



eMLS User Guide

*Navigating the electronic Medicaid Long-Term
Services and Supports Screening (eMLS) Portal*

For All User Roles

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Table 1: Revision History

Revision History			
Version	Date	Additions/Modifications	Prepared By
1.0	07/23/2021	Initial Draft	Briljent
2.0	08/06/2021	Updates from Ramona and Madhavi	DMAS
3.0	08/27/2021	Beta Draft	Briljent
4.0	09/16/2021	Gold Draft	Briljent
5.0	09/30/2021	Gold Final	Briljent
6.0	12/15/2021	Final	Briljent
7.0	01/21/2022	Final	Briljent

HIPAA

All users of the Electronic Medicaid Long Term Services and Supports Screening (eMLS) portal must comply with HIPAA and laws related to protecting personal health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule 1 provides protection for personal health information. The regulations became effective April 14, 2003. HIPAA Privacy Policies and Procedures were developed to ensure operations are compliant with the legislative mandate.

Protected health information (PHI) includes any health information – whether verbal, written, or electronic that is created, received, or maintained. It is health care data, plus identifying information that allows someone using the data to tie the medical information to a particular person.

The Privacy Rule permits a covered entity to use and disclose PHI within certain limits and providing certain protections for treatment, payment, and health care operations activities. It also permits covered entities to disclose PHI without authorization for certain public health and workers' compensation purposes, and other specifically identified activities.

Protected Health Information (PHI)

PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

eMLS Introduction

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.

This 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

The audience for the *eMLS User Guide* is certified LTSS screeners who create LTSS screenings as well as staff who support and manage the screenings.

System Requirements

To successfully use all MES features, ensure that your computer system meets the following minimum requirements:

- Reliable internet connection
- Latest version of your web browser
- Enabled pop-ups to view detail and attachment windows
- PDF (portable document format) viewer software

Registration and Access

Prior to accessing eMLS, providers, delegates, and authorized administrators must be registered for the Virginia MES Provider Portal. In this process, users will receive their MES Provider access credentials through two distinct emails.

Instructions for registration and access to the Virginia MES Provider Portal can be found on the *MES Provider Training Page*: <https://vamedicaid.dmas.virginia.gov/training/provider>.

eMLS User Access Roles

Once registered for MES, eMLS users are issued role-based access for eMLS by Contract Administrators or Primary Account Holders (PAHs). Users only have access to the features and functionality that are associated with the role(s) they are assigned.

There are six Authorized User roles for eMLS:

- Viewer
- Creator
- Approver
- DMAS Reviewer

Each role has distinct security accessibility levels associated with it (Table 2).

Table 2: eMLS User Access Roles

Ability	Viewer	Creator	Approver	DMAS Reviewer
View/Print	✓	✓	✓	✓
Create New	N/A	✓	✓	N/A
File Upload	N/A	✓	✓	N/A
Approve	N/A	N/A	✓	N/A
Cancel Assessment	N/A	✓	✓	N/A
Void Assessment	N/A	✓	✓	N/A
Review Assessment	N/A	N/A	N/A	✓
Add Comments	N/A	N/A	N/A	✓
Edit Comments	N/A	N/A	N/A	✓
Return Provider	N/A	N/A	N/A	✓
Accept Assessment	N/A	N/A	N/A	✓

Logging In

Use your MES credentials to log into and access your authorized functionality in eMLS.

To access eMLS functions (Figure 1):

1. Navigate to the *MES Secure Login* page at:
<https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage>
2. Enter your Username.
3. Enter your Password.
4. Select the **Sign-In** button.

Figure 1: MES Secure Log In Page



Forgot Password

To reset a forgotten password:

1. Select the *Reset Password* link on the *MES Secure Log In* page (Figure 2).

Figure 2: MES Secure Log In Page - Reset Password Link



2. Follow the **Forgot Password** instructions (Figure 3).

Figure 3: Forgot Password



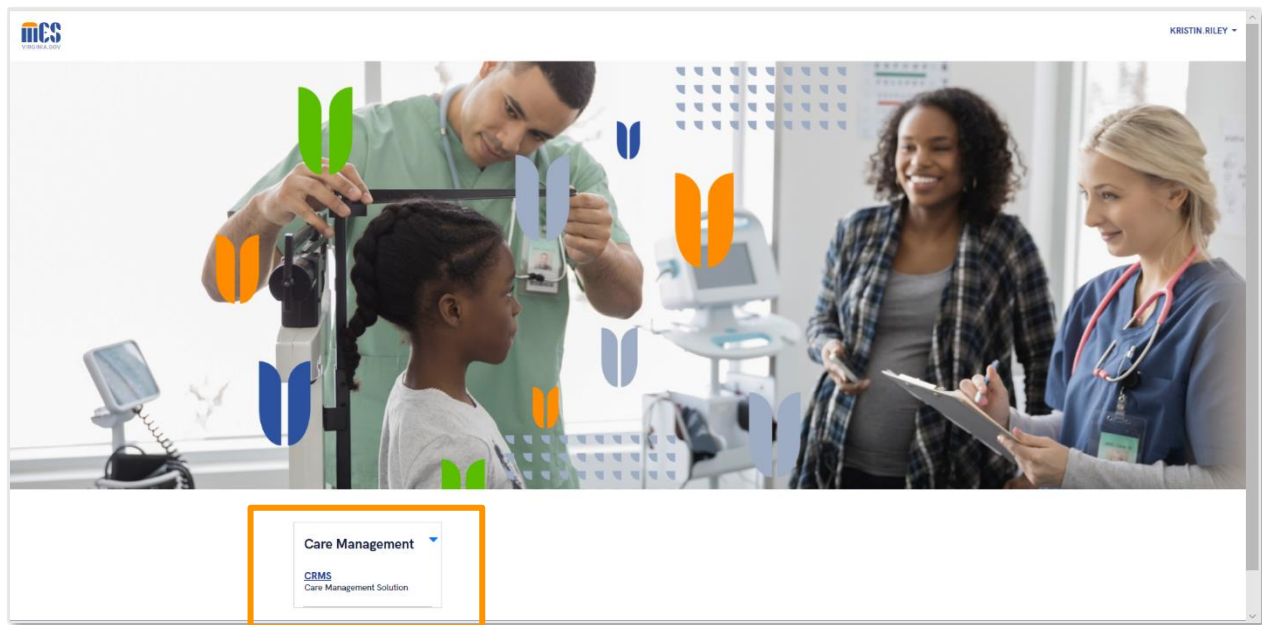
Access MES Modules

Once you are signed into MES, the MES landing page displays the modules available to you.

To access eMLS (Figure 4):

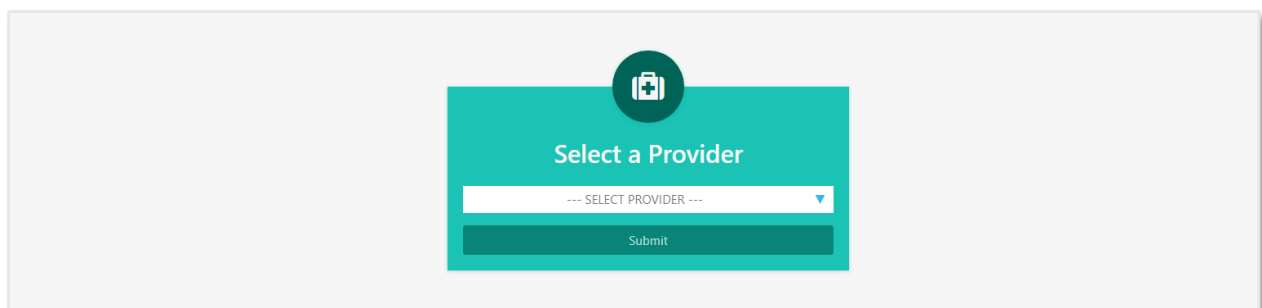
1. Select the **Care Management** drop-down arrow.
2. Select the **CRMS** link to access eMLS.

Figure 4: MES Landing Page/Care Management Tile



3. Select the appropriate authorized provider from the **Select a Provider** drop-down list (Figure 5).
4. Select the **Submit** button to log in on behalf of the selected provider.

Figure 5: Select a Provider



General Navigation and Functions

When you log into and access the Care Management Solution (CRMS) portal, you will always start on the *CRMS Home* page, also known as the *Dashboard* page (Figure 6).

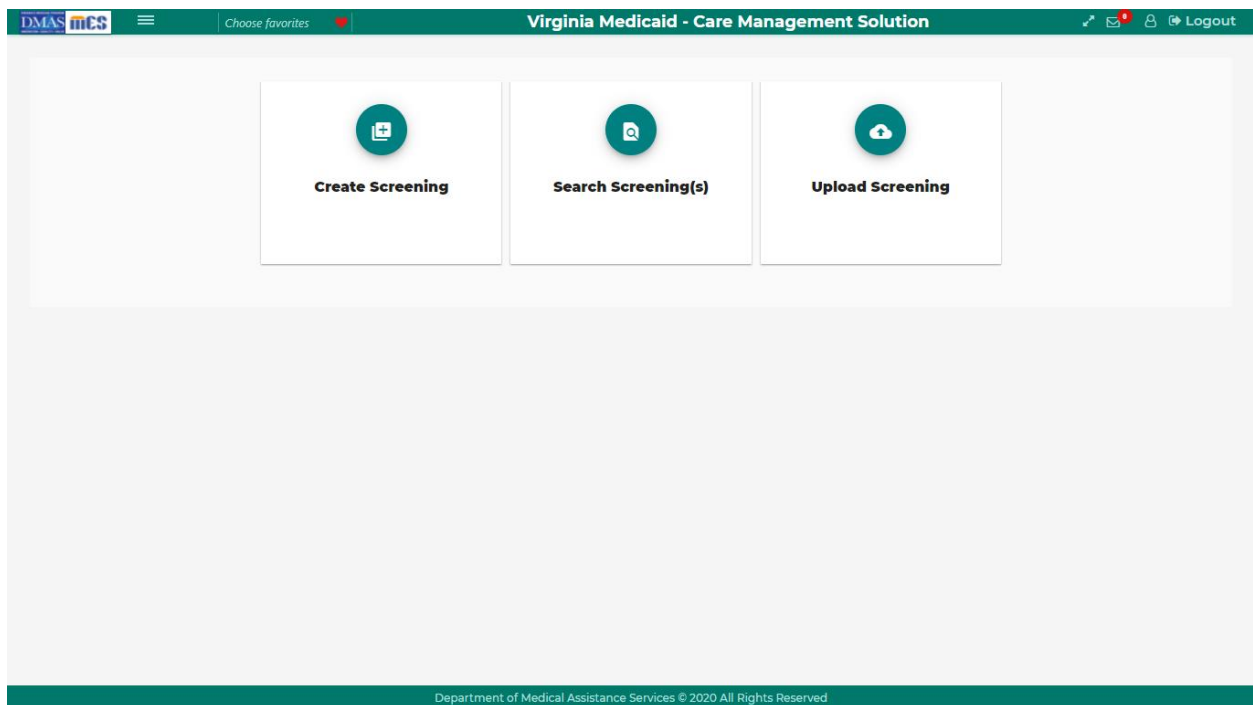
This page consists of:

1. **Collapsible Menu**– used to access functions when not on the *Dashboard* page.
2. **Mailbox Link** – used to access messages within your CRMS mailbox.
3. **User Profile Link** – used to see for which provider’s behalf you are currently working.
4. **Logout Function** – used to log out of the CRMS portal.
5. **Screening Function Tiles** – used to access the screening functions.



IMPORTANT: Only applicable navigation tiles display, based on your screening role permissions.

Figure 6: CMS Home (Dashboard) Page



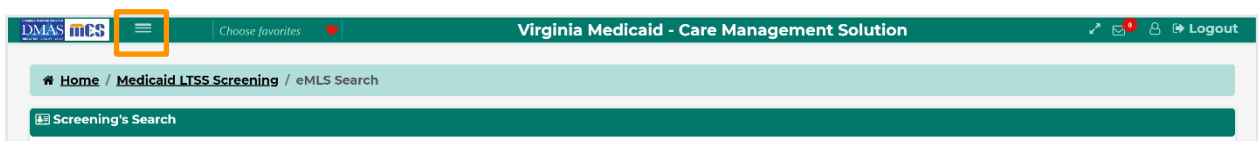
Accessing the Collapsible Menu Bar

When you are on any page other than the *Dashboard* page, you can access the *Dashboard* page, screening functions, provider selection, and Mailbox from the collapsible menu.

To access these items:

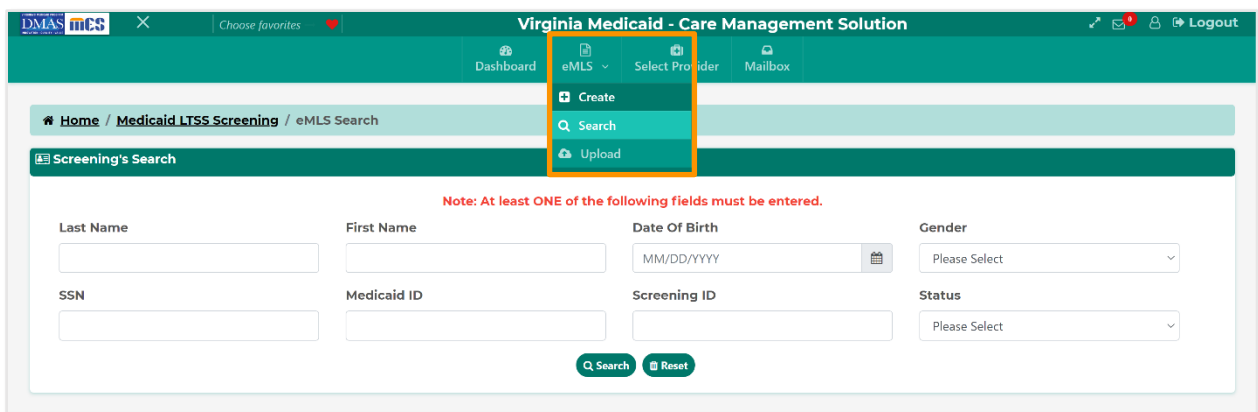
1. Select the **menu** icon (Figure 7).

Figure 7: Collapsible Menu Bar – Hidden



2. Select an item to display the function or choose an option from a drop-down list when an arrow is displayed next to the option name (Figure 8).

Figure 8: Collapsible Menu Bar – Expanded



NOTE: When the collapsible menu bar is expanded, the **menu** icon changes from three horizontal lines to an "X." Select the "X" to hide the collapsible menu bar.

Accessing Screening Functions

Depending on your screening role permissions for a provider, you will have access to one or more of these screening functions:

- **Create Screening** – used to create a new screening
- **Search Screening(s)** – used to search for screenings based on search criteria
- **Upload Screening** – used to upload .xls spreadsheets of screenings conducted offline.



Upon uploading a screening, the remainder of the screening must be completed and submitted online. Submitting all screenings in the same manner helps identify when screenings already exist.

These functions can be accessed from the tiles on the *Dashboard* page (Figure 9) or the collapsible menu options (Figure 10).

Figure 9: Dashboard Page – Screening Function Tiles

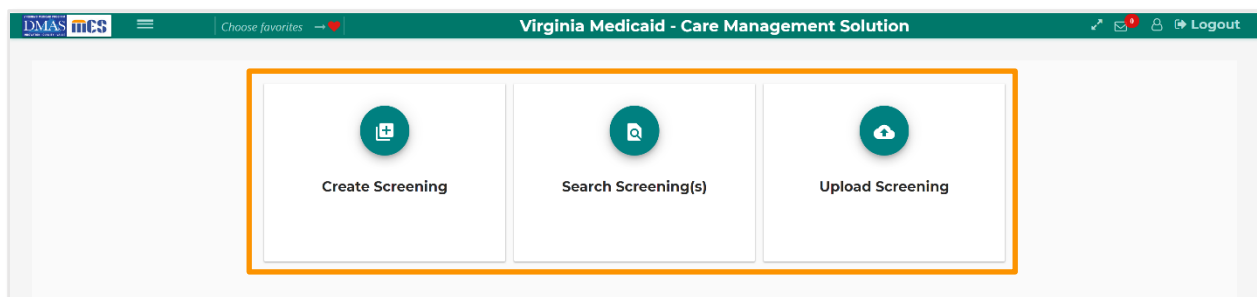
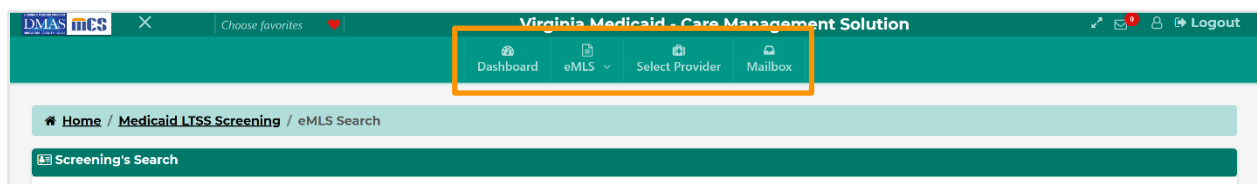


Figure 10: Collapsible Menu Bar – Screening Function Options



Searching for Existing Screenings

You can search for screenings that are in any status. However, you will only be able to view screenings that you have access to through your provider number.

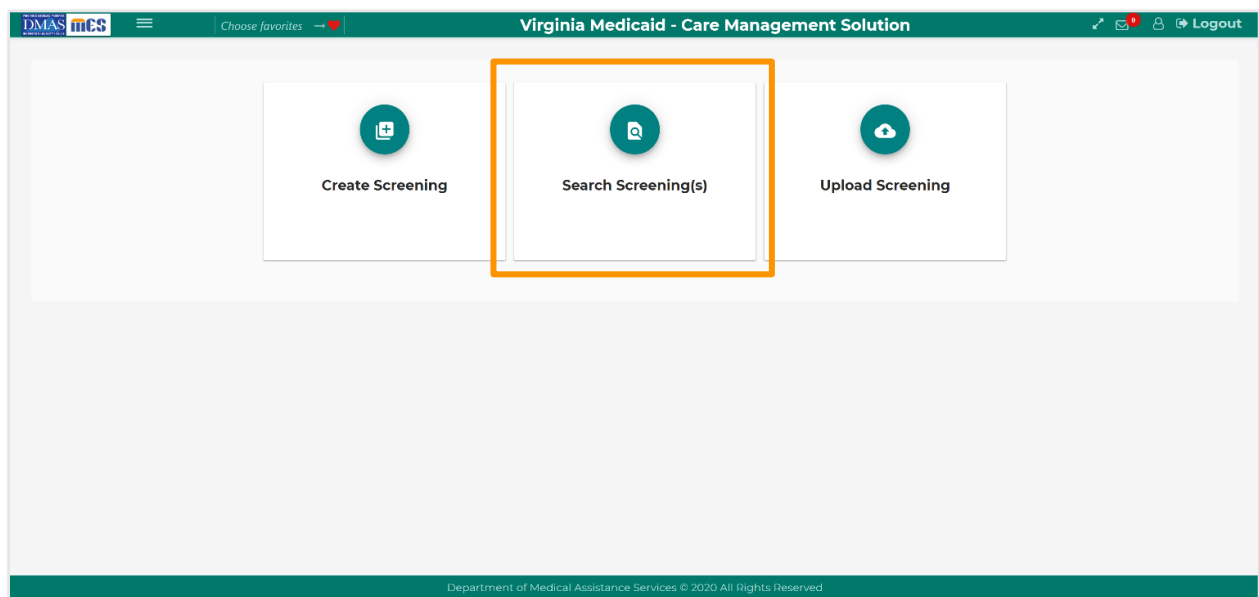
To search for an existing screening:

1. Select the **Search Screening(s)** tile from the *Dashboard* page (Figure 11).



NOTE: You can also access this function from the collapsible menu bar by selecting “Search” from the **eMLS** drop-down list.

Figure 11: Dashboard Page



2. Select one of the following combinations of criteria (Table 3) to narrow the search results (Figure 12).

- Medicaid ID
- SSN
- Screening ID
- First Name, Last Name, Date of Birth, and Gender



NOTE: When searching by Medicaid ID or SSN, select the **Show Member History** box to view all Screening Cards for the individual, not only the ones associated with your organization/NPI. This allows you to view the card's details, but not a full screening completed by another organization/NPI.

3. Select the **Search** button.

Figure 12: Screening Search Criteria Page

Table 3: Screening Search Criteria Fields

Field Name	Field Details
Last Name	Individual's last name NOTE: Search results include partial matches. For example, if you enter Smith, individuals with the last name of Smithfield will also be included.
First Name	Individual's first name NOTE: Search results include partial matches. For example, if you enter John, individuals with the first name of Johnathan will also be included.
Date of Birth	Individual's date of birth
Gender	Individual's gender Gender options include: <ul style="list-style-type: none"> • Male • Female • Unknown
SSN	The individual's 9-digit social security number NOTE: This can be entered in XXXXXXXXXX or XXX-XX-XXXX format.

Field Name	Field Details
Medicaid ID	The individual's Medicaid ID
Screening ID	A unique identifier for a screening generated by eMLS when created
Status	<p>The status of the assessment currently</p> <p>Status options include:</p> <ul style="list-style-type: none"> Accepted - Authorized Accepted - Not Authorized Cancelled In Approval In Correction In Progress In Review Void
Show Member History	Option to view all Screening Cards for the individual, not only the ones associated with your organization/NPI. This allows you to view the card's details, but not a full screening completed by another organization/NPI.

4. Refine the search results by entering additional details in the text box filter (Figure 13).
5. Locate the screening record.



NOTE: Use the page navigation at the bottom of the page when multiple pages of results are displayed after refining the search results.

Figure 13: Example Search Results

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Search

Screening's Search

Last Name: First Name: Date Of Birth: Gender:

SSN: Medicaid ID: Screening ID: Status:

Show Member History

Search Reset Download Report

15 record(s) retrieved using the search criteria.

Search screenings with Screening Id, Last Name, First Name, DOB, Gender, etc

Last Name: First Name: Date of Birth: Medicaid ID: SSN: NPI:

In Progress

Last Name: First Name: Date of Birth: Medicaid ID: SSN: NPI:

In Progress

Last Name: First Name: Date of Birth: Medicaid ID: SSN: NPI:

In Progress

Previous 1 2 3 Next

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6. Review the information on the screening card you located (Figure 14).



NOTE: This side of the screening card includes the individual's first and last name, date of birth, gender, SSN, Medicaid ID; the screener's NPI; and screening status.

7. Select the screening status (Figure 14) to view additional details for the screening.

Figure 14: Search Result Card - Front Side

8. Review the additional details (Figure 15) to verify this is the screening you want to view.



NOTE: This side of the screening card includes the individual's first and last name, date of birth, gender, SSN, Medicaid ID; the screener's NPI; and screening status.

Figure 15: Search Result Card - Back Side



NOTE: To return to the other side of the card, select the "X" in the place where the status was displayed on the front of the card.

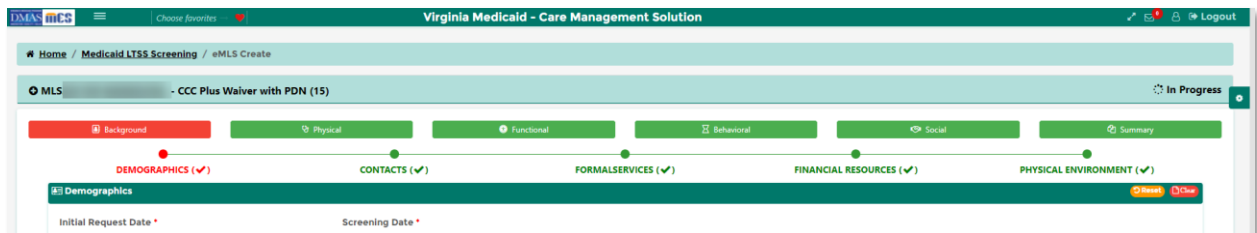
9. Select the **View** button on the screening card to view the screening forms (Figure 16).

Figure 16: Screening Forms

Viewing Screening Summaries

To view the *Summary* page of the UAI form, select the **Summary** tab (Figure 17).

Figure 17: Screening Summary

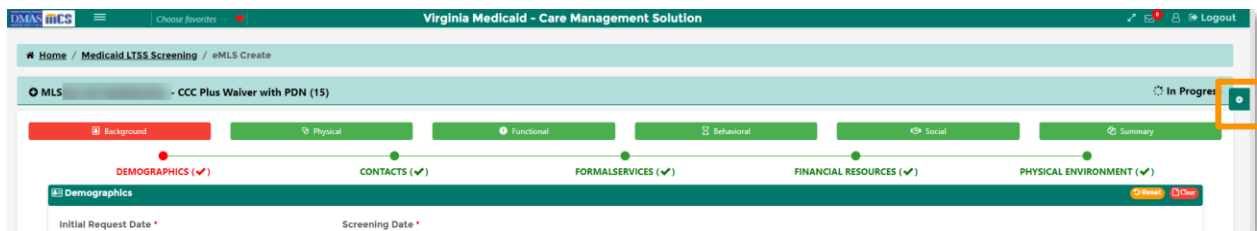


Printing Screening

To print a screening:

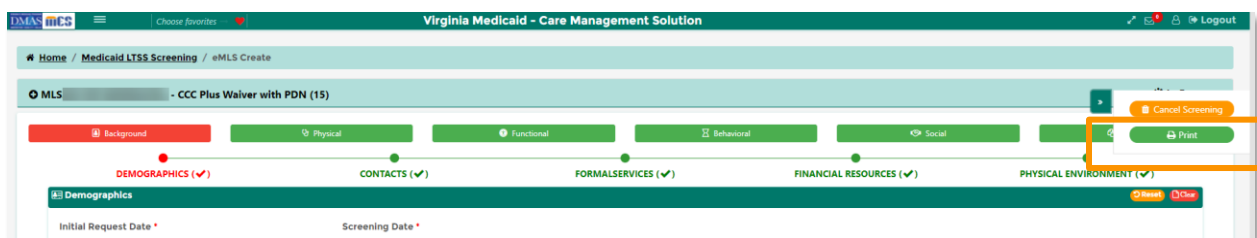
1. Select the **gear** icon (Figure 18).

Figure 18: Gear Icon



2. Select the **Print** button (Figure 19).

Figure 19: Gear Icon Pop-up Box



NOTE: Your browser will download a PDF file of the screening that you can open and print from your computer.

Uploading Screening Files

You can upload a single screening file in .xls format to start a new screening. Then, in eMLS, you can review, edit, complete, and submit the screening.



NOTE: Best practice is to complete as much of the screening as possible prior to uploading to eMLS.



NOTE: Ensure the minimum required fields are accurately completed; otherwise, the upload will fail, and the system will display error messages identifying the issues.

Minimum required fields include:

- Last Name (on the UAI-A sheet)
- First Name (on the UAI-A sheet)
- DOB (on the UAI-A sheet)
- Gender (on the UAI-A sheet)
- Race (on the UAI-A sheet)
- Initial Request Date (on the UAI-A sheet)
- Screening Date (on the UAI-A sheet)
- Screener Provider NPI (on the UAI-B sheet)
- Screener Provider NPI (on the DMAS-96 sheet)

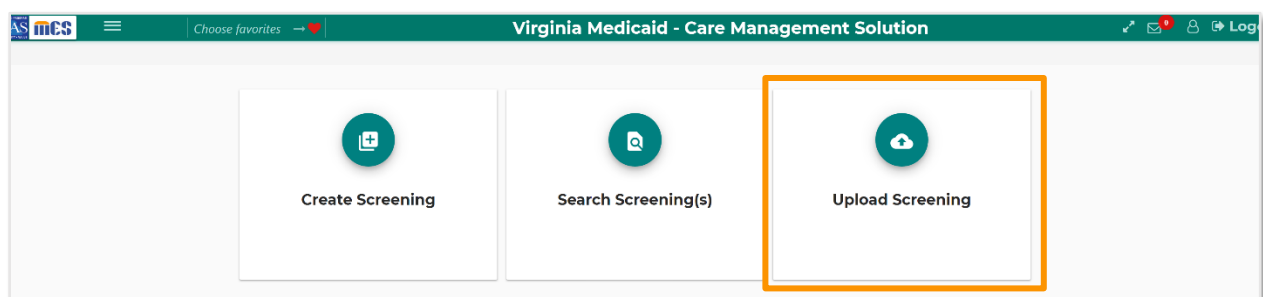
To upload a screening file:

1. Select the **Upload Screening** tile from the *Dashboard* page (Figure 20).



NOTE: You can also access this function from the collapsible menu bar by selecting "Upload" from the **eMLS** drop-down list.

Figure 20: Upload Screening Tile

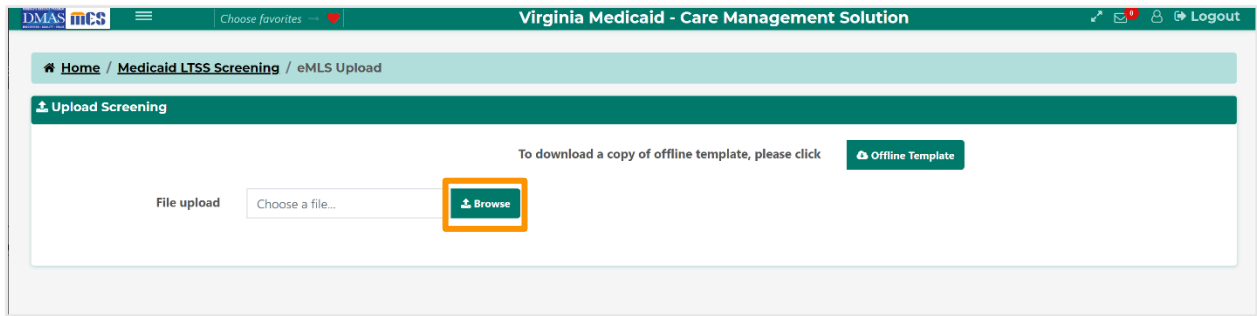


IMPORTANT:

When submitting an offline screening electronically, immediately after the screening is uploaded to eMLS, you **must** review/complete the screening information and submit the screening to complete the process.

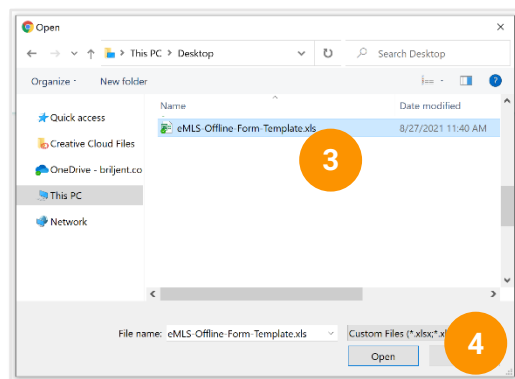
2. Select the **Browse** button (Figure 21) on the *Upload Screening* page.

Figure 21: Upload Screening Page



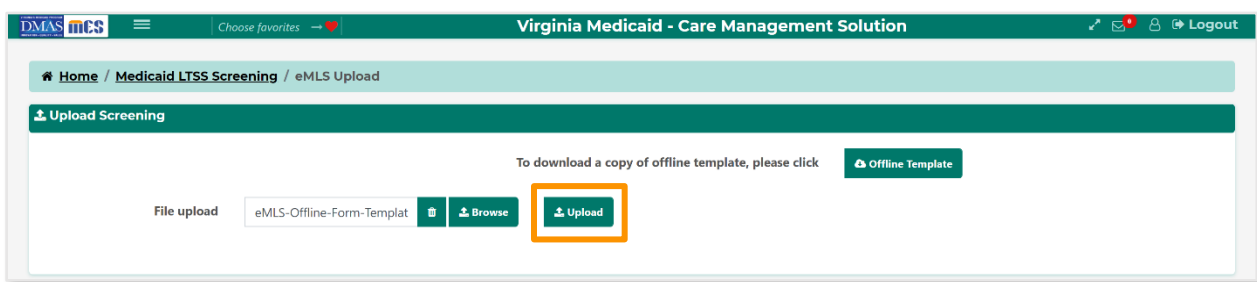
3. Locate the file on your computer using the **Open File** pop-up box (Figure 22).
4. Select the **Open** button.

Figure 22: Open File Pop-up Box



5. Select the **Upload** button (Figure 23).

Figure 23: File Upload Field and Upload Button



- Review the available member options (Figure 24) to determine whether the screening is for a member already in the system or a new individual.



NOTE: Upon successful upload, the system will compare person information search data (SSN, Medicaid ID, Last Name, First Name, Gender, Date of Birth, and Race) in the uploaded file with existing member files in MES. When data in these fields match, those members are displayed as options in the results area. The last option (or only option when there are no matches) will be to create a screening for a new member.

- Select the **Continue** button in the row of the member option you want to use.

Figure 24: Member Options

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Upload

Upload Screening

To download a copy of offline template, please click [Offline Template](#)

File upload: Choose a file... [Browse](#)

File Upload Status: 100%

Member Details from file

Last Name	MI	First Name	Gender
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Medicaid ID	SSN	Date of Birth	Race
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Initial Request Date	Screening Date		
12/15/2021	12/15/2021		

Found below member(s). Please select the appropriate member to proceed further.

SSN	Medicaid ID	Last Name	MI	First Name	Gender	Date of Birth	Race	Action
[Redacted]	[Redacted] ✓	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Continue
[Redacted]	[Redacted] ✗	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Continue

- Select the **Yes** button to confirm you want to create a screening for this individual.



NOTE: The screening file will populate with the information provided in the uploaded file.

- Complete any remaining fields of information and submit the screening.

Downloading Offline Forms

Before creating an offline screening, ensure you have the latest version of the Excel form.

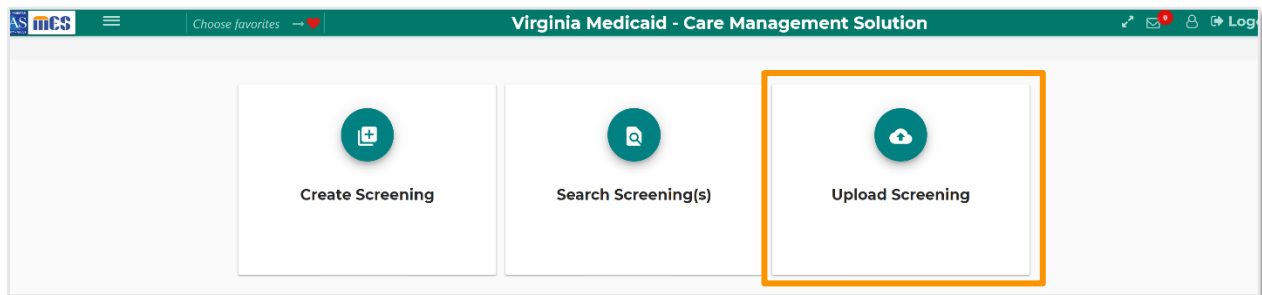
To download the latest offline form:

1. Select the **Upload Screening** tile from the *Dashboard* page (Figure 25).



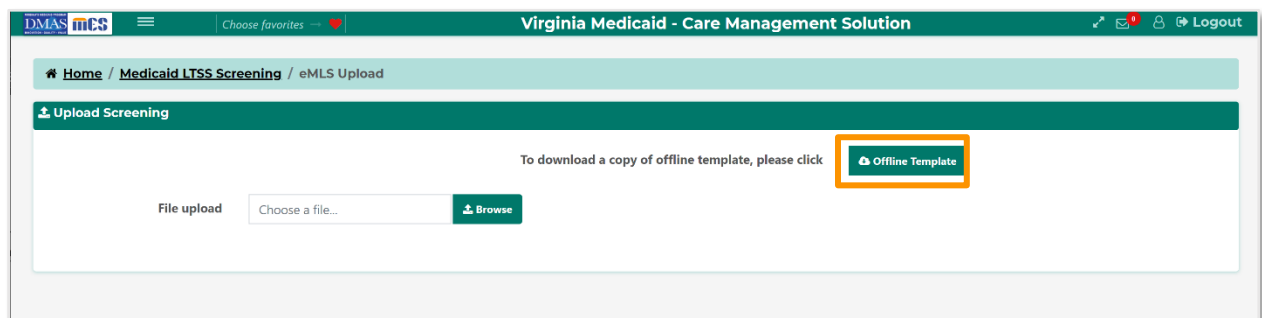
NOTE: You can also access this function from the collapsible menu bar by selecting "Upload" from the **eMLS** drop-down list.

Figure 25: Upload Screening Tile



2. Select the **Offline Template** button (Figure 26) on the *Upload Screening* page.

Figure 26: Upload Screening Page – Offline Template Button



3. Save the file to your computer.

Navigating the Screening Pages

The layout of the eMLS interface makes it easy to complete the necessary information for the appropriate forms.



NOTE: The *Uniform Assessment Instrument* form, more often referred to as the *UAI* form, is used by several entities for various purposes and not all sections of this form are needed for a LTSS screening to be complete. Therefore, the electronic version of the form is shorter than the paper version because it has been tailored to include only LTSS screening criteria.

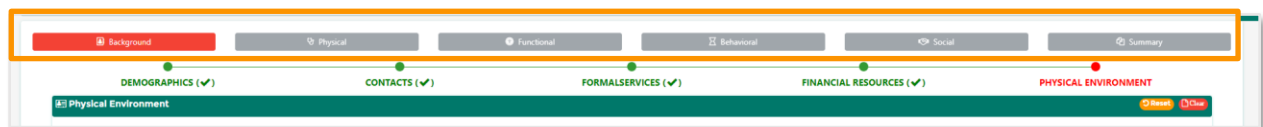
Tabs

The *UAI* form is divided into six tabs: Background, Physical, Functional, Behavioral, Social, and Summary (Figure 27). Each tab includes specific details about the screening. Additional forms may include one or more tabs.



IMPORTANT: You must complete the required fields, marked with a red asterisk (*), in each tab before you can move to the next tab. After you have completed a tab, you can revisit it at any point in the screening process by selecting it.

Figure 27: Screening Form Tabs



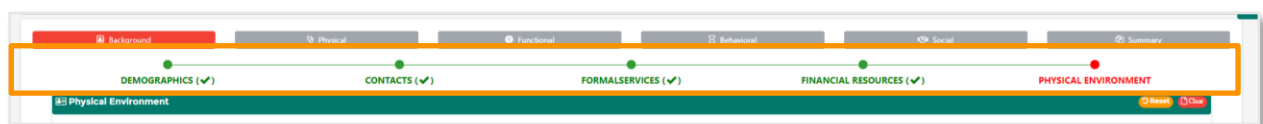
Pages

Within each tab, there are pages (Figure 28) to further group information related to those tabs.



IMPORTANT: You must complete the required fields, marked with a red asterisk (*), in each page before you can move to the next page or tab. Like tabs, you can revisit a page at any point in the screening by selecting it.

Figure 28: Screening Form Pages



Sections

Within some pages, there are sections (Figure 29) that group similar content.



NOTE: These sections do not need to be completed in a particular order, but information you provide at the start of a section may prompt additional fields to appear. Best practice is to complete the section fields in the order they are presented.

Figure 29: Screening Form Sections

The screenshot displays the 'eMLS Create' form within the 'Virginia Medicaid - Care Management Solution' interface. The top navigation bar includes 'Home / Medicaid LTSS Screening / eMLS Create' and a status indicator 'In Progress'. A progress bar below the navigation bar shows the following sections: DEMOGRAPHICS (checked), CONTACTS (active), FORMAL SERVICES, FINANCIAL RESOURCES, and PHYSICAL ENVIRONMENT. The 'CONTACTS' section is expanded, revealing four sub-sections: 'Primary Caregiver', 'Emergency Contact', 'Initial Contact', and 'Primary Physician'. Each sub-section contains a set of form fields for personal and contact information, including First Name, MI, Last Name, Relationship, Email, Home Phone, Work Phone, Address Line1, Address Line2, City, State (dropdown), and Zip Code. A checkbox is present for 'Check here if Emergency Contact information is the same as the Primary Caregiver'. Below these sub-sections is a large text area for 'Presenting Problem/ Diagnosis' with a 250 character limit. At the bottom of the form are 'Back' and 'Save & Continue' buttons. The footer of the page reads 'Department of Medical Assistance Services © 2020 All Rights Reserved'.

Additional Forms

Depending on the information provided in the *UAI* form, you may be required to complete one or more supplemental electronic forms. The system automatically identifies these forms and displays them, when needed (Figure 30). Each of these forms may have one or more pages of information to complete.



NOTE: The information within these pages does not need to be completed in a particular order, but information you provide at the start of a page may prompt additional fields to appear. Best practice is to complete fields in the order presented.

Figure 30: Additional Screening Forms

Form Completion Indicators

As you progress through these forms, the system indicates where you are in the screening through color coding and completion checkmarks (Figure 31).

- **Green** tabs and pages indicate areas you have already completed.
- **Red** tabs and pages indicate information is missing from areas of the screening you have started. It also indicates the tab you are currently viewing when revisiting tabs.
- **Gray** tabs and pages indicate areas that you have not yet viewed.
- **Yellow** tabs indicate one or more pages of the tab are not complete (only when two or more pages are present) and you are revisiting a previously completed page in that tab.

Figure 31: Form Completion Indicators



NOTE: Checkmarks are currently only present for pages, not tabs.

Required Fields

As you work through the screening, the system indicates required fields with a red asterisk (*) to the right of the field name and red descriptive text below the field (Figure 32).



NOTE: After you enter information in a required field, the red instructional text below that field disappears.

Figure 32: Required Field Indicators

The screenshot displays the 'eMLS Create' screen for 'Medicaid LTSS Screening'. The breadcrumb trail is 'Home / Medicaid LTSS Screening / eMLS Create'. The main header shows 'Virginia Medicaid - Care Management Solution' with a 'Logout' link. Below the header, there's a section for 'MLS' with a dropdown menu showing 'CCC Plus Waiver with PDN (15)' and an 'In Progress' status. A progress bar at the top indicates the current step is 'DMAS-96', with other steps like 'Air-Risk', 'DMAS-108', 'DMAS-97', and 'DMAS-96(Part B)' shown in different colors. The main content area is titled 'REFERRAL INFORMATION (✓)' and includes a red asterisk (*) next to the 'Ventilator' section. Below this, there's a text field labeled 'Ventilator Dependent at least a portion of the day' with a red asterisk (*) to its right. Underneath the text field, there are radio buttons for 'No' and 'Yes'. A red box highlights the text 'Ventilator Dependent required field' below the radio buttons. At the top right of the main content area, there's a red asterisk (*) next to the 'TECHNOLOGY/SKILLED CARE' section. A red box highlights the text 'Technology/Skilled Care required field' below the radio buttons.



IMPORTANT: Information fields that used to be optional may now be required and vice versa. Become familiar with the updated requirements.



IMPORTANT: Some required fields are conditional. When you select certain criteria, these additional fields display.

Item Lists

On some pages, you will see options to add items to lists, such as diagnoses and medications. To add a line of information in a section, select the button with the **plus** icon in it (Figure 33).



NOTE: To remove it, select the **trashcan** icon next to the line you want to delete.

Figure 33: List Item Buttons

Save and Resume

eMLS allows you to save the information you have entered and resume the screening later. On each page, when you select the **Save & Continue** button (Figure 34), the system saves the information you entered. This safeguards the information you have completed from being lost.

Figure 34: Save & Continue Button



NOTE: If your session times out after 30 minutes of inactivity, if you lose internet connection, or if you accidentally close the browser tab, you will be able to search for the screening using the **Search Screening(s)** function to find the “In Progress” screening and resume it.

Error Messages

When criteria are not met or do not align with accepted parameters, the form displays an error message (Figure 35) with details explaining the error.



NOTE: These errors must be corrected before you can submit the screening. This enhancement reduces the number of errors that have historically occurred with screening submissions.

Figure 35: Error Message

Clearing and Resetting Data

On each page, there are two buttons: the **Clear** button and the **Reset** button (Figure 36).

Figure 36: Clear and Reset Buttons

Clearing Field Data

When you are completing information for the first time on a page, you can select the **Clear** button to clear all data from the fields on that specific page. It will not clear data from other pages you have saved.

Reverting Changes

When making corrections to a page that was already saved, select the **Reset** button to revert the data to what was saved in the fields on that specific page prior to your changes. After you save changes, you cannot revert to the previous data.

Screening Criteria Snapshot

An extremely beneficial feature of eMLS is the **Screening Criteria Snapshot**, which helps quickly identify the areas where corrections are needed.

Accessing the Snapshot

Select the **plus** icon next to the screening number (Figure 37) to display details about the screening. Select it again to hide this area.

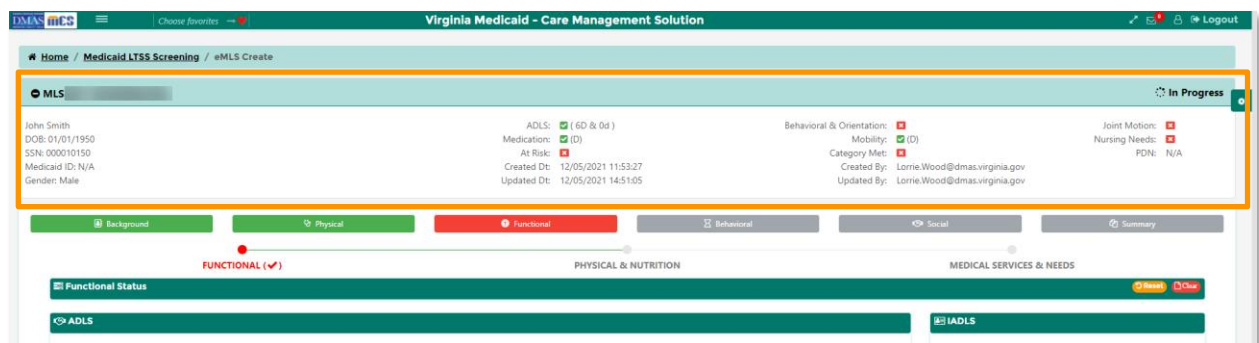
Figure 37: Screening Criteria Snapshot - Plus Icon



Reviewing the Screening Criteria Snapshot

This **Screening Criteria Snapshot** (Figure 38) provides indicators to let you know when specific criteria are met for the needs of the individual you are screening. It updates in real-time as you enter and save new information for each page.

Figure 38: Screening Criteria Snapshot



Create New Screenings

This section details how to complete a screening using the required forms. The screening process is the same whether someone may need the Commonwealth Coordinated Care (CCC) Plus Waiver, Program for All Inclusive Care for the Elderly (PACE), or nursing facility services.



IMPORTANT: It is important to include as much information in the forms as possible, even when it is not required. The information is useful for the people who will be arranging the individual's care and the people providing the care.



IMPORTANT: There are several information fields that used to be optional that are now required in the eMLS and others that were required but are now optional. Become familiar with the updated requirements.

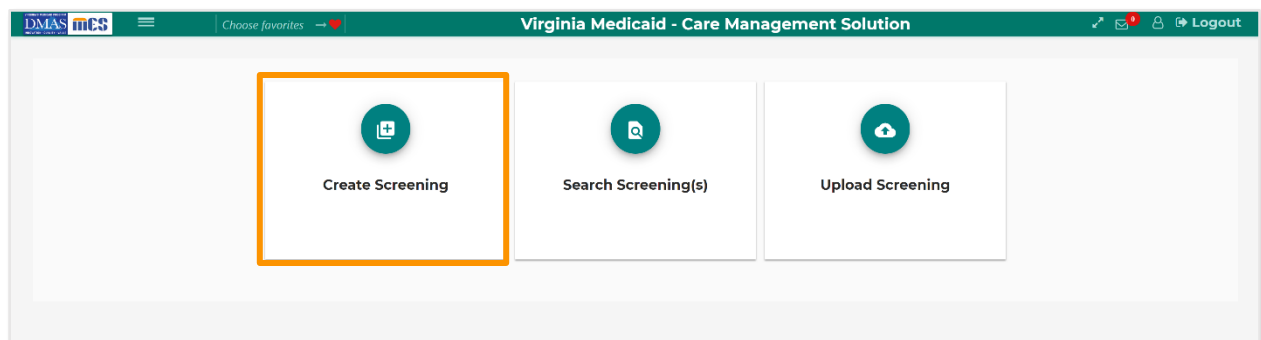


WARNING: If a question does not need to be answered or is being skipped, do NOT check the box. When a question is left untouched, the system populates a blank response in the printout and downloaded screening form. When you uncheck a checked box, the system populates a NO response to that question, which CANNOT be changed. If you accidentally check and then uncheck a box, be prepared to explain the issue in the event of an Appeal Hearing.

Access the Create Screening Function

To begin a new screening, select the **Create Screening** tile from the *Dashboard* page (Figure 39).

Figure 39: Create Screening Tile



NOTE: You can also access the Create Screening function from the collapsible menu bar by selecting "Create" from the **eMLS** drop-down list.

Individual Identification Search and Verification

Before the system allows you to create a new screening record, it uses individual identification information to perform a cross-reference check against existing records to guard against duplicate records and to allow for auto-population of some existing information into a new screening record.

You must identify the individual using one of the following identification criteria options:

- Medicaid ID
- Social Security Number (SSN)
- First Name, Last Name, Gender, and Date of Birth

Search and Verify by Medicaid ID

When the individual's Medicaid ID is known:

1. Select the **Yes** button in the **Do you have a Medicaid ID?** field (Figure 40).
2. Enter the individual's Medicaid ID.
3. Select the **Search** button to display the results.
4. Choose the appropriate step based on the search results.
 - When one or more results display, select the **Continue** button next to the appropriate search result (Figure 40).
 - When no results display, select the **Continue** button next to the message that indicates there were no results matching that individual's information. (image not shown)

Figure 40: Person Identification Page – Medicaid ID Known

The screenshot displays the 'Person Identification' page in the Virginia Medicaid - Care Management Solution. The page has a green header with the system name and a 'Logout' link. Below the header, there's a breadcrumb trail: 'Home / Medicaid LTSS Screening / eMLS Create'. The main section is titled 'Person Identification'. It contains a form with two fields: 'Do you have a Medicaid ID?' with radio buttons for 'No' and 'Yes' (where 'Yes' is selected), and 'Medicaid ID' with a text input field. A 'Search' button is located below these fields. Below the search fields, a green bar indicates '1 member(s) retrieved using the search criteria.' Below this, there's a table titled 'Search Results' with columns: SSN, Medicaid ID, Last Name, MI, First Name, Gender, Date of Birth, and Action. The table contains one row with a 'Continue' button in the Action column. Orange circles with numbers 1 through 4 are overlaid on the image to highlight the steps: 1 points to the 'Yes' radio button, 2 points to the 'Medicaid ID' input field, 3 points to the 'Search' button, and 4 points to the 'Continue' button in the search results table.

5. Select the **Yes** button (Figure 41) to confirm you would like to start a screening for this individual.

Figure 41: Person Identification Page – Person Confirmation

The screenshot shows the 'eMLS Create' page for 'Medicaid LTSS Screening'. A 'Person Confirmation' modal is displayed over the search results. The modal contains the following information:

- Last Name: [REDACTED]
- First Name: [REDACTED]
- Date of Birth: [REDACTED]
- Gender: [REDACTED]
- SSN: [REDACTED]
- Medicaid ID: [REDACTED] ✓
- Initial Request Date: N/A
- Screening Date: N/A

Below the information, the modal asks: "Are you sure you want to create a LTSS Screening for the above person?". At the bottom right of the modal, there are two buttons: "YES" (green) and "NO" (red). An orange circle with the number "5" is placed over the "YES" button.

In the background, the search results table is visible with the following columns: SSN, Medicaid ID, Last Name, MI, First Name, Gender, Date of Birth, and Action. One row is shown with a "Continue" button in the Action column.

Search and Verify by Social Security Number (SSN)

When the individual's Medicaid ID is unknown, but their SSN is known:

1. Select the **No** button in the **Do you have a Medicaid ID?** field (Figure 42).
2. Select the appropriate option (Table 4) from the **Reason for not having Medicaid?** drop-down list.

Figure 42: Person Identification Page – Medicaid ID Not Known

Table 4: Person Identification Page – Fields when Medicaid ID Not Known

Field Name	Required Field	Field Details
Do you have a Medicaid ID?	Yes	Select the Yes or No button to indicate whether the individual has a Medicaid ID.
Reason for not having Medicaid?	Yes	Select the reason for not having a Medicaid ID from the drop-down list: <ul style="list-style-type: none"> • Applied & Waiting • Never Applied • Don't Know NOTE: If the individual does not recall their Medicaid ID but does have one, select the "Don't Know" option.

3. Select the **Yes** button in the **Do you have an SSN?** field (Figure 43).
4. Enter the individual's SSN.
5. Select the **Search** button to display the results.
6. Choose the appropriate step based on the search results.
 - When one or more results display, select the **Continue** button next to the appropriate search result (Figure 43).
 - When no results display, select the **Continue** button next to the message that indicates there were no results matching that individual's information. (image not shown)

Figure 43: Person Identification Page – SSN Known

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Create

Person Identification

Do you have an SSN? *

☐ No ☒ Yes

SSN *

1 member(s) retrieved using the search criteria.

Search Results

SSN	Medicaid ID	Last Name	MI	First Name	Gender	Date of Birth	Action
[REDACTED]	[REDACTED] ✓	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Continue"/>

7. Select the **Yes** button (Figure 44) to confirm you would like to start a screening for this individual.

Figure 44: Person Identification Page – Person Confirmation

Person Confirmation

Last Name: [REDACTED] SSN: [REDACTED]

First Name: [REDACTED] Medicaid ID: [REDACTED] ✓

Date of Birth: [REDACTED] Initial Request Date: N/A

Gender: [REDACTED] Screening Date: N/A

Are you sure you want to create a LTSS Screening for the above person?

Search and Verify by First Name, Last Name, Gender, and Date of Birth

When the individual's Medicaid ID is unknown, and their SSN is unknown:

1. Select the **No** button in the **Do you have a Medicaid ID?** field (Figure 45).
2. Select the appropriate option (Table 5) from the **Reason for not having Medicaid?** drop-down list.

Figure 45: Personal Identification Page – Medicaid ID Not Known

Table 5: Personal Identification Page – Fields when Medicaid ID Not Known

Field Name	Required Field	Field Details
Do you have a Medicaid ID?	Yes	Select the Yes or No button to indicate indicating whether the individual has a Medicaid ID.
Reason for not having Medicaid?	Yes	<p>Select the reason for not having a Medicaid ID from the drop-down list:</p> <ul style="list-style-type: none"> • Applied & Waiting • Never Applied • Don't Know <p>NOTE: If the individual does not recall their Medicaid ID but does have one, select the "Don't Know" option.</p>

3. Select the **No** button in the **Do you have an SSN?** field (Figure 46).
4. Select the appropriate option (Table 6) from the **Reason for not having SSN?** drop-down list.

Figure 46: Person Identification Page – SSN Not Known

The screenshot displays the 'Person Identification' section of the Virginia Medicaid - Care Management Solution. It features two main fields: 'Do you have an SSN?' and 'Reason for not having SSN?'. The 'Do you have an SSN?' field has radio buttons for 'No' (selected) and 'Yes'. The 'Reason for not having SSN?' field is a drop-down menu currently showing 'Please Select'. A red error message 'Reason For No SSN required field' is displayed below the drop-down. The page includes 'Previous' and 'Next' navigation buttons. The footer states 'Department of Medical Assistance Services © 2020 All Rights Reserved'.

Table 6: Person Identification Page – Fields when SSN Not Known

Field Name	Required Field	Field Details
Do you have an SSN?	Yes	Select the Yes or No button to indicate whether the individual has an SSN.
Reason for not having SSN?	Yes	<p>Select the reason for not having an SSN from the drop-down list:</p> <ul style="list-style-type: none"> • Applied & Waiting • Never Applied • Don't Know <p>NOTE: If the individual does not recall their SSN but does have one, select the "Don't Know" option.</p>

5. Enter the individual's last name (Figure 47).
6. Enter the individual's first name.
7. Enter the individual's gender.
8. Enter the individual's date of birth.
9. Enter the individual's race.
10. Select the **Search** button to display the results.
11. Choose the appropriate step based on the search results.
 - a. When one or more results display, select the **Continue** button next to the appropriate search result, (image not shown)
 - b. When no results display, select the **Continue** button next to the message that indicates there were no results matching that individual's information (Figure 47).

Figure 47: Person Identification Page – Medicaid ID Not Known, SSN Not Known

12. Select the **Yes** button (Figure 48) to confirm you would like to start a screening for this individual.

Figure 48: Person Identification Page – Person Confirmation

Existing Screening Record Search and Verification

After verifying the individual, eMLS does more cross-reference validation to guard against duplicate records being created for the same date. This is done before it allows you to create a new screening record for the verified individual.

To perform this existing screening record search (Figure 49) using the required fields (Table 7):

1. Enter the Initial Request Date.
2. Enter the Screening Date.
3. Select the **Search** button to display the results.
4. Choose the appropriate step based on the search results.
 - When a result displays for a screening that has been started, you have the option to continue with that screening when the screening was created by someone associated with your provider. (image not shown)
 - When no results display, select the **START NEW SCREENING** button next to the message that indicates there were no results (Figure 49).

Figure 49: Screening Search Page

Table 7: Screening Search Page – Required Fields

Field	Required Field	Field Details
Initial Request Date	Yes	Enter or select the date of initial request in MM/DD/YYYY format. NOTE: The date cannot be greater than the current date. NOTE: DMAS must report screenings that take longer than 30 days to complete.
Screening Date	Yes	Enter or select the screening date in MM/DD/YYYY format. NOTE: This may be a future date ONLY if you are entering demographic information to start the screening record and the screening has been scheduled.

5. Select the **Yes** button (Figure 50) to confirm you would like to start the screening.

Figure 50: Screening Search Page – New Screening Confirmation

The screenshot shows the 'Virginia Medicaid - Care Management Solution' interface. A modal dialog titled 'New Screening Confirmation' is open, displaying the following information:

Last Name: Smith	SSN: 000011150
First Name: John	Medicaid ID: N/A
Date of Birth: 01/11/1950	Initial Request Date: 07/14/2021
Gender: Male	Screening Date: 07/16/2021
Race: White	

Below the information, the dialog asks: 'Are you sure want to create a new LTSS Screening, please confirm?'. At the bottom of the dialog are two buttons: 'YES' (highlighted with a large orange circle containing the number 5) and 'NO'.

The background interface shows a 'Screening Search' section with fields for Last Name (Smith), Medicaid ID (N/A), and SSN (000011150). Below the dialog, a message states: 'No LTSS Screening was found for this person on the provided date. To create a new screening, please click: [START NEW SCREENING](#)'.



NOTE: After you confirm the start of the new screening, you are directed to the *Uniform Assessment Instrument (UAI)* form to begin completing details of the screening. See the **Completing the UAI Form** section in this user guide for your next steps in this process.

Completing the UAI Form

The *UAI* form contains several tabs of information that must be completed. This section of the user guide describes how to complete each tab.

The tabs in the eMLS version of the *UAI* form are:

- Background
- Physical
- Functional
- Behavioral
- Social
- Summary



NOTE: The tabs and pages of this form must be completed in sequential order.

Completing Background Information

The first tab in the *UAI* form is **Background**.

This tab includes the following pages:

1. Demographics
2. Contacts
3. Formal Services
4. Financial Resources
5. Physical Environment



IMPORTANT: On some pages of the forms, fields of information will be automatically populated by eMLS. Verify the data is correct before continuing with the screening. When this type of data is not correct, you must complete *Member information Correction* form and submit it to the Eligibility and Enrollment Department so DMAS can correct it.

Demographics Page

The *Demographics* page (Figure 51) includes the individual's demographic information.

Figure 51: Background – Demographics Page

The screenshot displays the 'Demographics' page within the 'Virginia Medicaid - Care Management Solution' eMLS Create interface. The page is titled 'eMLS Create' and shows a progress bar with 'In Progress' status. The 'Background' tab is selected, and the 'Demographics' section is highlighted. The form includes the following fields:

- Initial Request Date ***: 07/15/2021
- Screening Date ***: 07/19/2021
- SSN**: 000010150
- Medicaid ID**
- Date of Birth ***: 01/01/1950
- Age**: 71
- Last Name ***: Smith
- MI**
- First Name ***: John
- Suffix**: Please Select
- Address Line1 ***
- Address Line2**
- City ***: City required field
- State ***: Please Select (State required field)
- ZipCode ***: Zip Code required field
- City/County Code ***: Please Select (County Code required field)
- Gender ***: Male
- Marital Status ***: Please Select (Marital Status required field)
- Race ***: Please Select (Race required field)
- Education**: Please Select
- Communication of Needs ***: Please Select (Communication Of Needs required field)
- Hearing Impaired ***: No (Hearing Impaired required field)
- Work Phone**
- Mobile Phone**
- Pets?**
- Directions to House**: 250 characters remaining

At the bottom of the form, there is a 'Save & Continue' button. The footer of the page reads 'Department of Medical Assistance Services © 2020 All Rights Reserved'.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the required fields and other fields (Table 8).
2. Select the **Save & Continue** button.

Table 8: Background – Demographics Fields

Field Name	Required Field	Field Details
Initial Request Date	Yes	Enter or select the date of the initial request for the LTSS screening in MM/DD/YYYY format. NOTE: The date cannot be greater than the current date. NOTE: DMAS must report if screenings take longer than 30 days to complete.
Screening Date	Yes	Enter or select the screening date in MM/DD/YYYY format. NOTE: The date should not be greater than the current date unless you are only entering initial demographic information in order to initiate the screening record.
SSN	No	Enter the individual's nine-digit social security number (SSN) in XXXXXXXXX or XXX-XX-XXXX format. NOTE: Once entered, the portal will link to the existing Medicaid information and retrieve the individual's last name, first name, middle initial, and Medicaid ID (if applicable). NOTE: Only enter valid SSNs in this field. Otherwise select the No option. Do not create pseudo-social security numbers using the member's date of birth. The system will create a pseudo-social security number later in the process.
Medicaid ID	No	Enter the individual's Medicaid ID (if applicable).
Date of Birth	Yes	Enter or select the individual's date of birth in MM/DD/YYYY format. NOTE: The date cannot be greater than the current date. NOTE: If the individual's information exists within MES, this date is automatically populated.
Age	No	This field is not editable. It is calculated using the individual's date of birth.
Last Name	Yes	Enter the individual's last name. NOTE: If the individual's information exists within MES, the name is automatically populated.
MI	No	Enter the individual's middle initial. NOTE: If the individual's information exists within MES, the middle initial is automatically populated.
First Name	Yes	Enter the individual's first name. NOTE: If the individual's information exists within MES, the name is automatically populated.

Field Name	Required Field	Field Details
Suffix	No	<p>Select the individual's suffix (if applicable) from the drop-down list:</p> <ul style="list-style-type: none"> • Jr • Sr • II • III • IV
Address Line 1	Yes	Enter the individual's building number and street address of residence.
Address Line 2	No	Enter additional address information (if needed).
City	Yes	Enter the individual's city of residence.
State	Yes	Select the state abbreviation "VA" for the individual's residence.
Zip Code	Yes	Enter the individual's five-digit zip code of residence.
City/County Code	Yes	<p>Enter the individual's city/county code.</p> <p>NOTE: This is the same as Federal Information Processing Standards (FIPS) code.</p>
Gender	Yes	<p>From the Person Identification page, you selected the individual's gender from the drop-down list:</p> <ul style="list-style-type: none"> • Male • Female • Unknown <p>This information is automatically populated and cannot be changed on this page.</p> <p>NOTE: If the individual's information exists within MES, the gender is automatically populated.</p>
Marital Status	Yes	<p>Select the individual's marital status from the drop-down list:</p> <ul style="list-style-type: none"> • Married • Widowed • Separated • Divorced • Single • Unknown

Field Name	Required Field	Field Details
Race	Yes	<p>From the <i>Person Identification</i> page, you selected the individual's race from the drop-down list:</p> <ul style="list-style-type: none"> • White • Black/African American • American Indian • Oriental/Asian • Alaskan Native • Unknown <p>This information is automatically populated and cannot be changed on this page.</p> <p>NOTE: If you select "Unknown," the Ethnic Origin field displays and is required. Enter the individual's ethnic origin using up to 15 characters, which can include letters, numbers, or special characters.</p>
Hearing Impaired	Yes	Select the appropriate No or Yes button indicating whether the individual is hearing impaired.
Email	No	Enter the individual's email address.
Education	No	<p>Select the individual's level of education from the drop-down list:</p> <ul style="list-style-type: none"> • Less Than High School • Some High School • High School Graduate • Some College • College Graduate • Unknown <p>NOTE: If you select "Unknown," the Specify field displays and is required. Enter the individual's education specifics using up to 15 characters, which can include letters, numbers, or special characters.</p>
Work Phone	No	Enter the individual's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Mobile Phone	No	Enter the individual's mobile phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Communication of Needs	Yes	<p>Select the individual's communication needs from the drop-down list:</p> <ul style="list-style-type: none"> • Verbally, English • Verbally, Other Language • Sign Language/Gesture/Device • Does Not Communicate <p>NOTE: If you select "Verbally, Other Language," the Other Language field displays and is required. Enter any other language(s) the individual uses for communication using up to 15 characters, which can include letters, numbers, or special characters.</p>
Pets	No	Enter information about any pets in the individual's household of residence.

Field Name	Required Field	Field Details
Directions to House	No	Enter any directions to the individual's house that might be of value to the screener, care coordinator, or caregiver. NOTE: Enter up to 250 characters which can include letters, numbers, or special characters.

Contacts Page

The *Contacts* page (Figure 52) includes the individual's contact information.

The *Contacts* page includes the following sections:

1. Primary Caregiver
2. Emergency Contact
3. Initial Contact
4. Primary Physician
5. Presenting Problem/Diagnosis

Figure 52: Background – Contacts Page – Primary Caregiver Section

The screenshot displays the 'eMLS Create' page for 'Virginia Medicaid - Care Management Solution'. The interface includes a top navigation bar with tabs for Background, Physical, Functional, Behavioral, Social, and Summary. Below this, a progress bar shows 'DEMOGRAPHICS' as completed and 'CONTACTS' as the current step. The 'CONTACTS' section is expanded, revealing five sub-sections: 'Primary Caregiver', 'Emergency Contact', 'Initial Contact', 'Primary Physician', and 'Presenting Problem/ Diagnosis'. Each sub-section contains form fields for First Name, MI, Last Name, Relationship, Email, Home Phone, Work Phone, Address Line1, Address Line2, City, State, and Zip Code. A checkbox at the bottom of the Primary Caregiver section allows users to check if Emergency Contact information is the same as the Primary Caregiver. The 'Presenting Problem/ Diagnosis' section has a large text area with a 250-character limit. At the bottom, there are 'Back' and 'Save & Continue' buttons.

To complete this page:

1. Include Primary Caregiver information in the required fields and other fields (Table 9).

Table 9: Background – Contacts – Primary Caregiver Fields

Field Name	Required Field	Field Details
First Name	No	Enter the first name of the individual's primary caregiver.
Middle Initial	No	Enter the middle initial of the individual's primary caregiver.
Last Name	No	Enter the last name of the individual's primary caregiver.
Relationship	No	Enter the relationship the caregiver has to the individual.
Email	No	Enter the caregiver's email address.
Home Phone	No	Enter the caregiver's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Work Phone	No	Enter the caregiver's work number in XXXXXXXXXX or XXX-XXX-XXXX format.
Address Line 1	No	Enter the building number and street address of the primary caregiver's residence.
Address Line 2	No	Enter additional address information (if needed).
City	No	Enter the city of the primary caregiver's residence.
State	No	Select the state abbreviation of the primary caregiver's residence from the drop-down list.
Zip Code	No	Enter the five-digit zip code of the primary caregiver's residence.
Check here if Emergency Contact information is the same as the Primary Caregiver	No	If the Emergency Contact information is the same as the Primary Caregiver, select the checkbox to duplicate information in the Emergency Contact section.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

2. Include Emergency Contact information in the required fields and other fields (Table 10).

Table 10: Background – Contacts – Emergency Contact Fields

Field Name	Required Field	Field Details
First Name	No	Enter the first name of the individual's emergency contact.
Middle Initial	No	Enter the middle initial of the individual's emergency contact.
Last Name	No	Enter the last name of the individual's emergency contact.
Relationship	No	Enter the relationship the emergency contact has to the individual.
Email	No	Enter the emergency contact's email address.
Home Phone	No	Enter the emergency contact's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Work Phone	No	Enter the emergency contact's work number in XXXXXXXXXX or XXX-XXX-XXXX format.
Address Line 1	No	Enter the building number and street address of the emergency contact's residence.
Address Line 2	No	Enter additional address information (if needed).
City	No	Enter the city of the emergency contact's residence.
State	No	Select the state abbreviation of the emergency contact's residence from the drop-down list.
Zip Code	No	Enter the five-digit zip code of the emergency contact's residence.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

3. Include Initial Contact information in the required fields and other fields (Table 11).

Table 11: Background – Contacts – Initial Contact Fields

Field Name	Required Field	Field Details
First Name	No	Enter the first name of the initial contact.
Middle Initial	No	Enter the middle initial of the initial contact.
Last Name	No	Enter the last name of the initial contact.
Relationship	No	Enter the relationship the initial contact has to the individual.
Email	No	Enter the initial contact's email address.
Home Phone	No	Enter the initial contact's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Work Phone	No	Enter the initial contact's work number in XXXXXXXXXX or XXX-XXX-XXXX format.
Address Line 1	No	Enter the building number and street address of the initial contact's residence.
Address Line 2	No	Enter additional address information (if needed).
City	No	Enter the city of the initial contact's residence.
State	No	Select the state abbreviation of the initial contact's residence from the drop-down list.
Zip Code	No	Enter the five-digit zip code of the initial contact's residence.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

4. Include Primary Physician information in the fields (Table 12).

Table 12: Background – Contacts – Primary Physician Fields

Field Name	Required Field	Field Details
First Name	No	Enter the first name of the individual's primary physician.
Middle Initial	No	Enter the middle initial of the individual's primary physician.
Last Name	No	Enter the last name of the individual's primary physician.
Email	No	Enter the primary physician's email address.
Work Phone	No	Enter the primary physician's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Address Line 1	No	Enter the primary physician's work number in XXXXXXXXXX or XXX-XXX-XXXX format.
Address Line 2	No	Enter additional address information (if needed).
City	No	Enter the city of the primary physician's residence.
State	No	Select the state abbreviation of the primary physician's residence from the drop-down list.
Zip Code	No	Enter the five-digit zip code of the primary physician's residence.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

5. Include Presenting Problem/Diagnosis information (Table 13).
6. Select the **Save & Continue** button.

Table 13: Background – Contacts – Presenting Problem/Diagnosis Field

Field Name	Required Field	Field Details
Presenting Problem/Diagnosis	No	Enter any problems or diagnosis(es) noted at the initial contact using up to 250 characters, including letters, numbers, and/or special characters.

Formal Services Page

The *Formal Services* page (Figure 53) includes the information about formal services the individual currently receives.

Figure 53: Background – Formal Services Page

The screenshot displays the 'eMLS Create' page for 'Virginia Medicaid - Care Management Solution'. The breadcrumb trail shows 'Home / Medicaid LTSS Screening / eMLS Create'. The page is divided into several sections: 'Background' (highlighted in red), 'Physical', 'Functional', 'Behavioral', 'Social', and 'Summary'. Below these, there are tabs for 'DEMOGRAPHICS (✓)', 'CONTACTS (✓)', 'FORMAL SERVICES' (highlighted in red), 'FINANCIAL RESOURCES', and 'PHYSICAL ENVIRONMENT'. The 'FORMAL SERVICES' section contains a list of services with checkboxes: Adult Day Care, Adult Protective, Case Management, Housing, Legal, Transportation, Intellectual Disability/Developmental Disability, Personal Care, Respite, Substance Abuse, Home Delivered Meals, Home Health/Rehabilitation, Home Repairs/Weatherization, Chore/Companion/Homemaker, Mental Health (Inpatient/Outpatient), Vocational Rehabilitation/Counseling, Friendly Visitor/Telephone Reassurance, Habilitation/Supported Employment, Congregate Meals/Senior Center, Financial Management Counseling, and Other. At the bottom of the page, there are 'Back' and 'Save & Continue' buttons. The footer indicates 'Department of Medical Assistance Services © 2020 All Rights Reserved'.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the required fields and other fields (Table 14).
2. Select the **Save & Continue** button.

Table 14: Background – Formal Services Fields

Field Name	Required Field	Field Details
Provider/Frequency	Yes	<p>Enter the name of the provider and the frequency the service is used.</p> <p>NOTE: For each type of service selected, the Provider/Frequency field displays.</p> <p>NOTE: Enter up to 20 characters which can include letters, numbers, or special characters.</p>
Other	Yes	<p>Enter the specifics of the service using up to 75 characters, which can include letters, numbers, or special characters.</p> <p>NOTE: When you select “Other,” the Specify field displays and is required.</p> <p>NOTE: The Provider/Frequency field also displays and is required.</p> <p>Enter the name of the provider and the frequency the service is used.</p> <p>NOTE: Enter up to 20 characters which can include letters, numbers, or special characters.</p>

Financial Resources Page

The *Financial Resources* page (Figure 54) includes the individual's financial information.

Figure 54: Background – Financial Resources Page

The screenshot displays the 'Financial Resources' page within the 'Virginia Medicaid - Care Management Solution' eMLS Create interface. The page is part of a larger assessment, with tabs for Background, Physical, Functional, Behavioral, Social, and Summary. The 'Financial Resources' tab is currently active, showing a progress bar with 'DEMOGRAPHICS (✓)', 'CONTACTS (✓)', 'FORMAL SERVICES (✓)', 'FINANCIAL RESOURCES', and 'PHYSICAL ENVIRONMENT'. The 'FINANCIAL RESOURCES' section includes the following fields and options:

- Where are you on the scale for annual (monthly) family income before taxes? ***: A dropdown menu with 'Please Select' and a red error message 'Annual Income required field'.
- Total Monthly Family Income**: A text input field with a dollar sign prefix.
- Number in Family Unit**: A text input field.
- What types of health insurance do you have?**: A list of checkboxes including Medicare, Medicaid, Pending, QMB/SLMB, All Other Public/Private, and None. A red error message states 'At least one Health Insurance Types option is required'.
- Do you receive any benefits or entitlements?**: A list of checkboxes including Auxiliary Grant, Food Stamps, Fuel Assistance, General Relief, Subsidized Housing, State and Local Hospitalization, and Tax Relief.
- Do you currently receive income from...?**: A list of checkboxes including Black Lung, Pension, Social Security, SSI/SSDI, VA Benefits, Wages/Salary, and Other.
- Does anyone cash your check, pay your bills or manage your business?**: A list of checkboxes including Legal Guardian, Power Of Attorney, Representative Payee, and Other.

At the bottom of the page, there are buttons for 'Back', 'Save & Continue', and 'Done'. The footer indicates 'Department of Medical Assistance Services © 2020 All Rights Reserved'.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.



IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include information in the required fields and other fields (Table 15).
2. Select the **Save & Continue** button.

Table 15: Background – Financial Resources Fields

Field Name	Required Field	Field Details
Where are you on the scale for annual (monthly) family income before taxes?	Yes	<p>Select the individual's annual family gross income from the drop-down list:</p> <ul style="list-style-type: none"> • \$20,000 or More/\$1,667 or More • \$15,000 - \$19,999/\$1,250 - \$1,666 • \$11,000 - \$14,999/\$917 - \$1,249 • \$9,500 - \$10,999/\$792 - \$916 • \$7,000 - \$9,499/\$583 - \$791 • \$5,500 - \$6,999/\$458 - \$582 • \$5,499 or Less/\$457 or Less
Total Monthly Family Income	No	Enter the individual's family's total monthly income.
Number in Family Unit	No	Enter the number of people in the individual's family.
What type of health insurance do you have?	No	<p>Select all options that apply to the individual's health insurance. Insurance types listed include:</p> <ul style="list-style-type: none"> • Medicare • Medicaid • Pending • QMB/SLMB • All Other Public/Private • None <p>NOTE: Depending on the option selected, there may be an additional required field to complete.</p> <ul style="list-style-type: none"> • Medicare – Enter the individual's 10-digit Medicare ID number. • Medicaid - If the individual exists within MES, this data is automatically populated. • Pending – If the individual has filed for Medicaid and it is in process, select the checkbox. <ul style="list-style-type: none"> • QMB/SLMB – If the individual is Qualified Medicare Beneficiary/Specified Low-Income Medicare Beneficiary (QMB/SLMB) eligible, select the checkbox. • All Other Public/Private – Enter the name of the other insurance or private pay.

Field Name	Required Field	Field Details
Does anyone cash your check, pay your bills or manage your business?	No	<p>Select all options that apply. Entities listed include:</p> <ul style="list-style-type: none"> • Legal Guardian • Power of Attorney • Representative Payee • Other <p>NOTE: If you select any entity, the Name(s) field displays and is required. Enter the name of each person who assists the individual with financial issues.</p>
Do you receive any benefits or entitlements?	No	<p>Select all options that apply to individual's benefits or entitlements. Benefits/entitlements listed include:</p> <ul style="list-style-type: none"> • Auxiliary Grant • Fuel Assistance • Subsidized Housing • Tax Relief • Food Stamps • General Relief • State and Local Hospitalization
Do you currently receive income from...?	No	<p>Select all options that apply to individual's income. Income options listed include:</p> <ul style="list-style-type: none"> • Black Lung • Pension • Social Security • SSI/SSDI • VA Benefits • Wages/Salary • Other <p>NOTE: If you select any income option, the Amount field displays and is required. Enter the amount of income received.</p>

Physical Environment Page

The *Physical Environment* page (Figure 55) includes information about the physical environment where the individual resides.

Figure 55: Background – Physical Environment Page

The screenshot shows the 'Physical Environment' page within the 'eMLS Create' interface. The page has a green header with 'Virginia Medicaid - Care Management Solution' and a 'Logout' link. Below the header is a navigation bar with tabs: 'Background', 'Physical', 'Functional', 'Behavioral', 'Social', and 'Summary'. The 'Physical' tab is selected. Under the 'Physical' tab, there are sub-tabs: 'DEMOGRAPHICS (✓)', 'CONTACTS (✓)', 'FORMAL SERVICES (✓)', 'FINANCIAL RESOURCES (✓)', and 'PHYSICAL ENVIRONMENT'. The 'PHYSICAL ENVIRONMENT' sub-tab is active. The main content area contains a form with the following sections:

- Where do you usually Live? ***: A dropdown menu with 'Please Select' and a red error message 'Residence required field'.
- Where you usually live are there any problems? (Check all problems that apply?)**: A grid of checkboxes for various issues:
 - Barriers to Access
 - Electrical Hazards
 - Fire Hazards/No Smoke Alarm
 - Insufficient Hot Water/Water
 - Unsafe/Poor Lighting
 - Unsanitary Conditions
 - Lack of/Defective Washer/Dryer
 - Lack of/Poor Bathing Facilities
 - Structural Problems
 - Telephone Not Accessible
 - Unsafe Neighborhood
 - Lack of/Poor Toilet Facilities (Inside/Outside)
 - Lack of/Defective Stove, Refrigerator, Freezer
 - Insufficient Heat/Air Conditioning
 - Other

At the bottom of the form are two buttons: 'Back' and 'Save & Continue'.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.



IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include information in the required fields and other fields (Table 16).
2. Select the **Save & Continue** button.

Table 16: Background – Physical Environment Fields

Field Name	Required Field	Field Details
Where do you usually live?	Yes	<p>Select the individual's place of residence from the drop-down list:</p> <ul style="list-style-type: none"> • House Own • House Rent • House Other • Apartment • Rented Room • Adult Care Residence • Adult Foster • Nursing Facility • Mental Health/Retardation Facility <p>NOTE: If you select any of the house, apartment or rental options, the Does Anyone usually Live with you? field displays and is required. Select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • Alone • Spouse • Other <p>NOTE: If you select "Spouse" or "Other," the Last Name, First Name, and Relationship fields display and are required. Enter the name and relationship of the person living with the individual.</p> <p>NOTE: If you select any of the facility options you will see additional fields.</p> <ul style="list-style-type: none"> • The Name of Provider (Place) field displays and is required. Enter the name of the provider facility. • The Admissions Date field displays and is required. Enter or select the date in MM/DD/YYYY format. • If applicable, enter the 10-digit NPI number in the Provider NPI field.

Field Name	Required Field	Field Details
Where you usually live are there any problems?	No	<p>Select all options that apply to problems where the individual lives. Problem options listed include:</p> <ul style="list-style-type: none"> • Barriers to Access • Electrical Hazards • Fire Hazards/No Smoke Alarm • Unsafe/Poor Lighting • Unsanitary Conditions • Lack of/Defective Washer/Dryer • Structural Problems • Telephone Not Accessible • Unsafe Neighborhood • Lack of/Poor Toilet Facilities (Inside/Outside) • Lack of/Defective Stove, Refrigerator, Freezer • Insufficient Heat/Air Conditioning • Insufficient Hot Water/Water • Other <p>NOTE: If you select any problem, the Describe Problems field displays and is required. Enter a description of the problem(s) associated with the individual's residence. Enter up to 250 characters which can include letters, numbers, or special characters.</p> <p>NOTE: If you select "Other," in addition to the Describe Problems field the Please Specify field also displays and is required. Enter the specifics about the problem(s) using up to 30 characters which can include letters, numbers, or special characters.</p>

Completing Physical Information

The second tab in the *UAI* form is **Physical**.



NOTE: The **Background** tab is now green to indicate it is complete and the **Physical** tab is now red to indicate it is active.

This tab includes the following pages:

1. Professional Visits/Medical Admissions
2. Diagnoses & Medication Profile
3. Sensory Functions

Professional Visits/Medical Admissions Page

The *Professional Visits/Medical Admissions* page (Figure 56) includes information about doctor visits and medical admissions the individual has had within the last 12 months.

Figure 56: Physical – Professional Visits/Medical Assistance Page

The screenshot shows the 'Professional Visits/Medical Admissions' page within the 'Physical' tab of the eMLS form. The page is titled 'PROFESSIONAL VISITS/MEDICAL ADMISSIONS' and contains several required fields marked with an asterisk: Doctor's Name, Doctor Phone #, Ext #, Date of Last Visit, and Reason for Last Visit. Below these are checkboxes for Service Type (Hospital, Nursing Facility, Adult Care Residence) and Directive Type (Living Will, Durable Power of Attorney for Health Care, Other). The form also includes a section for 'Admission: in the past 12 months have you been admitted to a... for medical or rehabilitation reasons? (Check all services that apply)' with fields for Name of Place, Admit Date, and Length of Stay/Reason. At the bottom, there are 'Back' and 'Save & Continue' buttons.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the required fields and other fields (Table 17).
2. Select the **Save & Continue** button.

Table 17: Physical – Professional Visits/Medical Admissions Fields

Field Name	Required Field	Field Details
Doctor's Name	Yes	Enter the doctor's first and last name.
Phone Number	Yes	Enter the doctor's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Ext	No	Enter the doctor's phone extension (if applicable).
Date of Last Visit	Yes	Enter or select the date the doctor last visited this individual in MM/DD/YYYY format.
Reason for Last Visit	Yes	Enter the reason for the doctor's last visit to this individual. NOTE: Enter up to 50 characters which can include letters, numbers, or special characters.
Add Doctor	No	Select the Add Doctor button to add up to four doctor visits.
Admissions: In the past 12 months have you been admitted to a... for medical or rehabilitation reasons?	No	Select any/all facilities the individual has been admitted to in the past 12 months. Facilities listed include: <ul style="list-style-type: none"> • Hospital • Nursing Facility • Adult Care Residence NOTE: If you select any of the facility options you will see additional fields. <ul style="list-style-type: none"> • The Name of Place field displays and is required. Enter the name of the admitted facility for each option selected. • The Admit Date field displays and is required. Enter or select the date in MM/DD/YYYY format. • The Length of Stay/Reasons field displays and is required. Enter the length of the stay and the admission reason for each option selected, using up to 25 characters, which can include letters, numbers, or special characters.
Do you have any advance directives such as... (Who has it... Where is it...)?	No	Select any/all advanced directives the individual has. Advanced directives listed include: <ul style="list-style-type: none"> • Living Will • Durable Power of Attorney for Health Care • Other NOTE: If you select any of the directives, the Who/Location field displays and is required. Enter the name of the person who has custody of the document and its location using up to 25 characters, which can include letters, numbers, or special characters.

Diagnoses & Medication Profile Page

The *Diagnoses & Medication Profile* page (Figure 57) includes the individual's current diagnoses and medication-related information.

Figure 57: Physical – Diagnoses & Medication Profile Page



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.



IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include information in the required fields and other fields (Table 18).
2. Select the **Save & Continue** button.

Table 18: Physical – Diagnoses & Medication Profile Fields

Field Name	Required Field	Field Details
Do you have any current medical problems, or a known or suspected diagnosis of intellectual disability or related conditions, such as...?	No	If the individual has any current diagnosis, select the Add Diagnoses button to begin this section.
Add Diagnoses	No	Select the Add Diagnoses button to add up to five current diagnoses fields along with the associated Date of Onset field for each diagnosis.
Current Diagnosis	No	Select the individual's diagnosis from the drop-down list.
Date of Onset	No	For each diagnosis selected, this field displays and is required. Enter or select the date of the onset associated with the diagnosis in MM/DD/YYYY format.
Active Diagnoses	Yes	Select the Yes or No button to indicate whether the individual has active diagnoses. NOTE: If you select the Yes button, three diagnosis fields display and at least one diagnosis is required. Select the individual's diagnosis from the drop-down list.
Add Medications	No	If the individual has any medications, select the Add Medications button to begin this section. NOTE: You can add up to ten medications.
Current Medications (Include Over the Counter)	No	Enter the individual's current medications.
Dose, Frequency, Route	No	Enter the dose, frequency, and route of the medication.
Reason(s) Prescribed	No	Enter the reason(s) the medication is required/needed using up to 150 characters, which can include letters, numbers, or special characters.

Field Name	Required Field	Field Details
How do you take your medicine?	Yes	<p>Select the individual's method of taking medicine from drop-down list:</p> <ul style="list-style-type: none"> Without Assistance Administered/Monitored by Lay Person Administered/Monitored by Professional Nursing Staff <p>NOTE: If you select either of the administered/monitored options you will see additional fields.</p> <ul style="list-style-type: none"> The Name of Helper field displays and is required. Enter the name of the person that assists the individual with medicine administration using up to 20 characters, which can include letters, numbers, or special characters. The Describe Help field displays and is required. Enter a description of the help the individual requires with medicine administration using up to 20 characters, which can include letters, numbers, or special characters.
Do you have any problems with medicine(s)...	No	<p>Select all options that apply to problems the individual has with medicine. Problem options listed include:</p> <ul style="list-style-type: none"> Adverse reactions/allergies Cost of medication Getting to the pharmacy Taking them as instructed/prescribed Understanding directions/schedule

Sensory Functions Page

The *Sensory Functions* page (Figure 58) includes information about the individual's vision, hearing, and speech.

Figure 58: Physical – Sensory Functions Page

Virginia Medicaid - Care Management Solution

MLS [Progress Bar: Background, Physical, Functional, Behavioral, Social, Summary] In Progress

Sensory Functions [Reset] [Clear]

How is your vision, hearing and speech?

Vision:

☐ No Impairment ☒ Impairment Compensation ☐ Impairment No Compensation ☐ Complete Loss ☐ Unknown

Date of Last Exam: 07/05/2021 Date of Onset: 08/13/2014 Type of Impairment: Myopic

Hearing:

☒ No Impairment ☐ Impairment Compensation ☐ Impairment No Compensation ☐ Complete Loss ☐ Unknown

Date of Last Exam: 08/04/2020

Speech:

☐ No Impairment ☐ Impairment Compensation ☒ Impairment No Compensation ☐ Complete Loss ☐ Unknown

Date of Last Exam: 08/02/2021 Date of Onset: 07/27/2021 Type of Impairment: Trach-related

[Back] [Save & Continue]

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IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the required fields and other fields (Table 19).
2. Select the **Save & Continue** button.

Table 19: Physical – Sensory Functions Fields

Field Name	Required Field	Field Details
Vision	Yes	<p>Select the individual's vision ability. Vision options listed include:</p> <ul style="list-style-type: none"> • No Impairment • Impairment Compensation • Impairment No Compensation • Complete Loss • Unknown <p>NOTE: If you select either the "Impairment Compensation" or "Impairment No Compensation" options you will see additional fields.</p> <ul style="list-style-type: none"> • The Date of Onset field displays and is required. Enter the date of onset in MM/DD/YYYY format. • The Type of Impairment field displays and is required. Enter the date impairment in MM/DD/YYYY format.
Date of Last Exam	No	Enter the date of the last exam in MM/DD/YYYY format.
Hearing	Yes	<p>Select the individual's hearing ability. Hearing options listed include:</p> <ul style="list-style-type: none"> • No Impairment • Impairment Compensation • Impairment No Compensation • Complete Loss • Unknown <p>NOTE: If you select either the "Impairment Compensation" or "Impairment No Compensation" options you will see additional fields.</p> <ul style="list-style-type: none"> • The Date of Onset field displays and is required. Enter the date of onset in MM/DD/YYYY format. • The Type of Impairment field displays and is required. Enter the date impairment in MM/DD/YYYY format.
Date of Last Exam	No	Enter or select the date of the last exam in MM/DD/YYYY format.

Field Name	Required Field	Field Details
Speech	Yes	<p>Select the individual's speech ability. Speech options listed include:</p> <ul style="list-style-type: none"> • No Impairment • Impairment Compensation • Impairment No Compensation • Complete Loss • Unknown <p>NOTE: If you select either the "Impairment Compensation" or "Impairment No Compensation" options you will see additional fields.</p> <ul style="list-style-type: none"> • The Date of Onset field displays and is required. Enter the date of onset in MM/DD/YYYY format. • The Type of Impairment field displays and is required. Enter the date impairment in MM/DD/YYYY format.
Date of Last Exam	No	Enter or select the date of the last exam in MM/DD/YYYY format.

Completing Functional Information

The third tab in the *UAI* form is **Functional**.



NOTE: The **Physical** tab is now green to indicate it is complete and the **Functional** tab is now red to indicate it is active.

This tab includes the following pages:

1. Functional
2. Physical & Nutrition
3. Medical Services & Needs

Functional Page

The *Functional* page (Figure 59) includes information about the individual's daily living activities.

The *Functional* page includes the following sections:

1. ADLS
2. Continence
3. Ambulation
4. Screener Information
5. IADLS

Figure 59: Functional – Functional Page – ADLS Section

The screenshot displays the 'Functional' page in the eMLS system. The top navigation bar includes tabs for Background, Physical, Functional (selected), Behavioral, Social, and Summary. The 'Functional' tab is active, showing a 'FUNCTIONAL' status. The page is divided into two main columns. The left column contains sections for ADLS (Bathing, Toileting, Eating/Feeding, Dressing, Transferring), Continence (Bowel, Bladder), Ambulation (Walking, Stair Climbing, Wheeling, Mobility), and Screener Information (Screener Name, Agency). The right column contains the IADLS section (Meal Preparation, House Keeping, Laundry, Money Management, Transport, Shopping, Using Phone, Home Maintenance) and a Comments field. Numbered callouts 1 through 5 highlight the ADLS, Continence, Ambulation, Screener Information, and IADLS sections respectively. The bottom of the page has 'Back' and 'Save & Continue' buttons.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields. This information is used to update the information in the Screening Criteria Snapshot.

To complete this page:

1. Include ADLS (activities of daily living) information in the required fields (Table 20).

Table 20: Functional – Functional – ADLS Fields

Field Name	Required Field	Field Details
Bathing	Yes	<p>Select the individual's bathing level from the drop-down list:</p> <ul style="list-style-type: none"> • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Performed By Others • Is Not Performed
Dressing	Yes	<p>Select the individual's dressing level from the drop-down list:</p> <ul style="list-style-type: none"> • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Performed By Others • Is Not Performed
Toileting	Yes	<p>Select the individual's toileting level from the drop-down list:</p> <ul style="list-style-type: none"> • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Performed By Others • Is Not Performed

Field Name	Required Field	Field Details
Transferring	Yes	<p>Select the individual's transferring level from the drop-down list:</p> <ul style="list-style-type: none"> • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Performed By Others • Is Not Performed
Eating/Feeding	Yes	<p>Select the individual's eating/feeding level from the drop-down list:</p> <ul style="list-style-type: none"> • Needs No Help • Mechanical Help Only • Human Help – Supervision • Human Help – Physical Assistance • MH & HH – Supervision • MH & HH – Physical Assistance • Spoon Fed • Syringe/Tube Fed • Fed by IV <p>NOTE: Independent Eating/Feeding is defined as the individual being able to prepare meals (including cooking and serving) and use utensils.</p>

2. Include Continence information in the required fields (Table 21).

Table 21: Functional – Functional– Continence Fields

Field Name	Required Field	Field Details
Bowel	Yes	<p>Select the individual's bowel level from the drop-down list:</p> <ul style="list-style-type: none"> • Needs No Help • Incontinent – Less than weekly • External Device/Indwelling/Ostomy (Self Care) • Incontinent – Weekly or More • Ostomy (Not Self Care)
Bladder	Yes	<p>Select the individual's bladder level from the drop-down list:</p> <ul style="list-style-type: none"> • Needs No Help • Incontinent – Less than weekly • External Device/Indwelling/Ostomy (Self Care) • Incontinent – Weekly or More • External Device (Not Self Care) • Indwelling Catheter Not Self Care • Ostomy (Not Self Care)

3. Include Ambulation information in the required fields (Table 22).

Table 22: Functional – Functional – Ambulation Fields

Field Name	Required Field	Field Details
Walking	Yes	<p>Select the individual's walking level from the drop-down list:</p> <ul style="list-style-type: none"> Needs No Help Mechanical Help Only Human Help – Supervision Human Help – Physical Assistance MH & HH – Supervision MH & HH – Physical Assistance Performed By Others Is Not Performed
Wheeling	Yes	<p>Select the individual's wheeling level from the drop-down list:</p> <ul style="list-style-type: none"> Needs No Help Mechanical Help Only Human Help – Supervision Human Help – Physical Assistance MH & HH – Supervision MH & HH – Physical Assistance Performed By Others Is Not Performed
Stair Climbing	Yes	<p>Select the individual's stair climbing level from the drop-down list:</p> <ul style="list-style-type: none"> Needs No Help Mechanical Help Only Human Help – Supervision Human Help – Physical Assistance MH & HH – Supervision MH & HH – Physical Assistance Performed By Others Is Not Performed
Mobility	Yes	<p>Select the individual's mobility level from the drop-down list:</p> <ul style="list-style-type: none"> Needs No Help Mechanical Help Only Human Help – Supervision Human Help – Physical Assistance MH & HH – Supervision MH & HH – Physical Assistance Confined – Moves About Confined – Does Not Move About

4. Include Screener information in the fields (Table 23).

Table 23: Functional – Functional – Screener Information Fields

Field	Required Field	Field Details
Screener Name	Yes	Enter the name of the person completing the screening.
Agency	Yes	Enter the screener's agency name.

5. Include IADLS (instrumental activities of daily living) information in the fields (Table 24).
6. Select the **Save & Continue** button.

Table 24: Functional – Functional – IADLS Fields

Field Name	Required Field	Field Details
Meal Preparation	Yes	Select the appropriate Yes or No button. NOTE: The Yes button indicates the individual needs assistance.
House Keeping	Yes	Select the appropriate Yes or No button. NOTE: The Yes button indicates the individual needs assistance.
Laundry	Yes	Select the appropriate Yes or No button. NOTE: The Yes button indicates the individual needs assistance.
Money Management	Yes	Select the appropriate Yes or No button. NOTE: The Yes button indicates the individual needs assistance.
Transport	Yes	Select the appropriate Yes or No button. NOTE: The Yes button indicates the individual needs assistance.
Shopping	Yes	Select the appropriate Yes or No button. NOTE: The Yes button indicates the individual needs assistance.
Using Phone	Yes	Select the appropriate Yes or No button. NOTE: The Yes button indicates the individual needs assistance.
Home Maintenance	Yes	Select the appropriate Yes or No button. NOTE: The Yes button indicates the individual needs assistance.
Comments	No	Enter any additional comments related to the individual's Instrumental activities of daily living using up to 250 characters, which can include letters, numbers, or special characters.

Physical & Nutrition Page

The *Physical & Nutrition* page (Figure 60) includes the individual's physical and nutritional information.

The *Physical & Nutrition* page includes the following sections:

1. Physical Status
2. Nutrition

Figure 60: Functional – Physical & Nutrition Page



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.



IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include joint motion and bone-related information in the required fields and other fields (Table 25).

Table 25: Functional – Physical & Nutrition – Physical Status Fields

Field Name	Required Field	Field Details
Joint Motion: How is your ability to move your arms, fingers and legs?	Yes	<p>Select the individual's joint motion from the drop-down list:</p> <ul style="list-style-type: none"> • Within normal limits or instability corrected • Limited Motion • Instability uncorrected or immobile
Have you ever broken or dislocated any bones... Ever had an amputation or lost any limbs... Lost voluntary movement of any part of your body?	No	<p>Select the appropriate Yes or No button.</p> <p>NOTE: If you select the Yes button, three fields display, and a description is required for each field.</p> <p>In the first field, Fractures/Dislocations, select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • None • Hip Fracture • Other Broken Bone(s) • Dislocation(s) • Combination <p>NOTE: If any option other than "None" is selected, you will see additional fields.</p> <ul style="list-style-type: none"> • The Previous Rehab Program? field displays and is required. Select the appropriate No or Not Completed or Yes response. • The Date of Fracture field displays and is required. Select the appropriate 1 Year of Less or More than 1 Year response. <p>In the second field, Missing Limbs, select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • None • Finger(s)/Toe(s) • Arm(s) • Leg(s) • Combination <p>NOTE: If any option other than "None" is selected, you will see additional fields.</p> <ul style="list-style-type: none"> • The Previous Rehab Program? field displays and is required. Select the appropriate No or Not Completed or Yes response. • The Date of Amputation field displays and is required. Select the appropriate 1 Year of Less or More than 1 Year response.

Field Name	Required Field	Field Details
		<p>In the third field, Paralysis/Paresis, select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • None • Partial • Total <p>NOTE: If any option other than “None” is selected in these three fields, you will see additional fields.</p> <ul style="list-style-type: none"> • The Previous Rehab Program? field displays and is required. Select the appropriate No or Not Completed or Yes response. • The Onset of Paralysis field displays and is required. Select the appropriate 1 Year of Less or More than 1 Year response.

2. Include Nutrition information in the required fields and other fields (Table 26).
3. Select the **Save & Continue** button.

Table 26: Functional – Physical & Nutrition – Nutrition Fields

Field Name	Required Field	Field Details
Height (inches)	Yes	Enter the individual’s height in inches.
Weight (lbs)	Yes	Enter the individual’s weight in pounds.
Recent Weight Changes	Yes	<p>Select the appropriate response to any recent changes in the individual’s weight:</p> <ul style="list-style-type: none"> • No Change • Gain • Loss <p>NOTE: If you select “Gain” or “Loss” the Describe field displays and is required. Enter a description/reason for any recent weight change using up to 150 characters, which can include letters, numbers, or special characters.</p>
Weight Gain/Loss Comment	No	<p>If additional weight gain/loss information is needed, it can be entered in this text box.</p> <p>NOTE: Enter up to 150 characters which can include letters, numbers, or special characters.</p>
Are you on any special diet(s) for medical reasons?	No	<p>Select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • None • Low Fat/Cholesterol • No/Low Salt • No/Low Sugar • Combination/Other

Field Name	Required Field	Field Details
Do you take dietary supplements?	No	<p>Select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • None • Occasionally • Daily, Not Primary Source • Daily, Primary Source • Daily, Sole Source
Do you have any problems that make it hard to eat?	No	<p>Select all options that apply to problems the individual has with eating. Problem options listed include:</p> <ul style="list-style-type: none"> • Food Allergies • Inadequate Food • Taste Problems • Problems Eating Certain Foods • Problems Following Special Diets • Problems Swallowing • Nausea/Vomiting/Diarrhea • Tooth or Mouth Problems • Others <p>NOTE: If you select "Other," the Please specify field displays and is required. Enter the specifics about the problem the individual has that makes it difficult to eat using up to 150 characters, which can include letters, numbers, or special characters.</p>

Medical Services & Needs Page

The *Medical Services & Needs* page (Figure 61) includes the individual's medical service and nursing needs.

The *Medical Services & Needs* page includes the following sections:

1. Current Medical Services
2. Medical/Nursing Needs

Figure 61: Functional – Medical Services & Needs Page

The screenshot displays the 'Virginia Medicaid - Care Management Solution' interface. At the top, there's a navigation bar with 'Home / Medicaid LTSS Screening / eMLS Create'. Below this is a progress bar with tabs: 'Background', 'Physical', 'Functional' (active), 'Behavioral', 'Social', and 'Summary'. The 'Functional' tab is selected, showing a progress indicator. The main content area is divided into three sections: 'Current Medical Services' (highlighted with an orange box and a red circle with the number 1), 'Medical/Nursing Needs' (highlighted with an orange box and a red circle with the number 2), and a 'Save & Continue' button at the bottom. The 'Current Medical Services' section includes questions about rehabilitation therapies, pressure ulcers, and special medical procedures, with checkboxes for various services. The 'Medical/Nursing Needs' section includes a question about ongoing medical/nursing needs.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.



IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include Medical Services information in the required fields and other fields (Table 27).

Table 27: Functional – Medical Services & Needs – Current Medical Services Fields

Field Name	Required Field	Field Details
Rehabilitation Therapies: Do you get any therapy prescribed by a doctor?	No	<p>Select all options that apply to rehabilitation therapy services the individual receives. Service options listed include:</p> <ul style="list-style-type: none"> • Occupational • Physical • Reality/Remotivation • Respiratory • Speech • Other <p>NOTE: If you select any of the therapy options, the Frequency field displays and is required. Enter the frequency the individual utilizes the therapy service using up to 75 characters, which can include letters, numbers, or special characters.</p>
Do you have pressure ulcers?	Yes	<p>Select the Yes or No button to indicate whether the individual has pressure ulcers.</p> <p>NOTE: If you select the Yes button, you will see additional fields.</p> <ul style="list-style-type: none"> • The Stage field displays and is required. Enter the individual's stage option from the drop-down list: <ul style="list-style-type: none"> ○ None ○ State I ○ Stage II ○ Stage III ○ Stage IV • The Location field displays and is required. Enter the location and size of the individual's ulcer(s) using up to 15 characters, which can include letters, numbers, or special characters.

Field Name	Required Field	Field Details
Special Medical Procedures: Do you receive any special nursing care?	No	<p>Select all options that apply to special medical procedure services the individual receives.</p> <p>Procedure options listed include:</p> <ul style="list-style-type: none"> • Bowel/Bladder Training • Dialysis • Dressing/Wound Care • Eye Care • Glucose/Blood Sugar • Injections/IV Therapy • Oxygen • Radiation/Chemotherapy • Restraints/Physical/Chemical • ROM Exercise • Trach Care/Suctioning • Ventilator • Other <p>NOTE: If you select any of the medical procedure options, the Frequency field displays and is required. Enter the frequency the individual requires the procedure using up to 15 characters, which can include letters, numbers, or special characters.</p>

2. Include Medical/Nursing Needs information in the required fields (Table 28).
3. Select the **Save & Continue** button.

Table 28: Functional – Medical Services & Needs – Medical/Nursing Needs Fields

Field Name	Required Field	Field Details
Are there any ongoing medical/ nursing needs?	Yes	<p>Select the Yes or No button to indicate whether the individual has any ongoing medical/nursing needs.</p> <p>NOTE: If you select the Yes button, you will see additional fields.</p> <ul style="list-style-type: none"> • The Comments field displays and is required. Enter the individual's ongoing medical/nursing needs by describing the following: <ul style="list-style-type: none"> ○ Evidence of medical instability ○ Need for observation/assessment to prevent destabilization ○ Complexity created by multiple medical conditions ○ Why individual's condition requires a physician, RN, or trained nurse's aide to oversee care on a daily basis • The Physician's Name/Title and Other's Name/Title fields display. • The Date field displays. Enter or select the date the comments were entered by the physician in MM/DD/YYYY format. • The Date field displays. Enter or select the date the comments were entered by Other in MM/DD/YYYY format.

Completing Behavioral Information

The fourth tab in the *UAI* form is **Behavioral**.



NOTE: The **Functional** tab is now green to indicate it is complete and the **Behavioral** tab is now red to indicate it is active.

This tab includes the following pages:

1. Cognitive Function
2. Behavior Pattern & Life Stressors

Cognitive Function Page

The *Cognitive Function* page (Figure 62) includes information about the individual's current cognitive functions.

Figure 62: Behavioral – Cognitive Function Page

The screenshot displays the 'Cognitive Function' page within the eMLS system. The navigation bar at the top shows the following tabs: Background, Physical, Functional, Behavioral (highlighted in red), Social, and Summary. The main content area is titled 'COGNITIVE FUNCTION' and includes a sub-header 'BEHAVIOR PATTERN & LIFE STRESSORS'. The page contains several sections for data entry:

- Orientation:** Includes instructions for recording orientation information (Person, Place, Time) and MMSE scores. It features dropdown menus for 'Please Select' and a 'Please Select' button.
- Recall/Memory:** Includes instructions for recording recall and memory information and MMSE scores. It features a 'Please Select' dropdown menu.
- Attention/Concentration:** Includes instructions for recording attention and concentration information and MMSE scores. It features a 'Please Select' dropdown menu.
- Judgement:** Includes instructions for recording judgement information and MMSE scores. It features a 'Please Select' dropdown menu.

At the bottom of the page, there are buttons for 'Back' and 'Save & Continue'.



IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include information in the required fields and other fields (Table 29).
2. Select the **Save & Continue** button.

Table 29: Behavioral – Cognitive Function Fields

Field Name	Required Field	Field Details
N/A	N/A	<p>Here is the orientation script that can be used to acquire information from the individual. (Note: Information in italics is optional and can be used to give a MMSE Score)</p> <ul style="list-style-type: none"> • Person: Please tell me your full name (so that I can be sure our record is correct) • Place: Where are we now (<i>state, county, town, street/route number, street name/box number</i>)? • Time: Would you tell me the date today (<i>year, season, day, month</i>)?
Orientation	Yes	<p>Select the individual's orientation option from the drop-down list:</p> <ul style="list-style-type: none"> • Oriented • Disoriented – Some spheres, some of the time • Disoriented – Some spheres, all of the time • Disoriented – All spheres, some of the time • Disoriented – All spheres, all of the time • Comatose <p>NOTE: If any disoriented or comatose option is selected, the Spheres Affected field displays and is required. Enter the affected spheres associated with the orientation selected using up to 25 characters, which can include letters, numbers, or special characters. Spheres include a person, place, time, and/or situation.</p>
Place MMSE Score	No	<p>Select the individual's place Mini Mental State Exam (MMSE) score from the drop-down list:</p> <ul style="list-style-type: none"> • 0 • 1 • 2 • 3 • 4 • 5
Time MMSE Score	No	<p>Select the individual's time MMSE score from the drop-down list:</p> <ul style="list-style-type: none"> • 0 • 1 • 2 • 3 • 4 • 5

Field Name	Required Field	Field Details
N/A	N/A	<p>Here is the recall script that can be used to acquire information from the individual:</p> <ul style="list-style-type: none"> I am going to say three words. And I want you to repeat them after I'm done (House, Bus, Dog). Ask the individual to repeat them. Give the individual 1 point for each correct response on the first trial. Repeat up to 6 trials until individual can name all 3 words. Tell the individual to hold them in his mind because you will ask him again in a minute or so what they are. <p>Here is the attention/concentration script that can be used to acquire information from the individual:</p> <ul style="list-style-type: none"> Spell the word "WORLD." Then ask the individual to spell it backwards. Give 1 point for each correctly placed letter (DLROW).
Recall/Memory MMSE Score	No	<p>Select the individual's recall/memory MMSE score from the drop-down list:</p> <ul style="list-style-type: none"> 0 1 2 3 4 5
Attention/Concentration MMSE Score	No	<p>Select the individual's attention/concentration MMSE score from the drop-down list:</p> <ul style="list-style-type: none"> 0 1 2 3 4 5
Total MMSE Score	No	This field automatically populates with the total of all MMSE scores in this section.
N/A	N/A	<p>Here is the judgement script that can be used to acquire information from the individual:</p> <ul style="list-style-type: none"> Short-Term: Ask the individual to recall the three words he/she was to remember. Long-Term: When were you born (What is your date of birth)? Judgment: If you needed help at night, what would you do?
Judgement	No	<p>If applicable, select the appropriate response based on the individual's answers to the judgment questions:</p> <ul style="list-style-type: none"> Short Term Memory Loss? Long Term Memory Loss? Judgement Problems?



NOTE: The information provided for Orientation and Behavior are considered together for one (1) assessment determination of I, d, or D.

Behavior Pattern & Life Stressors Page

The *Behavior Pattern & Life Stressors* page (Figure 63) includes information about the individual's current behavior and any life stressors.

The *Behavior Pattern & Life Stressors* page includes the following sections:

1. Behavior Pattern
2. Life Stressors

Figure 63: Behavioral – Behavior Pattern & Life Stressors Page



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.



IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include Behavior Pattern information in the required fields and other fields (Table 30).

Table 30: Behavioral – Behavior Patter Fields

Field Name	Required Field	Field Details
Does the member ever wander without purpose (trespass, get lost, go into traffic, etc.) or become agitated and abusive?	Yes	<p>Select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • Appropriate • Wandering/Passive – Less than weekly • Wandering/Passive – Weekly or more • Abusive/Aggressive/Disruptive – Less than weekly • Abusive/Aggressive/Disruptive – Weekly or more • Comatose <p>NOTE: If you select any option other than “Appropriate,” you will see additional fields.</p> <ul style="list-style-type: none"> • The Source of Information field displays and is required. Enter the source of information regarding the individual’s behavior. • The Type of Inappropriate behavior field displays and is required. Enter the type of behavior the individual exhibits using up to 200 characters, which can include letters, numbers, or special characters.



NOTE: The information provided for Orientation and Behavior are considered together for one (1) assessment determination of I, d, or D.

2. Include Life Stressors information in the required fields and other fields (Table 31).
3. Select the **Save & Continue** button.

Table 31: Behavioral – Life Stressors Fields

Field Name	Required Field	Field Details
Are there any stressful events that currently affect your life, such as...	No	<p>Select all options that apply to stressful events the individual is currently encountering.</p> <p>Stressor options listed include:</p> <ul style="list-style-type: none"> • Change in work/employment • Financial problems • Victim of a crime • Death of someone close • Major illness: family/friend • Failing health • Family conflict • Recent move/relocation • Other <p>NOTE: If you select "Other," the Specify field displays and is required. Enter the life stressor the individual is dealing with using up to 50 characters, which can include letters, numbers, or special characters.</p>

Completing Social Information

The fifth tab in the *UAI* form is **Social**.



NOTE: The **Behavioral** tab is now green to indicate it is complete and the **Social** tab is now red to indicate it is active.

This tab includes the following pages:

1. Hospitalization
2. Social Status
3. Emotional Status

Hospitalization Page

The *Hospitalization* page (Figure 64) includes information about the individual's emotional/mental health and any alcohol/substance abuse.

