

Temporary Work Around During LTC Portal Upgrades:

DMAS is in the process of making system adjustments. Until the enhancement is completed nursing facilities and health plans can use the following FAX process.

DMAS will only accept FAXED DMAS 80 forms for the following situations:

1. Situations prior to July 1, 2019
 - a. NF has an individual with no Medicaid LTSS Screening, admitted. *
 - b. Individuals who have a paper copy of the screening that has not been entered into the electronic systems. * In this case the paper copy should be included with the DMAS 80 FAX.
 - c. Individuals who were admitted who are experiencing a level of care change (skilled to intermediate or intermediate to skilled) and a Medicaid LTSS Screening cannot be documented.*
 - d. NF Individual with no Medicaid LTSS Screening, admitted to an NF and now transferring to new NF.*
2. FFS nursing facility admissions, disenrollments or level of care changes that were not entered PRIOR to the enrollment of the individual into the CCC Plus program.
3. Individuals admitted to a Nursing Facility directly from CCC Plus waiver with no hospital stay, and there is no documented Medicaid LTSS Screening.

* A copy of the most recent MDS and physician's certification, documenting the individual continued to meet level of care required for NF admission, must be retained in the individual's record.

Temporary Process:

1. Complete the DMAS 80 and include necessary attachments as specified above
2. Fax it to 804-452-5456
3. DMAS will enter the information. Providers can verify entry in LTC portal after 5 business days.

Special Reminders:

- FFS individuals are the responsibility of the NF
CCC Plus individuals are the responsibility of the Health Plan
- The Nursing Facility is responsible for the PASRR process in these instances.
- After September 1 all other FFS or CCC Plus enrollments, disenrollments, or level of changes are the responsibility of the Provider (health Plan /MCO or FFS nursing facility).

Any faxes received related to nursing facilities admissions, disenrollments, and level of care changes not defined above will be returned to provider for processing.