HCBS-Auth.

Not Auth.

Not Auth.

HCBS-Auth.



Authorized for
Long-Term Nursing Facility

CCC Plus with PDN and Active Treatment for MI/ID Condition was (0)

Data pulled on 4-1-2024, number are subject to change as corrections are made.



Nursing Facility Screening Data Check-In

Nursing Facility Team Screenings for January, February, and March 2024

	Totals	Active Treatment for MI/ID Condition (09)	CCC Plus Waiver (04)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	579	2	22	8	532	10	5
🕒 2024	579	2	22	8	532	10	5

Not Auth.

HCBS-Auth

Not Auth.

Not Auth.

HCBS-Auth

Authorized for
Long-Term Nursing Facility



CCC Plus with PDN was (0)

Data pulled on 4-1-2024, number are subject to change as corrections are made.



Nursing Facility Screening Data Check-In

2023 Break Down by Screening Team

Screening Team	Total Number of Screenings
Community Based (VDH/DSS)	23,395
Hospital	19,461
Skilled Nursing Facility	2,132 ←
Total Number of Screenings in 2023	44,988

Includes Approved-Authorized and Approved-Not Authorized Screenings

Data pulled on 4-1-2024, number are subject to change as corrections are made.



Screening Data Check-In



2023 Break Down by Screening Team



Screening Data Check-In

Hospital Screening Team

	Totals	Active Treatment for MI/ID Condition (09)	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	19461	9	2698	72	351	15770	421	140
🕒 2023	19461	9	2698	72	351	15770	421	140

These were mostly inpatient individuals with Medicaid who were discharging to a Nursing Facility (both SNF and Long Term Custodial

Skilled Nursing Facility Screening Team

	Totals	CCC Plus Waiver (04)	No Other Services Recommended (00)	Nursing Facility (NF) Services (01)	Other Services Recommended (08)	PACE (02)
Grand Total	2132	69	23	1995	37	8
🕒 2023	2132	69	23	1995	37	8

These were individuals who came from the Hospital to SNF as Non-Medicaid then needed to apply for both Financial Medicaid and Medicaid LTSS

Data pulled on 4-1-2024, number are subject to change as corrections are made.



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 out soon in DMAS Memo/Bulletin.

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, and a search engine.

Provider Menu

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

Provider Resources

Welcome to the MES Provider Resource area!

This is the new location for Provider information and resources. The information resources on the legacy Medicaid portal are no longer available, but don't worry - we've got you covered! Links to all of the Medicaid Memos, Bulletins, Forms and Manuals have been updated and are available below. MES will continue to provide the same resources you need to get your job done, and help provide for our Members' health care.

We've just finished converting all of our Provider Manuals to PDF, for easier selection and downloading - [give it a try](#).

Try our new MES search engine:

ENHANCED BY Google

What is MES?

The Medicaid Enterprise System (MES), pronounced **'Mez'**, was created to transform our Medicaid technology from an antiquated all-in-one-box solution, to a modular, expandable and cost-effective solution. This collection of advanced technologies directly and efficiently supports the business needs of DMAS and our Providers.

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

Reminder:



Nursing Facility Screening Team Best Practices:

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

SNF Screening Teams need to plan on a potential increase in the volume of LTSS Screenings

Update:

Updated Health Plan-MCO Contact and Fax Numbers for Referral Process

On the MES Homepage

LTSS Screening Team MCO Contact Numbers

Cardinal Care Health Plan	FAX Number for Screening Documents	Care Management Phone Number
Aetna Better Health of Virginia	844-459-6680	855-652-8249 Ask for Case Management Members 1-800-279-1878
Anthem <u>HealthKeepers Plus</u>	844-471-7937	Members 1-800-901-0020
Molina Healthcare	800-614-7934	800-424-4524 Members 1-800-424-4518
Sentara Health Plans	844-552-7508	866-546-7924 or 757-552-8398 Members 1-800-881-2166
United Healthcare Community Plan	855-770-7088	Providers 877-843-4366 Members 1-844-752-9434

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

Update:



NEW Enrollment Member Correction Form on the MES Homepage

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

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

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

Update:



Download New Form from MES Homepage

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, RACE, 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@dmas.virginia.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@dmas.virginia.gov.

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

Revised 11.28.2023

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	<input type="checkbox"/> Race:

*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:
Race:	Wrong:	Correct:
Social Security Number:	Wrong:	Correct:
Medicaid Number:	Wrong:	Correct:

Comments: _____

Return this Form as an Attachment to DMAS Enrollment at **PatientPay@dmas.virginia.gov**

Revised 11.28.2023

Update:



Downloadable Forms and Documents on the MES Homepage

MES

PROVIDER HOME

- [MCO Provider](#)
- [Provider Training](#)
- [Provider Contacts/Resources](#)
- [Provider FAQ](#)
- [Popular Downloads](#)
- [Manuals Library](#)
- [Memos/Bulletins Library](#)
- [MES Forms Library](#)
- [CRMS Training](#)
- [CRMS Resources](#)
- [Claims & Billing](#)
- [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 \(PDF\)](#)
- [Health Plan-MCO Contact and Fax number document for the LTSS Screening](#)

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.

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

New Enrollment Correction Form

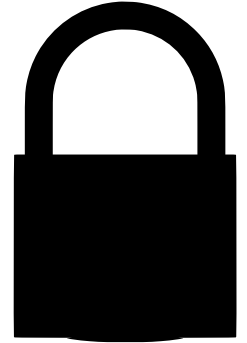
New Health Plan Fax Numbers

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 Topic Review:

Authorized Representative

Authorized Representative:

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.

