



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

Web Portal Level of Care Review Instrument (LOCERI) Users Guide

Version 15.0
Updated: 5/22/2019

HIPAA Privacy Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule¹ provides protection for personal health information. The regulations became effective April 14, 2003. Conduent developed HIPAA Privacy Policies and Procedures to ensure operations are in compliance with the legislative mandate.

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

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.

¹

¹ 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

Revision History

Document Version	Date	Name	Comments
1.0	02/21/2013	Conduent Web Portal Development Team	Initial Document Creation
2.0	03/26/2013	Conduent Web Portal Development Team	Updated with DMAS comments & Change Request 1
3.0	04/16/2013	Conduent Web Portal Development Team	Updated for Change Request 2
4.0	01/31/2014	Conduent Web Portal Development Team	Updated for Change Requests 3 & 4
5.0	02/27/2014	Conduent Web Portal Development Team	Updated based on DMAS comments
6.0	03/24/2014	Conduent Web Portal Development Team	Updated based on DMAS comments
7.0	09/24/2014	Conduent Web Portal Development Team	Updated for EWO 2014-170-001-W LOCERI Enhancements
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		Team	
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0.0 Introduction

The Commonwealth of Virginia's Medicaid Web Portal is a web based system that gives providers and their user organizations access to secured provider services.

The Portal extends the business capabilities of Virginia providers by offering user-friendly tools and resources. You will have access to the secured interactive features of the portal including:

- Claims Status Inquiry
- Claims Direct Data Entry
- Member Eligibility, Co-Pay Amounts and Member Service Limits
- Service Authorization Log and Pharmacy Web PA Request
- Provider Payment History
- EHR Incentive Program
- Remittance Advice (RA) Messages
- Provider Maintenance
- Provider Enrollment
- Level of Care Review
- Pre-Admission Screening

In order to take advantage of the Portal and its functions, users must be part of the security structure.

For the sake of this document, a 'user' is defined as any person that will access and use the Web Portal.

If at any time during the registration process you have questions or issues, please contact the Virginia Medicaid Helpdesk toll free at 866-352-0496.

0.1 Security Structure

The security structure of the Web Portal is provider centric versus user centric.

Security access for the Web Portal is based upon a provider organization. A 'provider organization' is defined as either an individual billing or servicing provider or group provider (and the user community in support of them).

The provider organization can be associated with either a NPI (National Provider Identifier) or an API (Atypical Provider Identifier – assigned by the Commonwealth of Virginia for providers that are not eligible for a NPI, such as a transportation provider).

A unique User ID will need to be established for each provider organization a user supports. Any users added to the organization will have the ability to access services based on the role they are assigned.

0.2 User Roles

There is a three-tiered security structure associated with each provider organization. Additional roles will be provided as new services are added.

Primary Account Holder – A Primary Account Holder is the person who will perform the initial web registration. He/she will establish the security needed for the services accessed.

Each provider organization can have only one Primary Account Holder. To change a Primary Account Holder, the Provider will need to notify Conduent, in writing. Please contact the Virginia Medicaid Help Desk (toll free) at 866-352-0496 for additional information and forms.

The Primary Account Holder can

- Establish Organization Administrators and/or Authorized Users for their organization
- Change roles for any user
- Reset passwords for any user
- Activate and/or deactivate any user
- Unlock any User ID
- Access to all secured provider functionality

Organization Administrator – An Organization Administrator is established by the Primary Account Holder.

An Organization Administrator is not required for a provider organization - some organizations may only have a Primary Account Holder and associated Authorized Users. A provider organization can have one-to-many Organization Administrators, if so desired. Organization Administrators tier up to the Primary Account Holder.

The Organization Administrator has the following capabilities associated with only Authorized Users:

- Can establish Authorized Users for their organization
- Can change roles for any Authorized User
- Can reset passwords for any Authorized User
- