



Last Updated: 03/09/2022

Update Regarding Mandatory Training for Screeners for Long-term Services and Supports (LTSS) Screening

The purpose of this bulletin is to announce the release of the updated on-line modular Medicaid Long Term Services and Supports (LTSS) Screening Training for nursing facility staff and all others authorized to complete LTSS screenings. The training portal revisions, including new material applicable for nursing facility screeners, will be available October 15, 2020.

Revisions in the Code of Virginia, **§ 32.1-330. Long-term services and supports screening required**, allows nursing facility staff to complete a Medicaid LTSS screening for individuals who apply for or request LTSS and are currently receiving skilled nursing facility services that are not covered by Virginia Medicaid following discharge from an acute care hospital. Beginning January 1, 2021, hospital staff will no longer be required to conduct LTSS screenings for those individuals discharged directly from a hospital to a nursing facility for skilled services covered by non-Medicaid sources. Hospitals will continue to conduct LTSS Screenings for all individuals considering use of services through the Commonwealth Coordinated Care (CCC) Plus Waiver, Program for All-inclusive Care for the Elderly (PACE) and all Medicaid members, including those individuals who are considered dual enrolled in Medicare and Medicaid, who may need nursing facility skilled care or LTSS as provided by the Commonwealth. Individuals admitted for skilled services in a nursing facility, paid by a non-Medicaid source, who may require Medicaid LTSS after the conclusion of their skilled (including rehab) stay shall receive a Medicaid LTSS Screening conducted by certified staff from the skilled nursing facility. The screening must be used to assess an individual's level of care needs and used to determine if the individual is eligible for the CCC Plus Waiver, PACE or nursing facility services (custodial care) prior to enrollment in these services.

DMAS requires qualified staff of the skilled nursing facility and certifying physician conduct the LTSS screening in accordance with the requirements established by the Department prior to the enrollment and initiation of LTSS. To support compliance with screening requirements Virginia regulation **12VAC30-60-310. Competency Training and Testing Requirements**, directs each person conducting screenings and providing authorization for approval of Medicaid LTSS to complete the required training and pass competency tests with a score of at least 80%. LTSS screeners are those individuals who have been trained



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and certified who sign and attest to the DMAS-96 and Medicaid LTSS Authorization Form, and may include nurses, social workers and physicians. Others may register and take the training as a guest. LTSS Screeners must take a refresher training every three years. Failure to complete this required training and competency tests may result in the retraction of Medicaid payments for conducted screenings. Specific information regarding registration and the web accessible link for the training is posted on the DMAS website located under Long Term Care in the Screening for LTSS tab. The link for long-term care programs is: <http://www.dmas.virginia.gov/#/longtermprograms>

LTSS Screeners include identified staff from the Virginia Department of Health (VDH), Department of Social Services (DSS), Acute Care Hospitals, Rehabilitation Hospitals, and Nursing Facilities. Updates to the on-line training do not change the status of previously certified screeners or affect those screeners who are in progress in the training. LTSS Screeners who have already taken and been certified in the Medicaid LTSS Screening training do not need to retake the training but will be expected to complete refresher training three years from the date of initial certification.

For LTSS Screening Questions contact: ScreeningAssistance@dmas.virginia.gov

Statutory Authority

§ [32.1-325](#) of the Code of Virginia; 42 USC § 1396 et seq.

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the managed care segment, "MED4" (Medallion 4.0), or "CCCP" (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

PROVIDER CONTACT INFORMATION & RESOURCES



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<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>www.virginiamedicaid.dmas.virginia.gov</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>



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<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p>aetnabetterhealth.com/virginia 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p>www.anthem.com/vamedicaid 1-800-901-0020</p>
<p>Magellan Complete Care of Virginia</p>	<p>www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273</p>
<p>Optima Family Care</p>	<p>1-800-881-2166</p>
<p>United Healthcare</p>	<p>Uhcommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p>1-800-727-7536 (TTY: 711)</p>