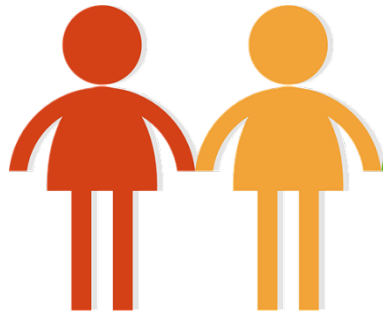


Authorized Representative:

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

Authorized Representative:

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.**



Authorization Representative:



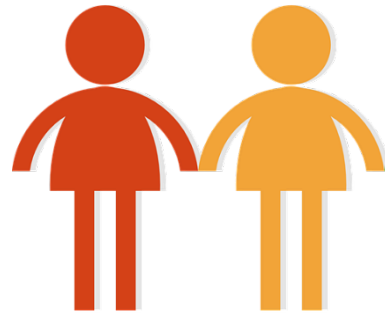
What is a legal representative? Continued

- 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.**

Authorized Representative:

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.



Authorized Representative:



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.

Authorized Representative:



- 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.**



Authorized Representative:



- 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..





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

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

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, 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, there is a large image of a man in a plaid shirt. Overlaid on the image is the text 'Programs and Initiatives' with a red arrow pointing to it. Below this text, there is a list of programs: Electronic Visit Verification, Program of All-inclusive Care, Civil Monetary Penalty, and Screening. Below the image, there is a section titled 'Resources - Programs and Initiatives' which contains four cards. A red arrow points to the 'Screening' card.

Virginia Medicaid
Department of Medical Assistance Services

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>

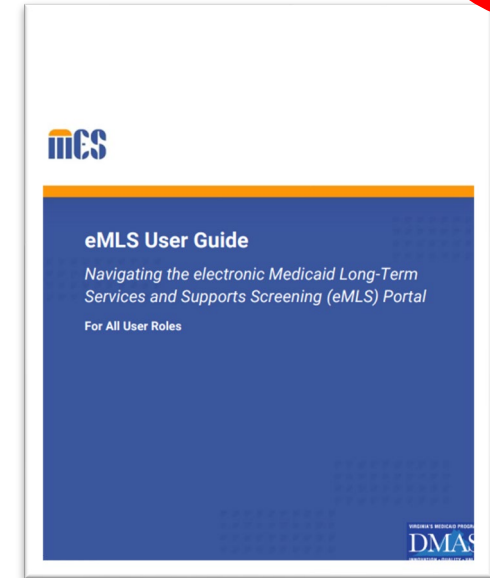
- Log-in Using your email address and created password
- To Access the Training Modules go to helpful Links – eLearning Modules

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. Below the header is a white box containing the login form. The form has a 'Login' button highlighted in yellow. The form fields are 'Email address' and 'Password'. Below the fields is a 'Remember me' checkbox and a 'Login' button. To the right of the 'Login' button is a 'Forgot Your Password?' link. A red oval highlights the login form. At the bottom of the page is a purple footer with the VCU logo and text: 'Virginia Commonwealth University Partnership for People with Disabilities School of Education 700 East Franklin Street'. To the right of the footer is a 'Helpful links' section with a yellow arrow pointing to the 'eLearning Modules' link. The other links in the 'Helpful links' section are 'Partners' and 'Feedback'.

Use eMLS User Guide and Training

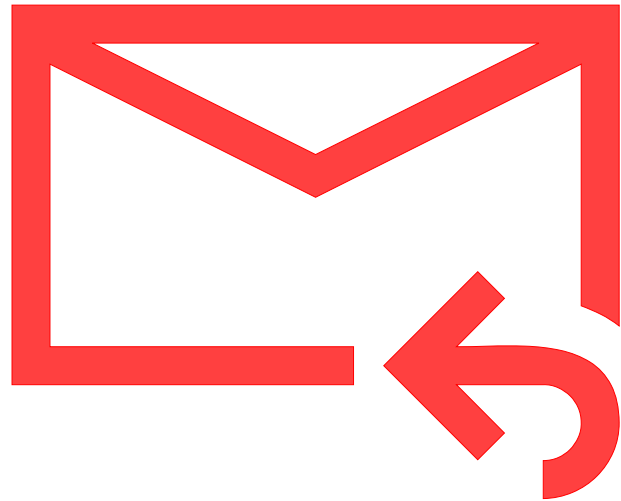


- Access, System Requirements, User Access Roles, and Logging In
- Navigation and Functions of System
- Error Message Meaning
- Searching of an Existing Screening
- Data Entry and Submission of New Electronic LTSS Screenings
- Screening Status and Watermarks
- Voiding and Corrections of Existing Screenings
- Printing Screenings
- Uploading and Downloading the P-98 offline form
- And many more concepts



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

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



Need Help?

- Questions about the LTSS Screening process, policy 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

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>
Nursing Facility			July 9	October 8
Hospitals		May 14	August 13	November 12
Community Based Teams (CBTs)		June 11	September 10	December 10

SHARE INFORMATION WITH YOUR TEAM

- Other Screeners
- Supervisors
- Managers
- Directors



Next Call:

- Hospital Screening Team Focus
- May 14, 2024 at 3:30
- Any team can join the call and listen, but the focus will be on the Hospitals



Save
the
Date



Question and Answer Time