Figure 64: Social – Hospitalization Page

Home / Medicaid LTSS Screening / eMLS Create

MLS In Progress

Background Physical Functional Behavioral **Social** Summary

HOSPITALIZATION SOCIAL STATUS EMOTIONAL STATUS

Hospitalization/Alcohol - Drugs Use

Have you been hospitalized or received inpatient/outpatient treatment in the last 2 years for anxiety, emotional/mental health, alcohol or substance abuse problems? *

☐ No ☐ Yes

Is Hospitalized required field

Do (did) you ever drink alcoholic beverages?

Please Select

Do (did) you ever use non-prescription, mood altering substance?

Please Select

Do (did) you smoke or use tobacco products?

Please Select

Is there anything we have not talked about that you would like to discuss?

☐ No ☐ Yes

[Back](#) [Save & Continue](#)



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the required fields and other fields (Table 32).
2. Select the **Save & Continue** button.

Table 32: Social – Hospitalization Fields

Field Name	Required Field	Field Details
Have you been hospitalized or received inpatient/outpatient treatment in the last 2 years for anxiety, emotional/mental health, alcohol, or substance abuse problems?	Yes	<p>Select the Yes or No button to indicate whether the individual has been hospitalized or received treatment within the last two years for anxiety, emotional/mental health, alcohol, or substance abuse problems.</p> <p>NOTE: If you select the Yes button, you will see additional fields.</p> <ul style="list-style-type: none"> • The Name of Place field displays and is required. Enter the name of the place where the individual was hospitalized or received treatment using up to 30 characters, which can include letters, numbers, or special characters. • The Admit Date field displays and is required. Enter the admit date in MM/DD/YYYY format. • The Length of Stay/Reason field displays and is required. Enter the length of the individual's stay and the reason for the hospitalization or treatment using up to 30 characters, which can include letters, numbers, or special characters.
Add Treatment	No	Select the Add Treatment button to add up to two hospitalization/treatment segments.
Do (did) you ever drink alcoholic beverages?	No	<p>Select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • Never • At one time, but no longer • Currently <p>NOTE: If you select "Currently," you will see additional fields.</p> <ul style="list-style-type: none"> • The How much field displays and is required. Enter the amount of alcohol the individual consumes. • The How often field displays and is required. Enter how often the individual consumes alcohol.
Do (did) you ever use non-prescription, mood-altering substances?	No	<p>Select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • Never • At one time, but no longer • Currently <p>NOTE: If you select "Currently," you will see additional fields.</p> <ul style="list-style-type: none"> • The How much field displays and is required. Enter the amount of non-prescription, mood-altering substances the individual uses. • The How often field displays and is required. Enter how often the individual use non-prescription, mood-altering substances.

Field Name	Required Field	Field Details
Do (did) you smoke or use tobacco products?	No	<p>Select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • Never • At one time, but no longer • Currently <p>NOTE: If you select “Currently,” you will see additional fields.</p> <ul style="list-style-type: none"> • The How much field displays and is required. Enter the amount of tobacco products the individual uses. • The How often field displays and is required. Enter how often the individual smokes or uses tobacco products.
N/A	Yes	<p>NOTE: If you select “At one time, but no longer” or “Currently” for any of the three questions, you will see additional fields:</p> <ul style="list-style-type: none"> • The Have you, or someone close to you ever been concerned about your use of alcohol/other mood-altering substances? field displays and is required. Select the appropriate No/Yes response indicating whether someone is concerned about the individual’s substance use. <p>NOTE: If you select “Yes,” the Describe Concerns field displays and is required. Enter the concerns about the individual’s substance use.</p> <ul style="list-style-type: none"> • The Do (did) you ever use alcohol/other mood-altering substances with... field displays. Select all options that apply. The combination options listed include: <ul style="list-style-type: none"> ○ Prescription Drugs? ○ OTC Medicine? ○ Other Substances? <p>NOTE: If you select any of the options, the Describe Concerns field displays and is required. Enter the concerns about the individual combining substances.</p> <ul style="list-style-type: none"> • The Do (did) you ever use alcohol/other mood-altering substances to help you... field displays. Select all options that apply. The reason options listed include: <ul style="list-style-type: none"> ○ Sleep? ○ Relax? ○ Get more energy? ○ Relieve Worries? ○ Relieve physical pain? <p>NOTE: If you select any of the options, the Describe what and how often field displays and is required. Describe what and how often the individual used alcohol/substances in the situation(s) using up to 40 characters, which can include letters, numbers, or special characters.</p>

Field Name	Required Field	Field Details
Is there anything we have not talked about that you would like to discuss?	No	Select the Yes or No button to indicate whether the individual has anything additional to discuss. NOTE: If you select "Yes," the Comments field displays and is required. Enter any relevant comments using up to 100 characters which can include letters, numbers, or special characters.

Social Status Page

The *Social Status* page of (Figure 65) includes information related to the individual's social activities.

Figure 65: Social – Social Status Page

The screenshot displays the 'Social Status' page within the 'Virginia Medicaid - Care Management Solution'. The top navigation bar includes 'Home / Medicaid LTSS Screening / eMLS Create'. Below this is a progress bar with tabs: Background, Physical, Functional, Behavioral, Social (highlighted in red), and Summary. The 'Social Status' section is titled 'HOSPITALIZATION (✓)' and 'SOCIAL STATUS'. It contains the following questions and options:

- Are there some things that you do that you especially enjoy? (Check all services that apply)
 - ☐ Social Activities
 - ☐ With Groups/Clubs
 - ☐ With Friends/Family
 - ☐ Religious Activities
- How often do you talk with your children, family or friends, either during a visit or over the phone?
 - Children: Please Select
 - Other Family: Please Select
 - Friends/Neighbors: Please Select
- Are you satisfied with how often you see or hear from your children, other family and/or friends?
 - ☐ No
 - ☐ Yes

At the bottom of the form are 'Back' and 'Save & Continue' buttons. The footer of the page reads 'Department of Medical Assistance Services © 2020 All Rights Reserved'.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the required fields and other fields (Table 33).
2. Select the **Save & Continue** button.

Table 33: Social – Social Status Fields

Field Name	Required Field	Field Details
Are there some things that you do that you especially enjoy?	No	<p>Select all options that apply to things the individual enjoys. Activities listed include:</p> <ul style="list-style-type: none"> • Social Activities • With Friends/Family • With Groups/Clubs • Religious Activities <p>NOTE: If you select any of the activity options, the Describe field displays and is required. Describe what the individual enjoys about the selected activity using up to 25 characters, which can include letters, numbers, or special characters.</p>
How often do you talk with your children, family, or friends, either during a visit or over the phone?	N/A	This is an opening question to the next three fields.
Children	No	<p>Select the individual's frequency level talking with children from the drop-down list:</p> <ul style="list-style-type: none"> • No Children • Daily • Weekly • Monthly • Less than Monthly • Never
Other Family	No	<p>Select the individual's frequency level talking with other family from the drop-down list:</p> <ul style="list-style-type: none"> • No Other Family • Daily • Weekly • Monthly • Less than Monthly • Never

Field Name	Required Field	Field Details
Friends/Neighbors	No	Select the individual's frequency level talking with friends and neighbors from the drop-down list: <ul style="list-style-type: none">• No Friends/Neighbors• Daily• Weekly• Monthly• Less than Monthly• Never
Are you satisfied with how often you see or hear from your children, other family and/or friends?	No	Select the Yes or No button to indicate indicating whether the individual is satisfied with how often he/she hears from children, other family, and/or friends.

Emotional Status Page

The *Emotional Status* page (Figure 66) includes information about the individual's emotional well-being.

Figure 66: Social – Emotional Status Page

The screenshot displays the 'eMLS Create' interface for 'Virginia Medicaid - Care Management Solution'. The top navigation bar includes 'Home / Medicaid LTSS Screening / eMLS Create' and a 'Log out' button. Below the navigation bar, a progress bar shows the current status: 'In Progress'. The main content area is divided into tabs: 'Background', 'Physical', 'Functional', 'Behavioral', 'Social', and 'Summary'. The 'Social' tab is selected, and the 'Emotional Status' section is expanded. The section contains two columns of questions, each with a 'Please Select' dropdown menu. The questions are as follows:

- Left Column:**
 - In the past month, how often did you ...?
 - Feel anxious or worry constantly about things?
 - Feel alone and that you didn't have anyone to talk to?
 - Feel sad or hopeless?
 - See or hear things that other people did not see or hear?
 - Have problems falling or staying asleep?
 - Feel afraid that something bad was going to happen to you and/or feel that others were trying to take things from you or trying to harm you?
- Right Column:**
 - Feel irritable, have crying spells or get upset over little things?
 - Feel like you didn't want to be around other people?
 - Feel that life is not worth living or think of taking your life?
 - Believe that you have special powers that other do not have?
 - Have problems with your appetite that is, eat too much or too little?

Below the questions is a 'Comments' section with a text area and a '250 Characters remaining' indicator. At the bottom of the form, there are two buttons: 'Back' and 'Save & Continue'.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the fields (Table 34).
2. Select the **Save & Continue** button.

Table 34: Social – Emotional Status Fields

Field Name	Required Field	Field Details
In the past month, how often did you...?	N/A	This is an opening question to the next 11 fields.
Feel anxious or worry constantly about things?	No	Select the individual's frequency level from the drop-down list: <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess
Feel irritable, have crying spells or get upset over little things?	No	Select the individual's frequency level from the drop-down list: <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess
Feel alone and that you didn't have anyone to talk to?	No	Select the individual's frequency level from the drop-down list: <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess
Feel like you didn't want to be around other people?	No	Select the individual's frequency level from the drop-down list: <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess
Feel sad or hopeless?	No	Select the individual's frequency level from the drop-down list: <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess

Field Name	Required Field	Field Details
Feel that life is not worth living or think of taking your life?	No	<p>Select the individual's frequency level from the drop-down list:</p> <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess
See or hear things that other people did not see or hear?	No	<p>Select the individual's frequency level from the drop-down list:</p> <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess
Believe that you have special powers that other do not have?	No	<p>Select the individual's frequency level from the drop-down list:</p> <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess
Have problems falling or staying asleep?	No	<p>Select the individual's frequency level from the drop-down list:</p> <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess
Have problems with your appetite that is, eat too much or too little?	No	<p>Select the individual's frequency level from the drop-down list:</p> <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess
Feel afraid that something bad was going to happen to you and/or feel that others were trying to take things from you or trying to harm you?	No	<p>Select the individual's frequency level from the drop-down list:</p> <ul style="list-style-type: none"> • Rarely/Never • Some of the Time • Often • Most of the Time • Unable to Assess

Field Name	Required Field	Field Details
Comments	No	Enter any additional comments related to the individual's emotional status using up to 250 characters which can include letters, numbers, or special characters.

Completing Summary Information

The sixth tab in the *UAI* form is **Summary**.



NOTE: The **Social** tab is now green to indicate it is complete and the **Summary** tab is now red to indicate it is active.

This tab includes the following pages:

1. Caregiver Assessment
2. Unmet Needs
3. Completed By

Caregiver Assessment Page

The *Caregiver Assessment* page (Figure 67) includes information related to the individual's caregiver.



IMPORTANT: Indicators of Adult Abuse and Neglect: While completing the assessment, if you suspect abuse, neglect, or exploitation, you are required by Virginia law, Section 63.1 – 55.3 to report this to the local Department of Social Services, Adult Protective Services.

Figure 67: Summary – Caregiver Assessment Page

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Create

MLS In Progress

Background Physical Functional Behavioral Social **Summary**

CAREGIVER ASSESSMENT UNMET NEEDS COMPLETED BY

Caregiver Assessment Back Close

Indicators of Adult Abuse and Neglect: While completing the assessment, if you suspect abuse, neglect or exploitation, you are required by Virginia law, Section 63.1 , 55.3 to report this to the local Department of Social Services, Adult Protective Services.

Does the member have an informal caregiver? *

☐ No ☐ Yes

Has Informal Caregiver required field

Preferences

Member's preferences for receiving needed care

Family/Representative's preferences for member's care

Physician's comments (if applicable)

75 Characters remaining

75 Characters remaining

75 Characters remaining

Member's Case Summary *

1000 Characters remaining

Summary Comments required field

Back Save & Continue

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IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the required fields and other fields (Table 35).
2. Select the **Save & Continue** button.

Table 35: Summary – Caregiver Assessment Fields

Field Name	Required Field	Field Details
Does the member have an informal caregiver	Yes	<p>Select the Yes or No button to indicate indicating whether the individual has an informal caregiver.</p> <p>NOTE: If you select the Yes button, you will see additional fields.</p> <ul style="list-style-type: none"> • The Where does the caregiver live? field displays and is required. Select the appropriate option from the drop-down list: <ul style="list-style-type: none"> <input type="radio"/> With Individual <input type="radio"/> Separate Residence, close proximity <input type="radio"/> Separate Residence, over 1 hour away • The Is the caregiver's help? field displays and is required. Select the appropriate option from the drop-down list: <ul style="list-style-type: none"> <input type="radio"/> Adequate to meet the individual's needs? <input type="radio"/> Not Adequate to meet the individual's needs? • The Has providing care to the individual become a burden for the caregiver? field displays and is required. Select the appropriate option from the drop-down list: <ul style="list-style-type: none"> <input type="radio"/> Not at all <input type="radio"/> Somewhat <input type="radio"/> Very much • Describe any problems with continued caregiving field displays and is required. Describe any problems with continued caregiving using up to 250 characters which can include letters, numbers, or special characters.
Member's preferences for receiving needed care	No	Enter any preferences the individual has for receiving care using up to 75 characters which can include letters, numbers, or special characters.
Family/Representative's preferences for member's care	No	Enter any preferences the individual's family/representative has for receiving care using up to 75 characters which can include letters, numbers, or special characters.
Physician's comments (if applicable)	No	Enter any physician's comments using up to 75 characters which can include letters, numbers, or special characters.
Member's Case Summary	Yes	<p>Enter any relevant comments regarding the individual's case summary using up to 1000 characters which can include letters, numbers, or special characters.</p> <p>IMPORTANT: Do NOT put in "N/A" in this field. This is a critical field for processing the screening. State in a few sentences exactly what is going on with the individual.</p>

Unmet Needs Page

The *Unmet Needs* page of (Figure 68) includes information about the individual's current unmet needs for appropriate care.

Figure 68: Summary – Unmet Needs Page

The screenshot displays the 'Unmet Needs' page within the Virginia Medicaid - Care Management Solution. The page features a top navigation bar with the title 'Virginia Medicaid - Care Management Solution' and a 'Logout' button. Below this is a breadcrumb trail: 'Home / Medicaid LTSS Screening / eMLS Create'. A progress bar indicates the current step is 'Unmet Needs', with previous steps being 'Background', 'Physical', 'Functional', 'Behavioral', and 'Social'. The 'Unmet Needs' section is titled 'Unmet Needs ... (Check all that apply)' and contains a list of needs to check: Finances, Caregiver Support, Assistive Devices/Medical Equipment, ADLS, Nutrition, Home/Physical Environment, IADLS, Medical Care/Health, and Cognitive/Emotional. At the bottom of the section are 'Back' and 'Save & Continue' buttons. The footer reads 'Department of Medical Assistance Services © 2020 All Rights Reserved'.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.



IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include information in the required fields and other fields (Table 36).
2. Select the **Save & Continue** button.

Table 36: Summary – Unmet Needs Fields

Field Name	Required Field	Field Details
Unmet Needs	No	<p>Select all options that apply to unmet needs for the individual. Needs listed include:</p> <ul style="list-style-type: none"> • Finances • ADLS • IADLS • Caregiver Support • Nutrition • Medical Care/Health • Assistive Devices/Medical Equipment • Home/Physical Environment • Cognitive/Emotional

Completed By Page

The *Completed By* page (Figure 69) includes the name(s) of the screener(s) who performed the individual's screening.

Figure 69: Summary – Completed By Page

The screenshot displays the 'Completed By' page within the Virginia Medicaid - Care Management Solution. The top navigation bar includes 'Home / Medicaid LTSS Screening / eMLS Create'. The main content area features a progress bar with sections: Background, Physical, Functional, Behavioral, Social, and Summary. The 'Summary' section is highlighted in red. Below the progress bar, there are two main sections: 'CAREGIVER ASSESSMENT (✓)' and 'UNMET NEEDS (✓)'. The 'CAREGIVER ASSESSMENT' section is expanded, showing a form with fields for 'Provider's NPI', 'Assessor's Name', 'Section(s) Completed', 'Agency/Provider's Name', 'Case Assigned To', and 'Code#'. The 'Assessor's Name' field has a red error message 'Name required field'. The 'Section(s) Completed' field has a red error message 'Sections Completed required field'. There are buttons for 'Add Assessor', 'Back', and 'Save & Continue'.



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the required fields and other fields (Table 37).



NOTE: Select the **Add Assessor** button to display another line to enter a new screener.

2. Select the **Save & Continue** button.

Table 37: Summary – Completed By Fields

Field Name	Required Field	Field Details
Provider's NPI	Yes	The 10-digit NPI of the agency/provider that employs the screener should automatically populate.
Assessor's Name	Yes	Enter the name of the screener conducting the screening.
Section(s) Completed	Yes	Enter the section(s) completed by the screener using up to 15 characters which can include letters, numbers, or special characters.
Agency/Provider Name	Yes	The agency/provider that employs the screener should automatically populate.
Add Assessor	No	Select the Add Assessor button to add up to six screener sections.
Case Assigned To	No	Enter the name of the casework to whom this individual is assigned.
Code #	No	Enter the code number associated with the case to whom this individual is assigned.



NOTE: After saving this page, the tabs of the *UAI* form are replaced with tabs for the additional forms required, based on the information provided. For example, providing long-term care information in the *DMAS-96* form can trigger the *DMAS-95* form to be required if it involves a nursing facility. Another example is when the individual is requesting CCC Plus with private duty nursing (PDN), which triggers the associated *DMAS-108* or *DMAS-109* form to be required.

Completing Additional Forms

The next set of eMLS tabs include:

1. At Risk
2. DMAS-96
3. DMAS-97
4. DMAS-96 (Part B)



NOTE: These forms are always required.

Depending on the information provided, one or more of these forms may be required and display additional tabs for the screening:

- DMAS-95
- DMAS-95 (Supplemental)
- DMAS-108
- DMAS-109



NOTE: These forms are conditionally required. The order eMLS displays these tabs are between the **DMAS-96** tab and the **DMAS-97** tab.

Completing At Risk Information

The first tab in this section is **At Risk**.

At Risk Page

The *At Risk* page (Figure 70) requires you to explain the level of risk this individual faces for not having the long-term services and supports identified in this screening.

Figure 70: At Risk – At Risk Page



IMPORTANT: The At Risk information is now on its own page. When the individual is at risk, explain in a few words what is going on with the individual. This is critical to help process the screening.

To complete this page:

1. Include information in the required fields and other fields (Table 38).
2. Select the **Save & Continue** button.

Table 38: At Risk – At Risk Fields

Field Name	Required Field	Field Details
In the absence of long-term services and supports, is this individual at risk of needing the level of care provided in a hospital or nursing facility within the next 30 days?	Yes	<p>Select the Yes or No button.</p> <p>NOTE: If you select the Yes button, the Comments field displays and is required. Enter why the individual is at risk using up to 100 characters, which can include letters, numbers, or special characters.</p> <p>NOTE: This area is a section all its own and is critical for processing the screening. State I a few sentences exactly what is going on with the individual.</p>

Completing DMAS-96 – Medicaid Funded LTSS Authorization Form

The *DMAS-96 – Medicaid Funded Long-Term Services and Supports Authorization* form is for long-term services and support authorization to designate the type of service the individual is eligible to receive.

The **DMAS-96** tab includes the following pages:

1. Medicaid Eligibility
2. Medicaid Authorization

Medicaid Eligibility Page

The *Medicaid Eligibility* page (Figure 71) includes a Medicaid eligibility determination for the individual.

Figure 71: DMAS-96 – Medicaid Eligibility Page



IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.

To complete this page:

1. Include information in the required fields and other fields (Table 39).
2. Select the **Save & Continue** button.

Table 39: DMAS-96 – Medicaid Eligibility Fields

Field Name	Required Field	Field Details
Is the individual currently Medicaid Eligible?	Yes	<p>Select the appropriate Medicaid eligibility option from the drop-down list:</p> <ul style="list-style-type: none"> • Yes • No – Anticipated within 180 days • No – Not Anticipated within 180 days <p>NOTE: If you select either “No” option, the Has individual formally applied for Medicaid field displays and is required. Select the appropriate No/Yes response.</p> <p>NOTE: Formal application for Medicaid is made when the individual or a family individual has taken the required financial information to the local Eligibility Department and completed forms needed to apply for the benefits. The authorization for long-term care can be made regardless of whether the individual has been determined Medicaid-eligible, but placement may not be available until the provider is assured of the individual’s Medicaid status.</p>
Eligibility Responsibility	No	Enter the name of the agency with eligibility responsibility using up to 25 characters which can include letters, numbers, or special characters.
Services Responsibility	No	Enter the name of the agency with service responsibility using up to 25 characters which can include letters, numbers, or special characters.

Medicaid Authorization Page

The *Medicaid Authorization* page (Figure 72) includes information about the Medicaid services that are authorized (if any).

Figure 72: DMAS-96 – Medicaid Authorization Page

DMAS mCS Choose favorites Virginia Medicaid - Care Management Solution Logout

Home / Medicaid LTSS Screening / eMLS Create

MLS In Progress

AI-Risk DMAS-96 DMAS-97 DMAS-96(Part-B)

MEDICAID ELIGIBILITY (✓) MEDICAID AUTHORIZATION

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

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

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To complete this page:

1. Include information in the required fields and other fields (Table 40).
2. Select the **Save & Continue** button.

Table 40: DMAS-96 – Medicaid Authorization Fields

Field Name	Required Field	Field Details
Medicaid Services Authorized?	Yes	<p>Select the Yes or No button.</p> <p>NOTE: If you select the No button, the Reason No Medicaid Services Authorized field displays and is required. Select the appropriate option from the drop-down list:</p> <ul style="list-style-type: none"> • No Other Services Recommended • Other Services Recommended • Active Treatment for MI/ID Condition <p>NOTE: If you select the Yes button, the Level of Care and Service Availability fields display and are required. Select the appropriate level of care option from the drop-down list:</p> <ul style="list-style-type: none"> • Nursing Facility (NF) Services • PACE • CCC Plus Waiver • CCC Plus Waiver with PDN <p>Select the appropriate service availability option from the drop-down list:</p> <ul style="list-style-type: none"> • Member on waiting list for service authorized • Desired service provider not available • Service provider available, care to start immediately
Screener 1 Provider Number	Yes	<p>The Screener 1's provider number automatically populates from the UAI form.</p> <p>NOTE: The provider number comes from the agency.</p>
Screener 1 Agency Name	Yes	<p>The agency name automatically populates based on the Screener 1 Provider Number field from the UAI form.</p>
Screener 2 Provider Number	No	<p>Enter Screener 2's provider number.</p> <p>NOTE: The provider number comes from the agency.</p>
Screener 2 Agency Name	No	<p>The agency name automatically populates based on the number entered in the Screener 2 Provider Number field.</p>
Did the individual expire after the screening decision but before the services were received?	Yes	<p>Select the Yes or No button.</p>

Completing DMAS-95 – MI/DD/RC Form

The *DMAS-95 – ID/DD/RC* form is a screening for mental illness (MI), intellectual disability (ID), and related conditions (RC). All individuals entering a nursing facility must be screened for MI, ID, and RC, and, if needed, evaluated for specialty services.

The **DMAS-95** tab includes the following pages:

1. Nursing Facility
2. Recommendation

Nursing Facility Page

The *Nursing Facility* page (Figure 73) includes information related to the nursing facility.

Figure 73: DMAS-95 – Nursing Facility Page

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Create

MLS - Nursing Facility (NF) Services (01) In Progress

At-Risk DMAS-96 DMAS-95 DMAS-97 DMAS-98(Pw-8)

NURSING FACILITY

Preadmission Screening for Mental Illness, Intellectual Disability and Related Conditions

1. Does the Individual meet nursing facility criteria? *

☐ No ☒ Yes

a. Can a nursing facility develop a safe and appropriate plan of care to meet all medical/nursing/custodial care needs?

☐ No ☐ Yes

2. Does the Individual have a current serious mental illness (MI)? *

☐ No ☒ Yes

Current serious mental illness (MI) can only be Yes, if answers 2a, 2b, and 2c below are "Yes"

a. Is this major mental disorder diagnosable under DSM-IV (e.g., schizophrenia, mood, paranoid, manic, or other serious anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or other mental disorder that may lead to a chronic disability)?

☐ No ☐ Yes

b. Has the disorder resulted in functional limitations in major life activities within the past 3-6 months, particularly with regard to interpersonal functioning; concentration, persistence, or pace; and adaptation to change?

☐ No ☐ Yes

c. Does the treatment history indicate that the individual has experienced psychiatric treatment more intensive than outpatient care more than once in the past 2 years or the individual has experienced within the last 2 years an episode of significant disruption to the normal living situation due to the mental disorder?

☐ No ☐ Yes

3. Does the Individual have a diagnosis of Intellectual Disability (ID) which was manifested before age 18? *

☐ No ☐ Yes

Intellectual Disability required field

4. Does the Individual have a related condition? *

☐ No ☒ Yes

Related Condition can only be Yes if 4a, 4b, 4c and 4d is selected as Yes

a. Is the condition attributable to any other condition (e.g., cerebral palsy, epilepsy, autism, muscular dystrophy, multiple sclerosis, Frederick's ataxia, spina bifida), other than MI, found to be closely related to ID because this condition may result in impairment of general intellectual functioning or adaptive behavior similar to that of ID persons and requires treatment of services similar to those for these persons?

☐ No ☐ Yes

b. Has the condition manifested before age 22?

☐ No ☐ Yes

c. Is the condition likely to continue indefinitely?

☐ No ☐ Yes

d. Has the condition resulted in substantial limitations in 3 or more of the following areas of major life activity; self-care understanding and use of language, learning, mobility, self-direction, and capacity for independent living?

☐ No ☐ Yes

Back Save & Continue

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To complete this page:

1. Include information in the required fields and other fields (Table 41).
2. Select the **Save & Continue** button.

Table 41: DMAS-95 – Nursing Facility Fields

Field Name	Required Field	Field Details
1. Does the individual meet nursing facility criteria?	Yes	The Yes button is automatically selected.
a. Can a safe and appropriate plan of care be developed to meet all medical/nursing/custodial care needs?	No	<p>Select the Yes or No button.</p> <p>NOTE: If you select the Yes button, complete this form and the <i>DMAS-96 – Medicaid Funded LTSS Authorization</i> form.</p> <p>NOTE: If you select the No button, continue completing this form.</p>
2. Does the individual have a current serious mental illness (MI)?	Yes	<p>Select the Yes or No button.</p> <p>NOTE: If you select “Yes” questions 2 a, b, and c appear.</p> <p>NOTE: If you select “No” for 2 a, b, or c, do not refer for Level II for MI.</p>
a. Is this major mental disorder diagnosable under DSM-IV (e.g., schizophrenia, mood, paranoid, panic, or other serious anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or other mental disorder that may lead to a chronic disability)?	No	<p>Select the Yes or No button.</p> <p>NOTE: Select the Yes button if the individual has a major mental disorder diagnosable under DSM-III-R (e.g., schizophrenia (including disorganized, catatonic, and paranoid types), mood (including bipolar disorder (mixed manic, depressed, seasonal, NOS), major depression (single episode/recurrent, chronic, melancholic, or seasonal), depressive disorder MOS, cyclothymia, dysthymia (primary/secondary or early/late onset). Paranoid (including delusional, erotomaniac, grandiose, jealous, persecutory, somatic, unspecified, or induced psychotic disorder), panic or other severe anxiety disorder (including panic disorder with agoraphobia, agoraphobia with or without history of panic disorder, social phobia general anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder), somatoform disorder (includes somatization disorder, conversion disorder somatoform pain disorder, hypochondriasis, body dysmorphic disorder, undifferentiated somatoform disorder NOS). Personality disorder (includes paranoid, schizoid, schizotypal, histrionic, narcissistic, antisocial, borderline, avoidant, dependent, obsessive compulsive, passive aggressive, and NOS), other psychotic disorder (includes schizophreniform disorder schizoaffective disorder (bipolar/depressive), brief reactive psychosis, atypical NOS) or other mental disorder that may lead to a chronic disability).</p>

Field Name	Required Field	Field Details
b. Has the disorder resulted in functional limitations in major life activities within the past 3-6 months, particularly with regard to interpersonal functioning; concentration, persistence, or pace; and adaptation to change?	No	Select the Yes or No button.
c. Does the treatment history indicate that the individual has experienced psychiatric treatment more intensive than outpatient care more than once in the past 2 years or the individual has experienced within the last 2 years an episode of significant disruption to the normal living situation due to the mental disorder?	No	Select the Yes or No button.
3. Does the individual have a diagnosis of Intellectual Disability (ID) which was manifested before age 18?	Yes	Select the Yes or No button.
4. Does the individual have a related condition?	Yes	Select the Yes or No button. NOTE: If you select "Yes," questions 4 a-d appear NOTE: If you select the No button for 4 a, b, c, or d, do not refer for Level II PAS for related conditions.

Field Name	Required Field	Field Details
a. Is the condition attributable to any other condition (e.g., cerebral palsy, epilepsy, autism, muscular dystrophy, multiple sclerosis, Frederick's ataxia, spina bifida), other than MI, found to be closely related to ID because this condition may result in impairment of general intellectual functioning or adaptive behavior similar to that of ID persons and requires treatment of services similar to those for these persons?	No	Select the Yes or No button.
b. Has the condition manifested before age 22?	No	Select the Yes or No button.
c. Is the condition likely to continue indefinitely?	No	Select the Yes or No button.
d. Has the condition resulted in substantial limitations in 3 or more of the following areas of major life activity; self-care understanding and use of language, learning, mobility, self-direction, and capacity for independent living?	No	<p>Select the Yes or No button.</p> <p>NOTE: If you select the Yes button, a list of the major life activities displays and at least one selection is required. The areas include:</p> <ul style="list-style-type: none"> • Learning • Mobility • Self-direction • Self-care understanding and use of language • Capacity for independent living

Recommendation Page

The *Recommendation* page (Figure 74) includes recommendations for the individual's care.

Figure 74: DMAS-95 – Recommendation Page

To complete this page:

1. Include information in the required fields and other fields (Table 42).
2. Select the **Save & Continue** button.

Table 42: DMAS-95 – Recommendation Fields

Field Name	Required Field	Field Details
Recommendation	N/A	Either 'A' or 'B' is required and must be selected.
A. Refer for Secondary Evaluation	No	Select the checkbox if Question 2 on the <i>Nursing Facility</i> page has a "Yes" selection AND/OR either Question 3 or 4 has a selection of "Yes." NOTE: If you select "Yes," you need to select the reason. NOTE: The individual may NOT be admitted to LTC services until the secondary assessment is completed.

Field Name	Required Field	Field Details
Reason for Secondary Evaluation	No	<p>Select the reason the individual is being referred for a secondary assessment.</p> <p>Reasons listed include:</p> <ul style="list-style-type: none"> • MI (# 2 in previous <i>Nursing Facility</i> page is checked “Yes”) • ID or Related Condition (# 3 or #4 in previous screen is checked “Yes”) • Dual diagnosis (MI and ID or Related Condition categories are checked)
B. No referral for active treatment needs assessment required because individual:	No	<p>Select the checkbox only if there is documented evidence from the list below – Select all options that apply.</p>
Reason for No Referral	Yes	<p>Select the reason for no referral”</p> <p>Reasons listed include:</p> <ul style="list-style-type: none"> • Does not meet the applicable criteria for serious MI or ID or related condition • Has a primary diagnosis of dementia (including Alzheimer's disease) and does not have a diagnosis of ID • Has a primary diagnosis of dementia (including Alzheimer's disease) AND has a secondary diagnosis of a serious MI • Is terminally ill (note: a physician must have documented that individual's life expectancy is six (6) months or less) • Has a severe physical illness (e.g. documented evidence of coma, functioning at brain-stem level, or other conditions which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.)
Name	Yes	Enter screener's first name, middle initial, and last name.
Title	Yes	Enter the screener's professional title using up to 20 characters which can include letters, numbers, or special characters.
Date	Yes	Enter or select the current date in MM/DD/YYYY format.
Telephone	Yes	Enter the screener's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Address Line 1	Yes	Enter the building number and street address of the screener.
City	Yes	Enter the city of the screener's address.
State	Yes	Select the state abbreviation of the screener's address from the drop-down list.
Zip Code	Yes	Enter the five-digit zip code of the screener's address.

Completing DMAS-95 – MI/DD/SUPL Form

The *DMAS-95 – MI/DD/RC SUPL* form is a supplemental screening for individuals suspected mental illness, intellectual disabilities, or related conditions.

Level II Evaluation and Determination Results Page

The *Level II Evaluation and Determination Results* page (Figure 75) includes information related to the individual's evaluation and determination results.

Figure 75: DMAS-95(Supple) – Level II Evaluation and Determination Results Page

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Create

MLS - Nursing Facility (NF) Services (01) In Progress

At-Risk DMAS-96 DMAS-95 DMAS-95(Supple) DMAS-97 DMAS-96(Part-B)

Level II Evaluation and Determination Results

At least one Determination Conditions option is required

1. Determination *

☐ Mental Illness ☐ Intellectual Disability ☐ Related Condition

Nursing Facility Admission is Recommended. Nursing Facility is Appropriate: The individual has both limited functional capacity and requires medical or nursing management according to the requirements of the LTSS Screening Criteria for nursing facility level of care.

Check one of the four choices below *:

☐ Specialized Services in Nursing Facility are not indicated

☐ Specialized Services in Nursing Facility are indicated

☐ Community Care Treatment is Recommended

☐ No Treatment/Specialized Care is needed

Specialized Services required field

2. Recommendation

Date Package Sent to DBHDS/Evaluator: MM/DD/YYYY

Date Determination Returned to LTSS Screener: MM/DD/YYYY

3. Contracted Evaluator's Name:

Last Name: First Name:

4. DBHDS Authority Staff Name:

Last Name: First Name:

5. Comments and summary of any information received from DBHDS:

200 characters remaining

Back Save & Continue

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IMPORTANT: To provide the best screening record, complete as many fields as possible, not only the required fields.



IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include information in the required fields and other fields (Table 43).
2. Select the **Save & Continue** button.

Table 43: DMAS-95(Supple) – Level II Evaluation and Determination Results Fields

Field Name	Required Field	Field Details
1. Determination	No	Select one or more options indicating which determinations were made. Determinations include: <ul style="list-style-type: none"> • Mental Illness • Intellectual Disability • Related Condition
Nursing Facility Admission is Recommended.	No	Select the appropriate nursing facility admission recommended. Recommendations include: <ul style="list-style-type: none"> • Specialized Services in Nursing Facility are not indicated • Specialized Services in Nursing Facility are indicated • Community Care Treatment is Recommended • No Treatment/Specialized Care is needed
2. Recommendation - Date Package Sent to DBHDS/Evaluator	No	Enter the date the referral package was sent to the Department of Behavioral Health and Developmental Services (DBHDS) in MM/DD/YYYY format.
Recommendation - Date Determination Returned to LTSS Screener	No	Enter the date the referral package was returned to the LTSS Screener in MM/DD/YYYY format.
3. Contracted Evaluator's Name:	No	Enter the information about the Contract Evaluator that provided the determination and recommendations.
Last Name	No	Enter the last name of the Contract Evaluator.
First Name	No	Enter the first name of the Contract Evaluator.
4. DBHDS Authority Staff Name:		Enter the information about the Department of Behavioral Health and Developmental Services (DBHDS) Authority Staff that verified the determination and recommendations.
Last Name	No	Enter the last name of the DBHDS Authority Staff.
First Name	No	Enter the first name of the DBHDS Authority Staff.
5. Comments and summary of any information received from DBHDS	No	Enter any comments relevant to this individual's evaluation using up to 200 characters which can include letters, numbers, or special characters.

Completing DMAS-108 – Private Duty Nursing (Adult Referral) Form

The *DMAS-108 – Private Duty Nursing – Adult Referral* form is used to provide assistance to adults (age 21 years or older) that meet Medicaid specialized care criteria and need a medical device based on specified requirements.

The **DMAS-108** tab includes the following pages:

1. Referral Information
2. Technology/Skilled Care

Referral Information Page

The *Referral Information* page (Figure 76) include information about the person referring the individual's services.

Figure 76: DMAS-108 – Referral Information Page

The screenshot displays the 'Referral Information' page within the 'Virginia Medicaid - Care Management Solution'. The breadcrumb trail shows 'Home / Medicaid LTSS Screening / eMLS Create'. The main header indicates the user is on the 'MLS' tab for 'CCC Plus Waiver with PDN (15)'. A progress bar at the top shows the current step is 'DMAS-108', with other steps being 'At Risk', 'DMAS-99', 'DMAS-97', and 'DMAS-96(Part B)'. The form is titled 'CCC Plus Waiver with PDN - Referral Information' and includes the following fields:

- Referral Source ***: A text input field containing 'mmf'.
- Referral's Phone ***: A text input field with a phone icon and placeholder '(555) 555-5555'.
- Form Completed By ***: A text input field containing 'mmf'.
- Screener's Phone ***: A text input field with a phone icon and placeholder '(555) 555-5555'.
- Screener's Email ***: A text input field with an email icon and placeholder 'mmf@internet.xyz'.

At the bottom of the form, there are three buttons: 'Back', 'Save & Continue', and 'Done'. The footer of the page reads 'Department of Medical Assistance Services © 2020 All Rights Reserved'.

To complete this page:

1. Include information in the required fields and other fields (Table 44).
2. Select the **Save & Continue** button.

Table 44: DMAS-108 – Referral Information Fields

Field Name	Required Field	Field Details
Referral Source	Yes	Enter the first and last name of the source referring the individual for services.
Referral's Phone	Yes	Enter the referral source's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Form Completed By	Yes	Enter the first and last name of the person completing the <i>DMAS-108</i> form.
Screener's Phone	Yes	Enter the screener's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Screener's Email	Yes	Enter the screener's email address.

Technology/Skilled Care Page

The *Technology/Skilled Care* page (Figure 77) includes information related to the technology and skilled care that the individual needs.

The Technology/Skilled Care page includes the following sections:

1. Criteria Group A – Ventilator
2. Criteria Group B – Complex Tracheostomy



NOTE: The Criteria Group B section is initially hidden on this page. If the criteria for Group A is not met, the Criteria Group B section will display for you to complete.

Figure 77: DMAS-108 – Technology/Skilled Care Page

DMAS-108 – Technology/Skilled Care Page

Home / Medicaid LTSS Screening / eMLS Create

MLS - CCC Plus Waiver with PDN (15) In Progress

▲ No Risk DMAS-96 DMAS-108 DMAS-97 DMAS-96(Part B)

REFERRAL INFORMATION (✓) TECHNOLOGY/SKILLED CARE (✓)

Technology/Skilled Care (Adults 21 years or older must meet either Criteria Group A (Ventilator) OR all Criteria Group B (Complex Tracheostomy) to qualify for CCC Plus Waiver with PDN)

Criteria Group A - Ventilator

Ventilator Dependent at least a portion of the day?

☐ No ☐ Yes

Ventilator Dependent required field

Back Save & Continue

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To complete this page:

1. Include information in the required fields (Table 45).
2. Select the **Save & Continue** button.

Table 45: DMAS-108 – Technology/Skilled Care – Criteria Group A Fields

Field Name	Required Field	Field Details
Criteria Group A – Ventilator	N/A	If you select the No button in the Criteria Group A – Ventilator section, the Criteria Group B – Complex Tracheotomy section displays. If you select the Yes button, the Document Ventilator Orders field displays and is required. Enter the ventilator orders using up to 100 characters, which can include letters, numbers, or special characters. By selecting “Yes,” Criteria Group B will not display.
Ventilator Dependent at least a portion of the day?	Yes	Select the No or Yes button.
Criteria Group B – Complex Tracheotomy	N/A	If you select the No button in the Criteria Group A-Ventilation section, the Criteria Group B – Complex Tracheotomy section displays. NOTE: If Criteria Group A is not met, individual must meet all criteria under Criteria Group B - Complex Tracheostomy category to qualify for CCC Plus Waiver with PDN.
Has a tracheostomy with the potential for weaning or documentation of the inability to wean?	Yes	Select the No or Yes button.
Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist?	Yes	Select the No or Yes button. NOTE: If you select the Yes button, the Document Treatment Orders field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.
Requires pulse oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels?	Yes	Select the No or Yes button. NOTE: If you select the Yes button, the Document Treatment Orders field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.
Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist?	Yes	Select the No or Yes button. NOTE: If you select the Yes button, the Document Treatment Orders field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.

Field Name	Required Field	Field Details
Has a physician's order for oxygen therapy with documented usage?	Yes	Select the No or Yes button. NOTE: If you select the Yes button, the Document Treatment Orders field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.
Requires tracheostomy care at least daily?	Yes	Select the No or Yes button. NOTE: If you select the Yes button, the Document Treatment Orders field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.
Has a physician's order for tracheal suctioning as needed?	Yes	Select the No or Yes button.
Is deemed at risk of requiring subsequent mechanical ventilation?	Yes	Select the No or Yes button.

Completing DMAS-109 – Private Duty Nursing (Pediatric Referral) Form

The *DMAS-109 – Private Duty Nursing – Pediatric Referral* form is used to provide assistance to children (under age 21) that meet Medicaid specialized care criteria and need a medical device based on specified requirements.

This tab includes the following pages:

1. Technology
2. Nursing Needs

Technology Page

The *Technology* page (Figure 78) includes information related to the technology that the individual needs.

The *Technology* page includes the following sections:

1. CCC Plus Waiver with PDN –Referral Information
2. Technology Needs

Figure 78: DMAS-109 – Technology Page

The screenshot displays the DMAS-109 Technology Page. At the top, there are tabs for 'At Risk', 'DMAS-96', 'DMAS-109' (selected), 'DMAS-97', and 'DMAS-96(Part-B)'. Below the tabs, the page is divided into two main sections: 'CCC Plus Waiver with PDN - Referral Information' and 'Technology Needs (Children must receive a minimum score of 50 points (Total score Technology and Nursing Needs) to be enrolled as CCC Plus Waiver with PDN)'. The 'Referral Information' section includes fields for 'Referral Source', 'Referral's Phone', 'Form Completed By', 'Screener's Phone', and 'Screener's Email'. The 'Technology Needs' section includes dropdown menus for 'Ventilator', 'Peritoneal Dialysis', 'Continuous Oxygen', 'NG Tube', 'IV Therapy', 'C-PAP, BIPAP', 'Tracheostomy', and 'J/G Tube'. A 'Technology Score' field is also present. The page has a 'Back' button and a 'Save & Continue' button at the bottom.

To complete this page:

1. Include Referral information in the required fields and other fields (Table 46).

Table 46: DMAS-109 – Technology – Technology Assisted Waiver–Referral Info Fields

Field Name	Required Field	Field Details
Referral Source	Yes	Enter the first and last name of the source referring the individual for services.
Referral's Phone	Yes	Enter the referral source's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Form Completed By	Yes	Enter the first and last name of the person completing the <i>DMAS-109</i> form.
Screener's Phone	Yes	Enter the screener's phone number in XXXXXXXXXX or XXX-XXX-XXXX format.
Screener's Email	Yes	Enter the screener's email address.

2. Include PDN Needs information in the required fields and other fields (Table 47).



IMPORTANT: Children must receive a minimum score of 50 points (total score PDN needs) to be enrolled as CCC Plus Waiver w/PDN.

3. Select the **Save & Continue** button.

Table 47: DMAS-109 – Technology – Technology Needs Fields

Field Name	Required Field	Field Details
Ventilator	Yes	Select the appropriate ventilator option from the drop-down list: <ul style="list-style-type: none"> • Not Applicable (0 points) • Intermittent (45 points) • Continuous (50 points)
NG Tube	Yes	Select the appropriate NG tube option from the drop-down list: <ul style="list-style-type: none"> • Not Applicable (0 points) • Bolus (25 points) • Continuous (40 points)
C-PAP, BIPAP	Yes	Select the appropriate C-PAP, BIPAP option from the drop-down list: <ul style="list-style-type: none"> • Not Applicable (0 points) • Applicable (25 points)

Field Name	Required Field	Field Details
Peritoneal Dialysis	Yes	<p>Select the appropriate peritoneal dialysis option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • Applicable (45 points)
IV Therapy	Yes	<p>Select the appropriate IV therapy option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • Continuous (40 points)
Tracheostomy	Yes	<p>Select the appropriate tracheostomy option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • Tracheostomy (43 points)
Continuous Oxygen	Yes	<p>Select the appropriate continuous oxygen option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • Child requires continuous oxygen a minimum of 8out of 24 hours (15 points) • Child is dependent on oxygen 24 hours/day – unstable (35 points) <p>Note: If you select <i>Child is dependent on oxygen 24 hours/day – unstable</i>, an additional field displays to select conditions related to this selection.</p>
J/G Tube	Yes	<p>Select the appropriate J/G tube option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • Child has continuous J/G tube feedings (15 points) • J/G tube continuous with reflux (35 points) <p>Note: If you select <i>J/G tube continuous with reflux</i>, an additional field displays to select conditions related to this selection.</p>
Technology Score	No	This field automatically populates with the total of all technology scores in this section.

Nursing Needs Page

The *Nursing Needs* page (Figure 79) includes the individual's skilled nursing needs.

Figure 79: DMAS-109 – Nursing Needs Page

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Create

PAS2021071500003ONL - CCC Plus Waiver with PDN (15) In Progress

At-Risk DMAS-96 DMAS-109 DMAS-97 DMAS-96(Part 8)

TECHNOLOGY (✓) NURSING NEEDS

Nursing Needs

Tracheal Suctioning *

Please Select

Tracheal Suctioning required field

Sterile Dressings/Wound Care (Stage 2, 3 or 4 Wounds) *

Please Select

Sterile Dressings required field

Daily Medications (Excluding Nebulizers) *

☐ Not Applicable (0 points)
☐ Simple Medication - 3 or less medications (2 points)
☐ Moderate Medications - 4 or 5 medications (4 points)
☐ Complex Medications - 6 or more medications (8 points)

Daily Medications required field

Tracheostomy Care *

☐ Not Applicable (0 points) ☐ Applicable (5 points)

Trachetomy Care required field

Specialized I/O Monitoring *

☐ Not Applicable (0 points) ☐ I and O results require action by a nurse to make adjustments in tube feeding amounts or IV fluid rate (5 points)

I/O Monitoring required field

Note: Children with needs that are not covered within this form should be discussed with DMAS staff. Please contact screeningassistance@dmass.virginia.gov.

Nursing Score

0

Total Score

95

Back Save & Continue

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IMPORTANT: Children with needs that are not covered within this form should be discussed with DMAS staff. Contact screeningassistance@dmass.virginia.gov.

To complete this page:

1. Include information in the required fields and other fields (Table 48).
2. Select the **Save & Continue** button.

Table 48: DMAS-109 – Nursing Needs Fields

Field Name	Required Field	Field Details
Tracheal Suctioning	Yes	<p>Select the appropriate tracheal suctioning option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • Q4 hrs (2 points) • Q1 - 4 hrs (3 points) • Greater than Q1 hr (5 points)
Enteral Feedings	Yes	<p>Select the appropriate enteral feedings option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • Q4 hrs (2 points) • Q3 hrs (3 points) • Q2 hrs (4 points) • Continuous (5 points)
Intermittent Catheter	Yes	<p>Select the appropriate intermittent catheter option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • Q Day or PRN (2 points) • Q12 hrs (4 points) • Q8 hrs (6 points) • Q4 hrs (8 points)
Sterile Dressings/ Wound Care (Stage 2, 3, or 4 Wounds)	Yes	<p>Select the appropriate sterile dressings/wound care option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • > Q8 hrs (2 points) • Q8 hrs or less (3 points)
IV Hyperal	Yes	<p>Select the appropriate IV hyperal option from the drop-down list:</p> <ul style="list-style-type: none"> • Not Applicable (0 points) • Less than 4 hrs (2 points) • 4 - 7 hrs (4 points) • 8 - 16 hrs (6 points) • Continuous (8 points)

Field Name	Required Field	Field Details
Special Treatments (such as nebulizers, chest PT)	Yes	Select the appropriate special treatment option from the drop-down list: <ul style="list-style-type: none"> • Not Applicable (0 points) • Q Day (2 points) • BID (4 points) • TID (6 points) • QID (8 points)
Daily Medications	Yes	Select the appropriate option. Options include: <ul style="list-style-type: none"> • Not Applicable (0 points) • Simple Medication – 3 or less medications (2 points) • Moderate Medications – 4 or 5 medications (4 points) • Complex Medications – 6 or more medications (8 points)
Tracheostomy Care	Yes	Select the appropriate option. Options include: <ul style="list-style-type: none"> • Not Applicable (0 points) • Applicable (5 points)
Specialized (I/O) Monitoring)	Yes	Select the appropriate option. Options include: <ul style="list-style-type: none"> • Not Applicable (0 points) • I and O results require action by a nurse to make adjustments in tube feeding amounts or IV fluid rate (5 points)
Nursing Score	No	This field automatically populates with the total of all nursing needs scores in this section.
Total Score	No	This field automatically populates with the total of all scores in the Technology and Nursing Needs sections.

Completing DMAS-97 – Individual Change – Institutional Care or Waiver Services Form

The *DMAS-97 – Individual Change – Institutional Care or Waiver Services* form is used to document changes to the level of care that the individual needs.

The **DMAS-97** tab includes the following pages:

1. Determination
2. Individual Choice

Determination Page

The *Determination* page (Figure 80) includes determinations related to the individual's current needs.

Figure 80: DMAS-97 – Determination Page

The screenshot displays the 'DMAS-97 – Determination Page' within the 'Virginia Medicaid - Care Management Solution' interface. The page is titled 'Screening Team Determination' and is part of the 'Nursing Facility (NF) Services (01)' workflow. It features a navigation bar with tabs for 'At Risk', 'DMAS-96', 'DMAS-95', 'DMAS-97 (Supp)', 'DMAS-97', and 'DMAS-97 (Part B)'. The 'DMAS-97' tab is currently selected and highlighted in red. Below the navigation bar, the page is divided into two main sections: 'DETERMINATION' and 'INDIVIDUAL CHOICE'. The 'DETERMINATION' section contains two main parts: A. Individual Meets Nursing Facility Criteria (Functional Dependency level, Medical/Nursing Needs Present and At Risk) and B. Deterioration in Individual's health care condition or changes in available supports prevents former care arrangements from meeting needs. Part A includes radio buttons for 'No' and 'Yes', and a section for 'Has the Application for Nursing Facility Admission been completed?' with a date, facility, and contact name field. Part B includes radio buttons for 'No' and 'Yes', and a section for 'Evidence is available that demonstrates individual's medical and nursing needs are not being met'. At the bottom, there is a 'Services individual has selected' dropdown menu. Navigation buttons 'Back' and 'Save & Continue' are at the bottom center.

To complete this page:

1. Include information in the required fields and other fields (Table 49).
2. Select the **Save & Continue** button.

Table 49: DMAS-97 – Determination Fields

Field Name	Required Field	Field Details
A. Individual Meets Nursing Facility Criteria (Functional Dependency level and Medical/ Nursing Needs Present)	Yes	<p>Select the Yes or No button.</p> <p>NOTE: If you select the Yes button, you will see additional fields.</p> <ul style="list-style-type: none"> • The Application for individual has been made and accepted field displays. Select the appropriate No/Yes response. NOTE: If you select “Yes,” you will see additional fields. <ul style="list-style-type: none"> ○ The Date Application was made field displays. Enter or select the date the application was made in MM/DD/YYYY format. ○ The Facility field displays. Enter the name of the facility the where the individual applied or has been accepted using up to 30 characters, which can include letters, numbers, or special characters. ○ The Contact field displays. Enter the name of the contact person at the facility where the individual applied or has been accepted using up to 20 characters, which can include letters, numbers, or special characters.
Has the Application for Nursing Facility Admission been completed?	No	Select the Yes or No button.
B. Deterioration in individual’s health care condition or changes in available supports prevents former care arrangements from meeting needs	Yes	<p>Select the Yes or No button.</p> <p>NOTE: If you select the Yes button, the Describe field displays and is required. Describe the deterioration in the individual’s health or any changes supporting the change using up to 40 characters, which can include letters, numbers, or special characters.</p>
Evidence is available that demonstrates individual’s medical and nursing needs are not being met (e.g., recent physician documentation of instability, findings from medical/social services manager)	Yes	<p>Select the Yes or No button.</p> <p>NOTE: If you select the Yes button, the Describe field displays and is required. Describe the evidence that demonstrates that the individual’s needs are not being met using up to 40 characters, which can include letters, numbers, or special characters.</p>

Field Name	Required Field	Field Details
Services individual has selected	Yes	<p>Select the individual's services from the drop-down list:</p> <ul style="list-style-type: none">• CCC Plus Waiver Services• Nursing Facility Services• Program for the All-Inclusive Care of the Elderly (PACE), if in service area• CCC Plus Waiver with PDN (for adults or children)

Individual Choice Page

The *Individual Choice* page (Figure 81) identifies the individual's choice of where to reside while receiving the services needed.

Figure 81: DMAS-97 – Individual Choice Page

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Create

MLS - Nursing Facility (NF) Services (01) In Progress

At Risk DMAS-96 DMAS-95 DMAS-95(Supple) **DMAS-97** DMAS-96(Part 2)

DETERMINATION (✓) INDIVIDUAL CHOICE

Criteria

Is Nursing Facility Criteria and Risk of Waiver Services Placement Met? *

☐ No ☐ Yes

Nursing Criteria Met required field

Signatures

Individual's Name *	Date Reviewed *	Screener's Name *	Date Reviewed *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual Name required field	Individual Review Date required field	Screener Name required field	Screener Review Date required field
Representative's Name:	Date Reviewed	Designation:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Back Save & Continue

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IMPORTANT: If a question does not need to be answered or is being skipped, do NOT check the box.

To complete this page:

1. Include information in the required fields and other fields (Table 50).
2. Select the **Save & Continue** button.

Table 50: DMAS-97 – Individual Choice Fields

Field Name	Required Field	Field Details
Is Nursing Facility Criteria and Risk of Waiver Services Placement Met?	Yes	<p>Select the Yes or No button.</p> <p>NOTE: If you select the No button, you will see the <i>Documentation of Individual Choice</i> section.</p> <ul style="list-style-type: none"> • The following has been presented and discussed with the individual field displays and is required. Discussion of each item is required. To confirm that the information was discussed with the individual, select each checkbox. Discussion options listed include: <ul style="list-style-type: none"> ○ The individual's right to a fair hearing and the appeal process. ○ The findings and results of the individual's evaluation and needs. ○ The individual's (or authorized representative's) consent to exchange information with the Department of Medical Assistance Services (DMAS) and its contractors by signing and dating this form. This consent will remain in effect until revoked by the individual (or authorized representative) in writing. ○ The above information has been discussed with me. <p>NOTE: If you select the Yes button, you will see the <i>Choice and Payment Responsibility</i> and <i>Documentation of Individual Choice</i> sections.</p> <ul style="list-style-type: none"> • Medicaid will pay for someone to come into your home to care for you as long as in-home services will safely meet your needs and is less costly than nursing facility care. The screening team does not authorize the amount of services, or time of the day or days of the week on which services will be provided. You may choose to receive in-home services if there is an available provider in your area and you have additional support from family and/or friends or are able to maintain health, safety and welfare without additional help when in-home services are not being provided. The To stay at home, help in the following areas is needed field displays. Select all options that apply to the areas where the individual needs help. Areas listed include: <ul style="list-style-type: none"> ○ Respite ○ Housekeeping ○ Meal Preparation ○ Shopping ○ Laundry ○ Supervision ○ Personal Care ○ ADLS ○ PERS

Field Name	Required Field	Field Details
		<ul style="list-style-type: none"> ○ Transportation ○ Skilled Nursing Needs/Private Duty Nursing ● The following has been presented and discussed with the individual field displays and is required. Discussion of each item is required. To confirm that the information was discussed with the individual, select each checkbox. Discussion options listed include: <ul style="list-style-type: none"> ○ The individual's right of choice of service(s). ○ The individual's right to a fair hearing and the appeal process. ○ The findings and results of the individual's evaluation and needs. ○ A choice between Institutional Care (nursing facility) and CCC Plus Waiver, and PACE (if available in service area). ○ The individual's potential to have a patient pay amount, based on his or her income, regardless of the amount of institutional or community-based care received. ○ The individual understands when a diagnosis of mental illness, intellectual disabilities or related condition exists, a secondary screening is required to determine if additional services are needed during NF stay. Services can not start until the completion of the secondary evaluation and a determination is made as to whether specialty services are needed. ○ The individual understands that, by using Consumer-Directed Services, he or she bears the responsibilities associated with employing his or her own personal attendants. Note: DMAS is not the employer for Consumer-Directed Services. ○ The individual's (or authorized representative's) consent to exchange information with the Department of Medical Assistance Services (DMAS) and its contractors by signing and dating this form. This consent will remain in effect until revoked by the individual (or authorized representative) in writing. ○ At Risk: for CCC Plus waiver service authorizations – individuals must also meet the 'at risk' definition in order to receive services. At risk is defined according to 42 CFR 441.302(1): '.... when there is a reasonable indication that an individual might need the services provided in a hospital or nursing facility in the near future (that is, a month or less) unless he or she receives home and community-based services.' ○ The individual's right to choice of provider(s). If known, insert provider name here: When selected, the Provide Name field displays. Enter the provider's name. ○ The above information has been discussed with me. I understand that the provider will develop a Plan of Care with my assistance based on my needs and my available support. Provider staff is responsible to provide continuous and reliable care. I understand that when there is a lapse in service, I am responsible to provide back-up support.

Field Name	Required Field	Field Details
Individual's Name	Yes	Enter the individual's name in last name, first name, and middle initial format.
Date Reviewed	Yes	Enter or select the date of the discussion in MM/DD/YYYY format.
Screener's Name	Yes	Enter the screener's name in last name, first name, and middle initial format.
Date Reviewed	Yes	Enter or select the date of the discussion in MM/DD/YYYY format.
Representative's Name	No	Enter the representative's name in last name, first name, and middle initial format.
Date Reviewed	No	Enter or select the date of the discussion in MM/DD/YYYY format.
Designation	No	Enter the individual's applicable designation using up to 20 characters which can include letters, numbers, or special characters.

Completing DMAS-96 (Part B) – Screening Certification Form

The *DMAS 96 (Part B) – Screening Certification* form is used to authorize the individual's needs.

Screening Evaluation & Certification Page

The *Screening Evaluation & Certification* page (Figure 82) is where screeners certify the information within the screening forms.

Figure 82: DMAS 96(Part B) – Screening Evaluation & Certification Page

To complete this page:

1. Include information in the required fields and other fields (Table 51).
2. Select the **Submit** button to save the information and submit the screening.

Table 51: DMAS 96 (Part B) – Screening Certification Fields

Field Name	Required Field	Field Details
PASRR Level II Evaluation Determination	Yes	This field is automatically populated to "Yes."
PASRR Level II Provider Number	Yes	Enter the PASRR Level II Provider Number.

Field Name	Required Field	Field Details
PASRR Level II Screener Name	Yes	The Screener Name is automatically populated based on the PASRR Level II Provider Number entered.
PASRR Level II Evaluation	Yes	<p>Select PASRR Level II Evaluation from the drop-down list:</p> <ul style="list-style-type: none"> • Not Referred for Level II Assessment (0) • Referred, Active Treatment Needed (1) • Referred, Active Treatment Not Needed (2) • Referred, Active Treatment Needed but NH Chosen (3)
Did the individual expire after the screening decision but before services were received?	Yes	Select the appropriate option to indicate whether the individual expired after the screening decision but before services were received.
This authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member.	N/A	This is an opening statement to this page.
By checking this box and entering your certification number below as the screener 1, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member. Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.	Yes	Select the checkbox if you, as the screener, attest to the authorization. Once you select the checkbox, the associated fields that were grayed out are now editable and required.

Field Name	Required Field	Field Details
Screener 1 Certification Details	N/A	N/A
Certification Number	Yes	<p>Enter the screener's eight-character certification number. This is the certification number from the certificate of completion presented to the screener from VCU after completing the Medicaid LTSS screening training with an 80% or better.</p> <p>This number is validated against a database of certificates awarded by VCU. Once validated, the screener's name (first, last and middle initial) is automatically populated in the Full Name field.</p>
Title	Yes	Enter the screener's title.
Verified Date	Yes	The verified date defaults to the current date in MM/DD/YYYY format.
<p>By checking this box and entering your certification number below as the screener 2, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member. Any person who knowingly submits this form containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.</p>	No	<p>Select the checkbox if there is a second screener. Once you select the checkbox, the associated fields that were grayed out are now editable and required.</p>
Screener 2 Certification Details	N/A	N/A
Certification Number	Yes	<p>Enter the screener's eight-character certification number. This is the certification number from the certificate of completion presented to the screener from VCU after completing the Medicaid LTSS screening training with 80% or better.</p> <p>This number is validated against a database of certificates awarded by VCU. Once validated, the screener's name (first, last and middle initial) is automatically populated in the Full Name field.</p>
Title	Yes	Enter the screener's title.

Field Name	Required Field	Field Details
Verified Date	Yes	The verified date defaults to the current date in MM/DD/YYYY format.

Submitting a Screening

Once you submit the screening (Figure 83):

1. The system displays a confirmation of the completed forms.
2. The screening status changes from “In Progress” to “In Approval.”
3. The **Print** button displays, allowing you to save the submitted screening.
4. The **Done** button displays, allowing you to close out of the screening.

Figure 83: Form Submission Page

Virginia Medicaid - Care Management Solution

Home / Medicaid LTSS Screening / eMLS Create

MLS - Nursing Facility (NF) Services (01)

Form Submission

Medicaid LTSS Screening has been Successfully submitted and it has been waiting for Physician Approval.

Screening ID #: MLS

The following forms were included in the submission:

- ☒ UAI
- ☒ DMAS-96
- ☒ DMAS-95RC
- ☒ DMAS-95Suppl
- ☒ DMAS-97

1

2 In Approval

3 Print

4 Done

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Screening Errors and Changes

Some common screening errors and changes include:

- Missing/Invalid/Incorrect Required Information
- Incorrect Individual Identified
- Duplicate Screening Started/Submitted Using Different Dates
- Individual Expired/Services No Longer Needed
- New Information Provided During Appeal Process
- Overturned Screening Determination

Each type of error and change is addressed differently (Table 52).

Table 52: Error Resolutions

Resolution Type	Prior to Submission	After Submission (In Correction Status)	After Acceptance
Corrections	<ul style="list-style-type: none"> • Missing, Invalid, Incorrect Required Information 	<ul style="list-style-type: none"> • Missing, Invalid, Incorrect Required Information 	N/A
Cancellations	<ul style="list-style-type: none"> • Individual Expired • Services No Longer Needed • Incorrect Individual Identified 	<ul style="list-style-type: none"> • Individual Expired • Services No Longer Needed 	N/A
Voids – Correction (clone)	N/A	N/A	<ul style="list-style-type: none"> • Missing, Invalid, Incorrect Required Information
Voids – Deletion	N/A	N/A	<ul style="list-style-type: none"> • Incorrect Individual Identified • Duplicate Screening Started/Submitted Using Different Dates
Voids – Appeal	N/A	N/A	<ul style="list-style-type: none"> • New Information Provided During Appeal Process • Overturned Screening Determination

Corrections

You can make corrections to a screening before the screening is submitted and when it is returned for changes or additional information.



IMPORTANT: Because eMLS will not allow you to submit a screening with system-validated errors, you must include or update information you have entered to resolve the indicated error when it relates to required fields or validated information fields. Additional field corrections may be needed after you submit the screening.

Required Fields

As you work through the various areas of the screening, the system indicates required fields with a red asterisk (*) to the right of the field name and red descriptive text below the field (Figure 84). These empty fields are considered errors until they are completed.

Figure 84: Required Field Asterisk and Descriptive Text Indicators



IMPORTANT: You must complete the required fields, marked with a red asterisk (*), in each page before eMLS allows you to save the information on the page and move to the next page or tab of the forms.



NOTE: When a required field is completed, eMLS hides the red descriptive text.

Valid Information Fields

eMLS validates some of the information you provide in real-time with existing information in the system. When the information provided does not match existing data, an error message displays below the field (Figure 85), indicating the error that needs addressed.

Figure 85: Input Validity Checking

The screenshot shows a web form titled "Long Term Care Services and Supports Information (to be completed by Screeners)". It contains several fields and a validation error. On the left, there is a section for "Medicaid Services Authorized?" with radio buttons for "No" (selected) and "Yes". Below this is the "Screener 1 Provider Number:" field, which contains the value "4573534587". A red border surrounds this field, and a red error message "Screener 1 Provider Number must be valid" is displayed below it. To the right of the provider number field is the "Reason No Medicaid Services Authorized" dropdown menu, which is currently set to "Active Treatment for MI/ID Condition (09)". Below the provider number field is the "Screener 2 Provider Number:" field, which is empty. To the right of the provider number field is the "Screener 1 Agency Name:" field, which is empty. Below the provider number field is the "Screener 2 Agency Name:" field, which is empty.



NOTE: This validation often occurs when another field automatically populates with data based on the information you provide in the field being validated, such as a **Provider Number** field.

Changes After Initial Screener Submission but Before Physician Approval

There may be times when you need to correct some information in the screening before it can be approved by the physician.

To make corrections to a submitted screening:

1. Locate the screening record using the Search function. See the **Searching for Existing Screenings** section in this user guide for step details.



NOTE: If there are several screenings, use the “In Correction” option in the **Status** field to narrow search results.

2. Select the **Edit** button (Figure 86) on the screening card.

Figure 86: Search Result Card - Edit Button

The screenshot shows a 'Search Result Card' for an MLS (Medical Licensure System) record. The card has a teal header with the text 'MLS' and a status indicator 'In Correction' with a checkmark icon. Below the header, the card displays patient information in a list format: 'Last Name:', 'First Name:', 'Date of Birth:', 'Medicaid ID:', 'SSN:', and 'NPI:'. Each field has a corresponding input field. A green checkmark is visible next to the 'Medicaid ID' field. At the bottom of the card, there are two buttons: 'Edit' (with a pencil icon) and 'View' (with a magnifying glass icon). The 'Edit' button is highlighted with an orange border.

3. Make updates to the necessary fields(s).
4. Navigate to the end of the screening and select the **Submit** button to submit the updated screening.

Cancellations

When you realize the screening is a duplicate with different dates, was started in error, or is no longer needed, you must cancel the screening.



NOTE: You can only cancel a screening when it is in the “In Progress” or “In Correction” status.

To cancel a screening:

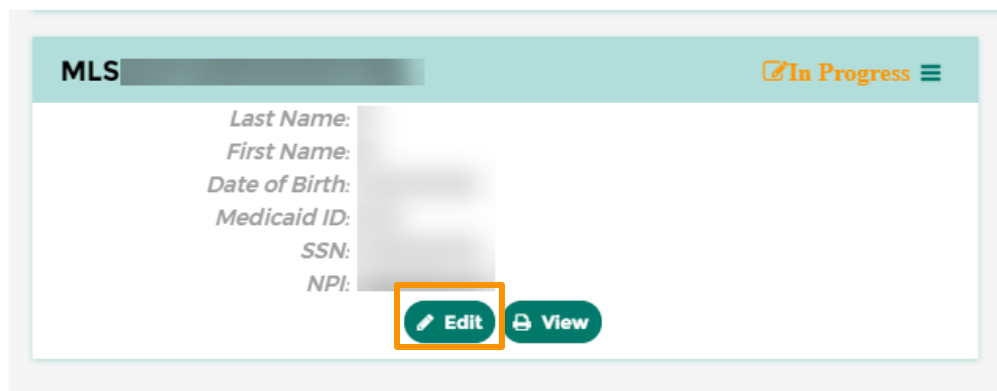
1. Locate the screening record using the Search function. See the **Search for Screening** section in this user guide for step details.



NOTE: If there are several screenings, use the “In Progress” option in the **Status** field to narrow search results.

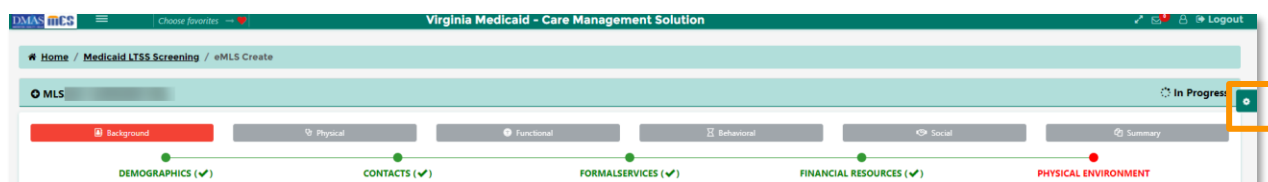
2. Select the **Edit** button (Figure 87) on the screening card.

Figure 87: Search Result Card - Edit Button



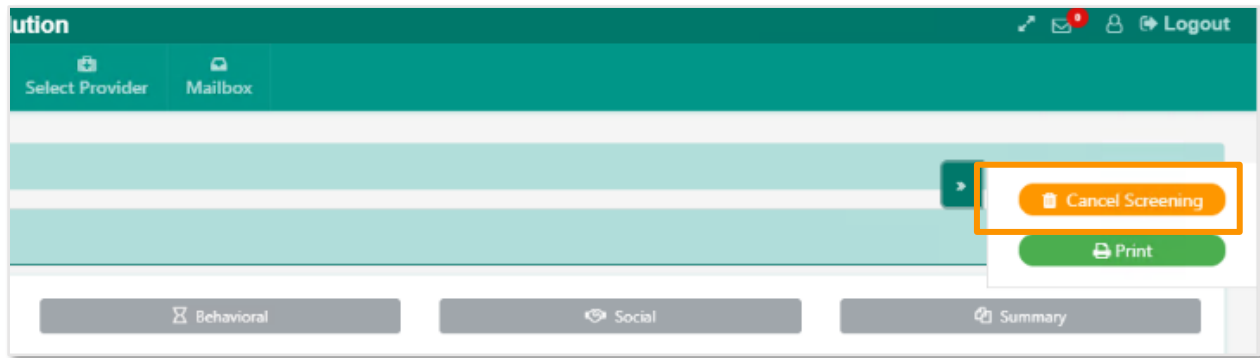
3. Select the **gear** icon (Figure 88).

Figure 88: Gear Icon



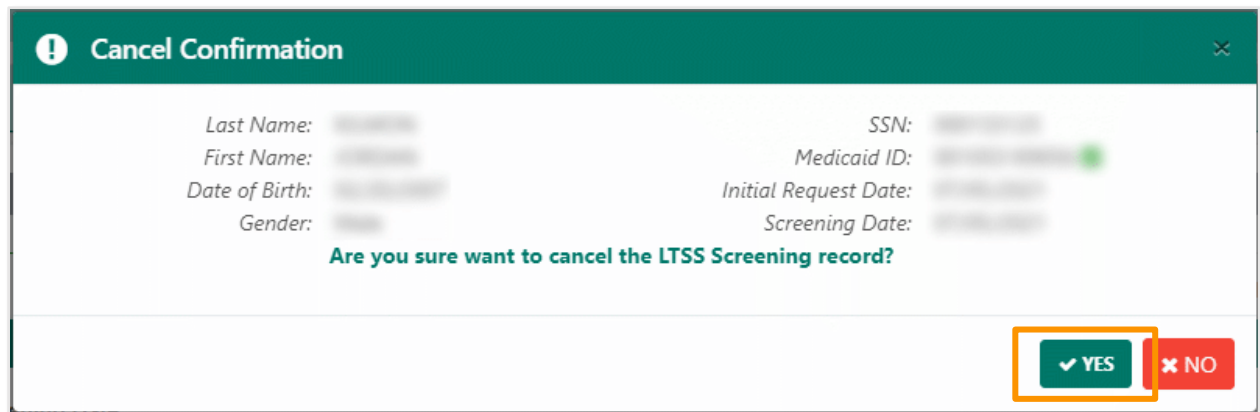
4. Select the **Cancel Screening** button (Figure 89) in the gear pop-up box.

Figure 89: Gear Icon Pop-up Box



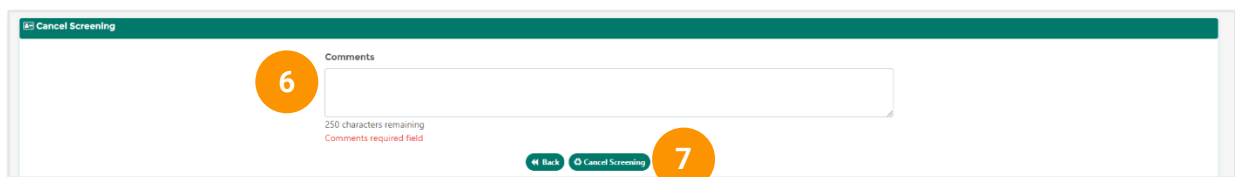
5. Select the **Yes** button (Figure 90) to confirm the screening cancellation.

Figure 90: Cancel Confirmation Box



6. Enter the reason for the cancellation in the **Comments** field (Figure 91).
7. Select the **Cancel Screening** button.

Figure 91: Cancel Screening Page



8. Select the **Yes** button (Figure 92) to confirm the screening cancellation again.



IMPORTANT: This action cannot be undone. After you confirm the cancellation this time, you must create a new screening if one is needed.

Figure 92: Final Screening Cancel Confirmation

A modal dialog box titled "Cancel Confirmation" with a green header bar. It contains a form with fields for "Last Name:", "First Name:", "Date of Birth:", "Gender:", "SSN:", "Medicaid ID:", "Initial Request Date:", and "Screening Date:". Below the fields is a green question: "Are you sure want to cancel the LTSS Screening record?". At the bottom right, there are two buttons: a green "YES" button with a checkmark and a red "NO" button with an 'X'. The "YES" button is highlighted with an orange border.

A cancellation page displays, and the status is changed to "Cancelled" (Figure 93).

Figure 93: Cancellation Successful Page

A screenshot of the "Virginia Medicaid - Care Management Solution" web application. The breadcrumb trail shows "Home / Medicaid LTSS Screening / eMLS Create". The "MLS" status is displayed as "Cancelled" with a green icon, highlighted by an orange box. Below this, a green banner states "Medicaid LTSS Screening has been Successfully Cancelled." The "Form Submission" section shows "Screening ID #: MLS" and "The following forms were included in the submission: UAI". At the bottom, there are "Done" and "Print" buttons. The footer indicates "Department of Medical Assistance Services © 2020 All Rights Reserved".

Voids

There are three types of voids that can be performed after a screening has been accepted.

- Void – Corrections (Clone)
- Void – Deletions
- Void – Appeals



IMPORTANT: For audit purposes, it is imperative that you follow the steps for the appropriate void type.

Void – Corrections (Clone)

Use this option to correct outdated information in the screening after it has been accepted.



NOTE: This type of void uses the clone function to copy the screening information to a new screening so you can make necessary updates without having to enter all fields of information again and resubmit the screening for approval.



NOTE: For auditing purposes, after a screening is accepted, if alternations are needed to the original screening, the system retains the original Screening ID and clones all of the information to a new screening ID. The screening information under the new ID will include the revisions made by the screener and the original screening (containing errors) will be listed with a Void status.

To void an accepted screening to make corrections:

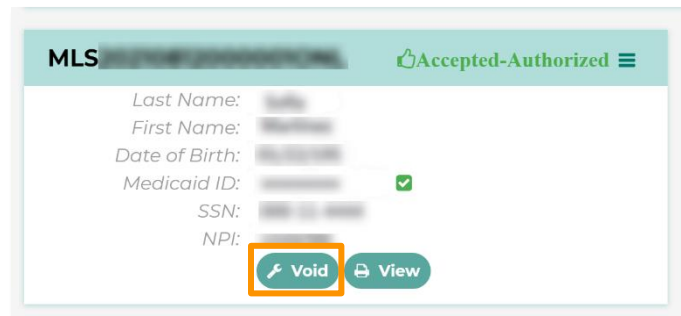
1. Locate the screening record using the Search function. See the **Searching for Existing Screenings** section in this user guide for step details.



NOTE: If there are several screenings, use the “Accepted-Not Authorized” or “Accepted-Authorized” option in the **Status** field to narrow search results.

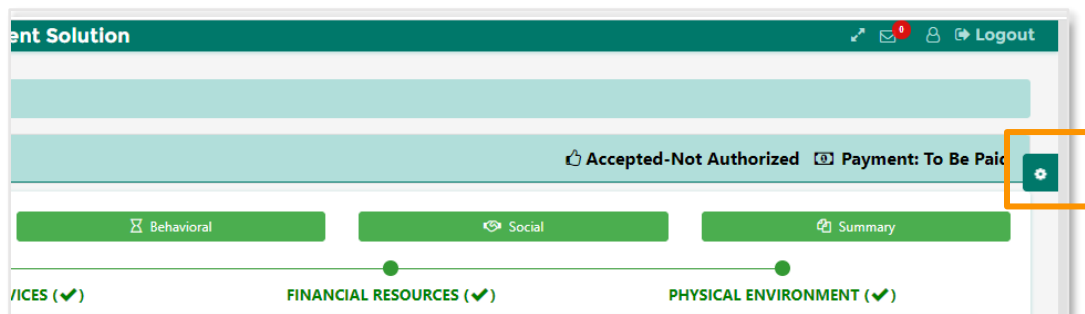
2. Select the **Void** button (Figure 94) on the screening card.

Figure 94: Search Result Card – Void Button



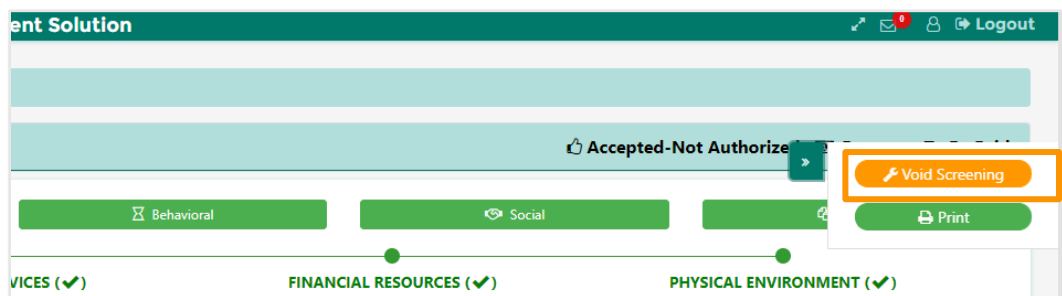
3. Select the **gear** icon (Figure 95).

Figure 95: Gear Icon



4. Select the **Void Screening** button (Figure 96) in the gear pop-up box.

Figure 96: Gear Icon Pop-up Box – Void Screening Button



5. Select the **Yes** button (Figure 97) to confirm the screening void.

Figure 97: Void Confirmation Box

6. Select "Correction" in the **Void Reason** field (Figure 98).

Figure 98: Void Reasons Drop-down List



NOTE: The screen will change to display a page similar to what you see after verifying individual information for a new screening with the individual's information auto-populated in the fields (Figure 99).



IMPORTANT: Individual information that displays here cannot be changed. If this information is incorrect, you will need to use the Void – Delete function and create a new screening.

7. Enter or select the appropriate date in the **New Initial Request Date** field (Figure 99).
8. Enter or select the appropriate date in the **New Screening Date** field.
9. Select the **Void/Clone** button.

Figure 99: Void Reason - Correction

The screenshot shows a web form titled "Void Screening". At the top, there is a "Void Reason" dropdown menu with "Correction" selected. Below this, there are two date input fields: "New Initial Request Date" and "New Screening Date". Both fields have a calendar icon to their right. The "New Initial Request Date" field is highlighted with an orange circle containing the number 7, and the "New Screening Date" field is highlighted with an orange circle containing the number 8. Below these fields, there is a "Void/Clone" button highlighted with an orange circle containing the number 9. The form also includes a "Reset" button.

10. Select the **Yes** button (Figure 100) to confirm the screening void again.



IMPORTANT: This action cannot be undone. After you confirm the void this time, you must submit a cloned screening if one is needed.

Figure 100: Final Screening Void Confirmation

The screenshot shows a "Void Confirmation" dialog box. It contains the following information:
Last Name: [redacted]
First Name: [redacted]
Date of Birth: [redacted]
Gender: [redacted]
SSN: [redacted]
Medicaid ID: [redacted]
Initial Request Date: [redacted]
Screening Date: [redacted]
The question "Are you sure want to void the LTSS Screening, please confirm?" is displayed. At the bottom right, there are two buttons: "YES" (highlighted with an orange box) and "NO".

11. Correct the information in the clone of the voided screening (Figure 101).

Figure 101: New Screening After Void Correction

The screenshot displays the 'eMLS Create' interface for the 'Virginia Medicaid - Care Management Solution'. The 'Demographics' section is active, showing various fields for patient information. The 'Background' tab is selected in the top navigation bar. The 'In Progress' status is indicated in the top right corner.

Initial Request Date *		Screening Date *	
12/06/2021		12/08/2021	

SSN	Medicaid ID	Date of Birth *	Age
000091321		09/13/2021	0

Last Name *	MI	First Name *	Suffix
Miller		Chloe	Please Select

Address Line1 *		Address Line2	
012 Roosevelt Drive			

City *	State *	ZipCode *	City/County Code *
Manassas	Virginia	22222	005

Gender *	Marital Status *	Race *
Female	Widowed (1)	White

Hearing Impaired *	Email	Education
No		Please Select

Work Phone	Mobile Phone	Communication of Needs *
		Please Select

12. Navigate to the end of the screening and select the **Submit** button to submit the updated screening.

Void – Deletions

Use this option to delete a duplicate screening record after it has been accepted but has incorrect information, such as it is for the wrong individual (typically due to an incorrect SSN or Medicaid ID entered for the screening) or has other incorrect information about the individual in the screening that is shared with other modules in MES.



IMPORTANT: Use the Cancel function (not the Void function) to delete a record when a screening is in an “In Progress” or “In Correction” status.



NOTE: For auditing purposes, when choosing to void a screening and delete, the content of the screening will be deleted, but the screening number will remain. This screening is included in the list of screenings conducted by a provider, but it will be noted that the screening is in Void status.

To delete a screening record:

1. Locate the screening record using the Search function. See the **Searching for Existing Screenings** section in this user guide for step details.



NOTE: If there are several screenings, use the “Accepted-Not Authorized” or “Accepted-Authorized” option in the **Status** field to narrow search results.

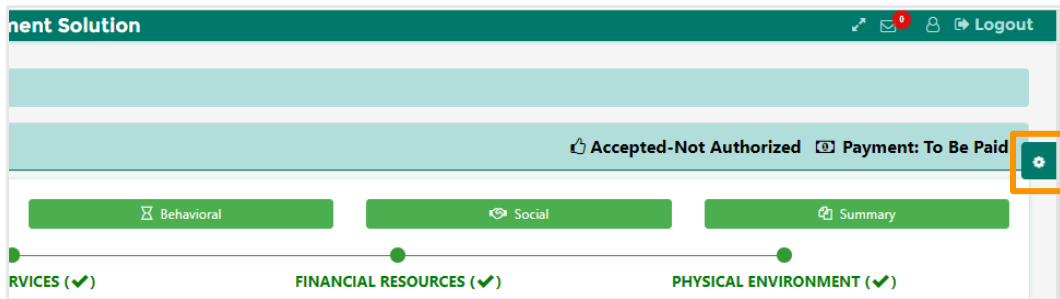
2. Select the **Void** button (Figure 102) on the screening card.

Figure 102: Search Result Card – Void Button

The screenshot shows a search result card for a screening record. At the top, it displays 'MLS' followed by a blurred ID number and a status dropdown menu set to 'Accepted-Not Authorized'. Below this, there are fields for 'Last Name:', 'First Name:', 'Date of Birth:', 'Medicaid ID:', 'SSN:', and 'NPI:', all of which are blurred. At the bottom of the card, there are two buttons: a green 'Void' button with a trash can icon and a green 'View' button with a document icon. The 'Void' button is highlighted with an orange square.

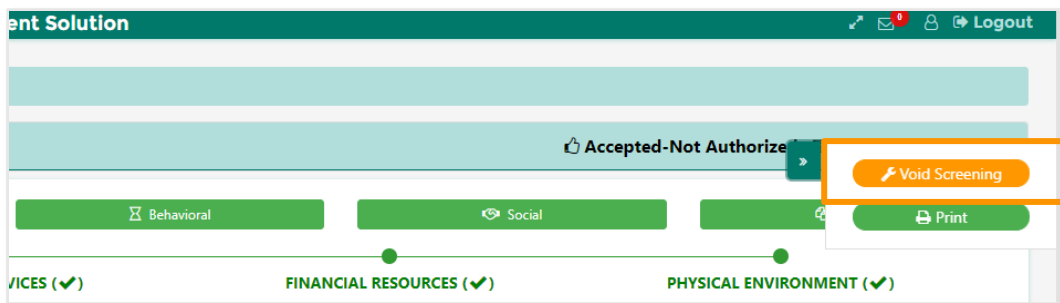
3. Select the **gear** icon (Figure 103).

Figure 103: Gear Icon



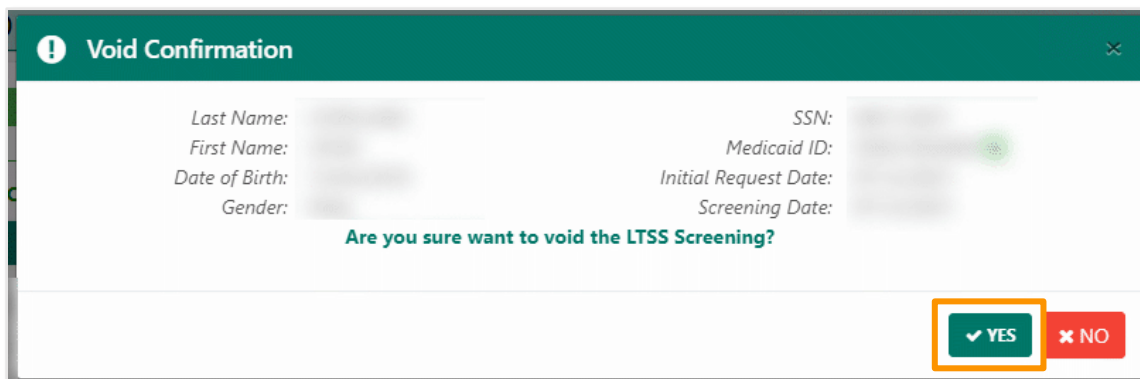
4. Select the **Void Screening** button (Figure 104) in the gear pop-up box.

Figure 104: Gear Icon Pop-up Box – Void Screening Button



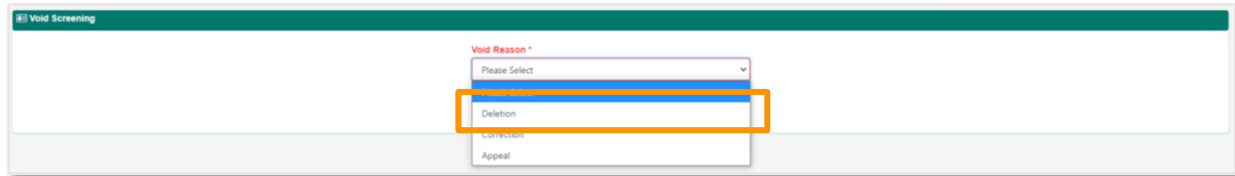
5. Select the **Yes** button (Figure 105) to confirm the screening void.

Figure 105: Void Confirmation Box



6. Select "Deletion" in the **Void Reason** field (Figure 106).

Figure 106: Void Reasons Drop-down List

A screenshot of a web application interface. At the top, there is a green header bar with the text "Void Screening". Below the header, there is a white rectangular area. In the center of this area, there is a drop-down menu labeled "Void Reason *". The menu is open, showing a list of options: "Please Select", "Deletion", "Correction", and "Appeal". The "Deletion" option is highlighted with an orange rectangular box.

7. Select the **Void** button (Figure 107).

Figure 107: Void Button for Void Delete

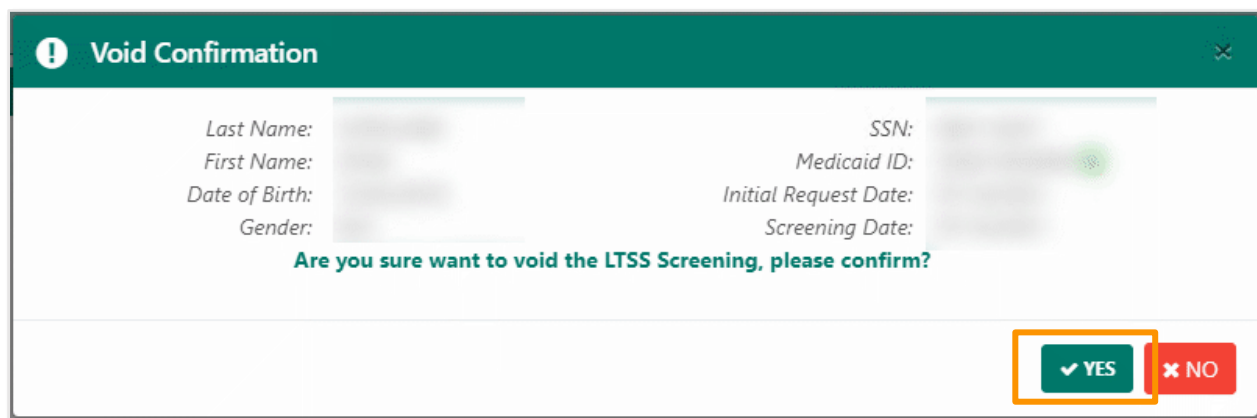
A screenshot of a web application interface. At the top, there is a green header bar with the text "Void Screening". Below the header, there is a white rectangular area. In the center of this area, there is a drop-down menu labeled "Void Reason *". The menu is open, showing a list of options: "Please Select", "Deletion", "Correction", and "Appeal". The "Deletion" option is highlighted with an orange rectangular box. Below the drop-down menu, there are three buttons: "Back", "Void", and "Reset". The "Void" button is highlighted with an orange rectangular box.

8. Select the **Yes** button (Figure 108) to confirm the screening void again.



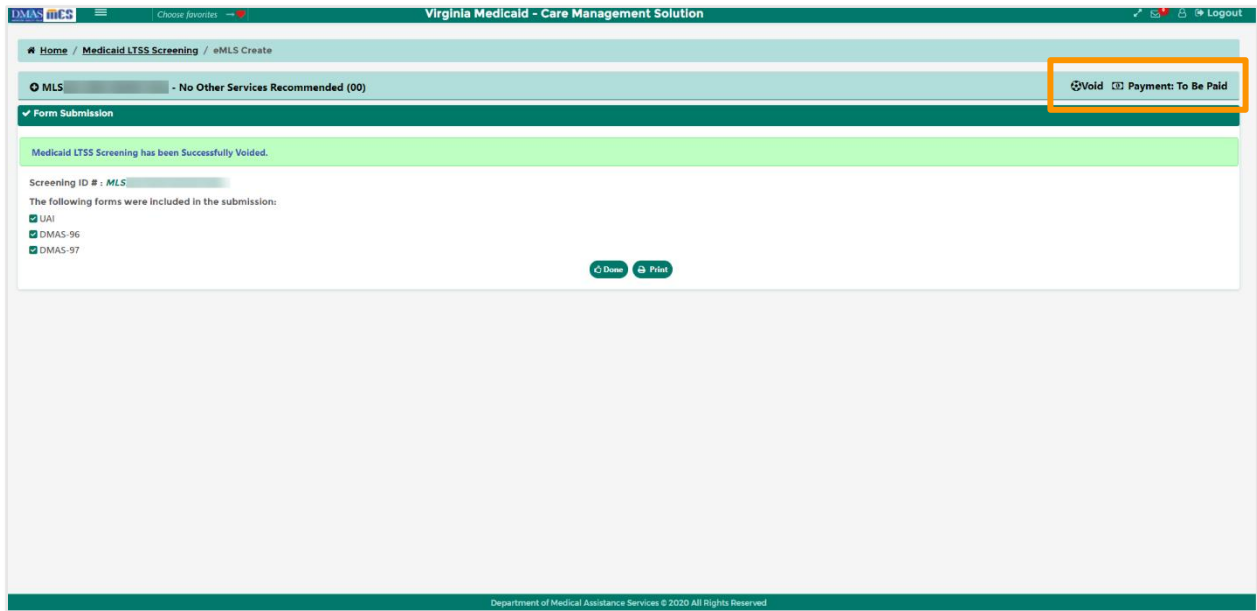
IMPORTANT: This action cannot be undone. After you confirm the void this time, you must submit a new screening if one is needed.

Figure 108: Void Deletion Confirmation

A screenshot of a web application interface. At the top, there is a green header bar with the text "Void Confirmation" and a close button (X) on the right. Below the header, there is a white rectangular area. In the center of this area, there is a form with the following fields: "Last Name:", "First Name:", "Date of Birth:", "Gender:", "SSN:", "Medicaid ID:", "Initial Request Date:", and "Screening Date:". Each field has a corresponding input box. Below the form, there is a green text prompt: "Are you sure want to void the LTSS Screening, please confirm?". At the bottom right of the form, there are two buttons: a green button with a white checkmark and the text "YES", and a red button with a white X and the text "NO". The "YES" button is highlighted with an orange rectangular box.

A void page displays, and the status is changed to “Void” (Figure 109).

Figure 109: Void Successful Page



Void – Appeals

During an appeal process, if new information becomes available that changes the determination of a screening, or when a hearing officer directs that the individual should be deemed eligible for enrollment, the screener will choose to void the screening and include the reason why it is being appealed.



NOTE: For auditing purposes, after a screening is accepted, if an appeal needed, the system retains the original Screening ID and clones all of the information to a new screening ID. The screening information under the new ID will include the revisions made by the screener and the original screening (containing errors) will be listed with a Void status.

To void a screening record:

1. Locate the screening record using the Search function. See the **Searching for Existing Screenings** section in this user guide for step details.



NOTE: If there are several screenings, use the “Accepted-Not Authorized” option in the **Status** field to narrow search results.

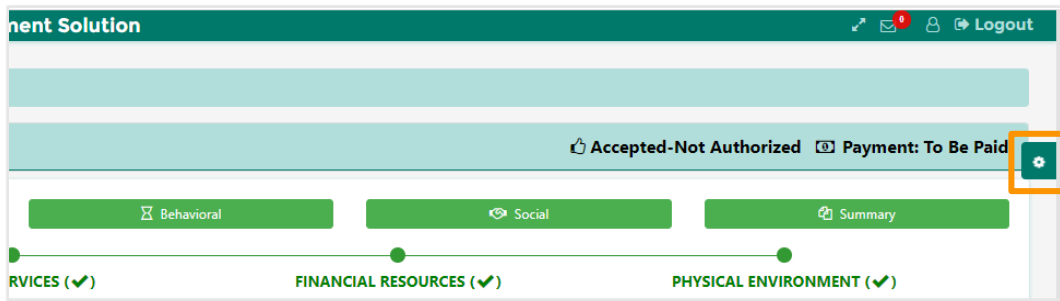
2. Select the **Void** button (Figure 110) on the screening card.

Figure 110: Search Result Card – Void Button

The screenshot shows a 'Search Result Card' for an MLS screening. At the top, it displays 'MLS' followed by a blurred ID and a status of 'Accepted-Not Authorized' with a green checkmark icon and a menu icon. Below this, there are labels for 'Last Name:', 'First Name:', 'Date of Birth:', 'Medicaid ID:', 'SSN:', and 'NPI:', each followed by a blurred value. At the bottom of the card, there are two buttons: a green 'Void' button with a white trash can icon, which is highlighted with an orange square, and a grey 'View' button with a white document icon.

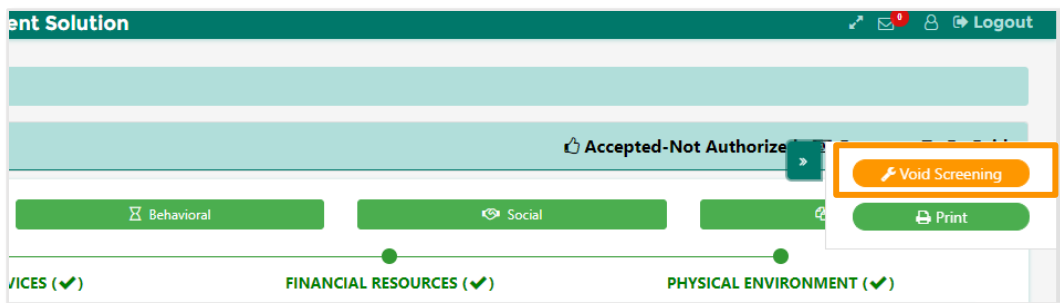
3. Select the **gear** icon (Figure 111).

Figure 111: Gear Icon



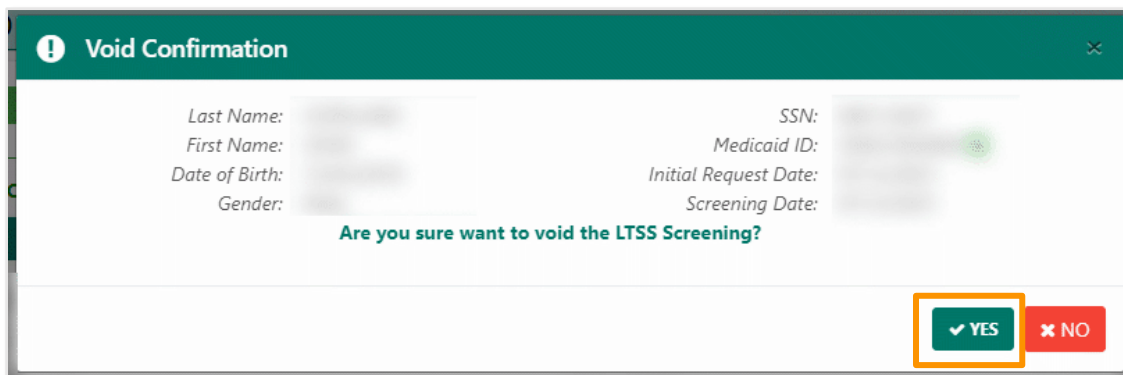
4. Select the **Void Screening** button (Figure 112) in the gear pop-up box.

Figure 112: Gear Icon Pop-up Box – Void Screening Button



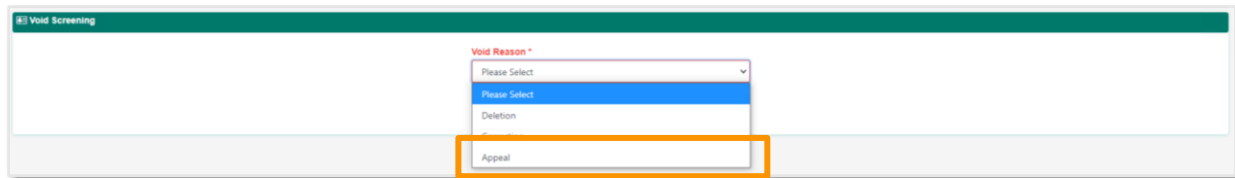
5. Select the **Yes** button (Figure 113) to confirm the screening void.

Figure 113: Void Confirmation Box



6. Select "Appeal" in the **Void Reason** field (Figure 114).

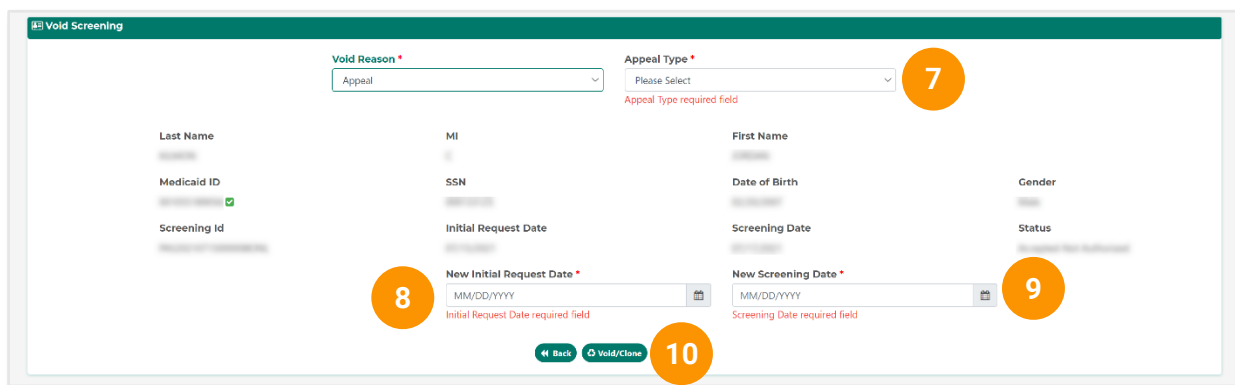
Figure 114: Void Reasons Drop-down List



The screenshot shows a web form titled "Void Screening". A drop-down menu labeled "Void Reason" is open, displaying three options: "Please Select", "Deletion", and "Appeal". The "Appeal" option is highlighted with an orange rectangular box.

7. Select the appropriate option from the **Appeal Type** drop-down list (Figure 115).
8. Enter the New Initial Request Date.
9. Enter the New Screening Date.
10. Select the **Void/Clone** button.

Figure 115: Void Button for Void/Clone



The screenshot shows the "Void Screening" form with several fields and buttons. Numbered callouts are present:

- 7**: Points to the "Appeal Type" drop-down menu, which is currently set to "Please Select". Below it, a red error message reads "Appeal Type required field".
- 8**: Points to the "New Initial Request Date" field, which is a date picker set to "MM/DD/YYYY". Below it, a red error message reads "Initial Request Date required field".
- 9**: Points to the "New Screening Date" field, which is a date picker set to "MM/DD/YYYY". Below it, a red error message reads "Screening Date required field".
- 10**: Points to the "Void/Clone" button at the bottom of the form.

Other fields visible include "Last Name", "MI", "First Name", "Date of Birth", "Gender", "Medicaid ID" (with a green checkmark), "Screening Id", "Initial Request Date", "Screening Date", and "Status".

11. Select the **Yes** button (Figure 116) to confirm the screening void again.



IMPORTANT: This action cannot be undone. After you confirm the void this time, you must submit a new screening if one is needed.

Figure 116: Void Deletion Confirmation

The dialog box titled "Void Confirmation" contains the following fields: Last Name, First Name, Date of Birth, Gender, SSN, Medicaid ID, Initial Request Date, and Screening Date. Below these fields is the text: "Are you sure want to void the LTSS Screening, please confirm?". At the bottom right, there are two buttons: a green "YES" button with a checkmark and a red "NO" button with an 'X'.

12. Update the information in the clone of the voided screening (Figure 117).



IMPORTANT: In the **Case Summary** field, explain that the screening was altered due to an appeal and identify what information was changed.

Figure 117: New Screening After Void Appeal

The screenshot shows the "eMLS Create" screen for "Virginia Medicaid - Care Management Solution". The "DEMOGRAPHICS" tab is active. The form includes the following fields: Initial Request Date (07/15/2021), Screening Date (07/15/2021), SSN (000010150), Medicaid ID, Date of Birth (01/01/1950), Age (71), Last Name (Smith), MI, First Name (John), Suffix (Please Select), Address Line1 (0123 Adams Avenue), Address Line2, City, State, ZipCode, and City/County Code. There are "Submit" and "Clear" buttons at the top right of the form.

13. Navigate to the end of the screening and select the **Submit** button to submit the updated screening.

Viewing Screening Comments

Existing comments can be accessed for viewing when making changes to screenings that are in the “In Correction” status.

To access existing comments from any page of the screening:

1. Select the **Comments** button (Figure 118).

Figure 118: Comments Button

The screenshot shows a form with fields for 'Work Phone', 'Mobile Phone', 'Communication of Needs', 'Pets?', and 'Directions to House'. At the bottom, there are two buttons: 'Continue' and 'Comments'. The 'Comments' button is highlighted with an orange rectangular box.

2. View the comments listed (Figure 119).

Figure 119: Comments Page

The screenshot shows the 'Reviewer Comments' page. At the top, there is a breadcrumb trail: 'Home / Medicaid LTSS Screening / eMLS Create'. Below this, there is a section for 'MLS - CCC Plus Waiver with PDN (15)' with a status indicator 'In Correction'. The main section is titled 'Reviewer Comments' and contains a table of comments. The table has columns for 'Comment ID', 'Created By', 'Created At', 'Last Updated By', and 'Last Updated At'. A single comment is listed with ID 1, created by @dmas.virginia.gov on 10/15/2021 10:42:00, and last updated by @dmas.virginia.gov on 10/15/2021 10:42:14. Below the table, there is a section for 'Nurse Comments for comment ID# 1' with a text area for comments and a 'Save' button. The 'Comments' section is highlighted with an orange rectangular box.

Comment ID	Created By	Created At	Last Updated By	Last Updated At
1	@dmas.virginia.gov	10/15/2021 10:42:00	@dmas.virginia.gov	10/15/2021 10:42:14

Approving Screenings

To review and make an approval determination for a submitted screening:

1. Locate the screening record using the Search function. See the **Searching for Existing Screenings** section in this user guide for step details.



NOTE: If there are several screenings, use the “In Approval” option in the **Status** field to narrow search results.

2. Select the **Approve** button (Figure 120) on the screening card.

Figure 120: Search Result Card – Approve Button

The screenshot shows a 'Search Result Card' for an individual. At the top, there is a header bar with 'MLS' on the left and 'In Approval' with a dropdown menu icon on the right. Below the header, the card displays the following fields: Last Name, First Name, Date of Birth, Medicaid ID (with a green checkmark), SSN, and NPI. At the bottom of the card, there are two buttons: 'Approve' (with a pencil icon) and 'View' (with a magnifying glass icon). The 'Approve' button is highlighted with an orange rectangular box.

3. Review each tab, page, and section of information for each submitted form. See the **General Navigation and Functions** section in this user guide for step-by-step details.



IMPORTANT: Make note of any clarifications and/or corrections that need to be communicated with the screener.



NOTE: Physicians and approvers have the option to revise the LTSS Screening themselves, to expedite corrections, so that the information concurs with their assessment of the individual.

4. Determine whether the screening should be approved or returned for corrections.
 - To return the screening for corrections, skip to step 7.
 - To approve the screening, continue to step 5.
5. Place a checkmark in the attestation box (Figure 121) on the *Screening Certification* page.



NOTE: When a checkmark is present in the attestation box, the **Physician** field that was grayed out is now editable and required.

6. Enter your name in the **Physician** field using Last, First, Middle Initial format.



NOTE: The **Verified Date** field (locate to the right of the **Physician** field) auto-populates with the date that you, as the Physician Approver, completed the **Physician** field.

7. Select the appropriate action for the screening:
 - To return the screening for corrections, select the **Return** button.
 - To approve the screening, select the **Approve** button.

Figure 121: DMAS 96 (Part B) – Screening Certification Page

The screenshot displays the 'Screening Certification' page. At the top, there are tabs for 'At-Risk', 'DMAS-96', 'DMAS-108', 'DMAS-97', and 'DMAS-96(Part B)'. The 'DMAS-96(Part B)' tab is active. Below the tabs, the page title is 'SCREENING CERTIFICATION (✓)'. The main content area includes a 'Screening Certification' section with a checkbox for attestation. Below this is a 'Physician' field and a 'Verified Date' field. At the bottom are 'Back', 'Return', and 'Approve' buttons. Numbered callouts 5, 6, and 7 highlight the attestation box, the Physician field, and the Return/Approve buttons respectively.

A confirmation page displays, and the status is changed to “In Progress” (Figure 122) for returned screenings, “In Review” for PDN screenings, and “Accepted - Authorized” or “Accepted - Not Authorized” (Figure 123: Accepted for Review Confirmation) for accepted screenings.

Figure 122: Returned for Changes Confirmation

The screenshot shows a web interface for the eMLS system. At the top, there is a header bar with the text "MLS" and "CCC Plus Waiver with PDN (15)". Below this is a dark green bar with a white checkmark and the text "Form Submission". To the right of this bar, there is a light blue button with a circular arrow icon and the text "In Progress", which is highlighted with an orange rectangle. Below the dark green bar, there is a light green banner with the text "Pre-Admission Screening has been Successfully returned for the changes." Below this banner, there is a section titled "Screening ID # : AMLS" followed by "The following forms were included in the submission:". Below this text, there is a list of forms with checkboxes: "UAI", "DMAS-96", "DMAS-109", and "DMAS-97". At the bottom of the form, there are two buttons: "Done" and "Print".

Figure 123: Accepted for Review Confirmation

The screenshot shows a web interface for the eMLS system. At the top, there is a header bar with the text "MLS" and "CCC Plus Waiver with PDN (15)". Below this is a dark green bar with a white checkmark and the text "Form Submission". To the right of this bar, there is a light blue button with a circular arrow icon and the text "In Review", which is highlighted with an orange rectangle. Below the dark green bar, there is a light green banner with the text "Pre-Admission Screening has been Submitted for Review." Below this banner, there is a section titled "Screening ID # : AMLS" followed by "The following forms were included in the submission:". Below this text, there is a list of forms with checkboxes: "UAI", "DMAS-96", "DMAS-109", and "DMAS-97". At the bottom of the form, there are two buttons: "Done" and "Print".

Appendix A – Glossary of Terms

Term	Definition
ADL	ADL Activities of Daily Living
API	Atypical Provider Identifier – assigned by the Commonwealth of Virginia for providers that are not eligible for an NPI (i.e., transportation providers)
Authorized User	The staff that is responsible for performing provider support functions
CCC Plus Waiver	Commonwealth Coordinated Care Plus Waiver
Delegate	Person performing screening tasks on behalf of a provider/organization
DMAS	Department of Medical Assistance Services
DBHDS	Department of Behavioral Health and Developmental Services
DOB	Date of Birth
IADLs	Instrumental Activities of Daily Living scale
ID	Intellectual Disability
LOC	Level of Care
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
Medicaid ID	Number assigned to an individual who has enrolled for a Medicaid health care membership
MH	Mental Health
MI/RC	Mental Illness/Related Condition
MI/SUPL	Mental Illness/Supplemental
NF	Nursing Facility
NPI	National Provider Identifier
Organization Administrator	The person/people who can also establish the Authorized User role and can reset the passwords, activate and deactivate users and lock and unlock user IDs for Authorized Users.
OT	Occupational Therapy
PACE	Program of All-Inclusive Care for the Elderly
PERS	Personal Emergency Response System
Primary Account Holder (PAH)	The person who will perform the initial web registration and will establish the security needed to allow the access to secured provider functionality
PT	Physical Therapy or Physiotherapy (chest)

Term	Definition
QMHP	Qualified Mental Health Professional
ROM	Range of Motion
Screening	The combination of all completed forms required by the <i>Medicaid LTSS Screening Manual</i> , Chapter IV for an individual's LTSS screening
SSN	Social Security Number
UAI	Uniform Assessment Instrument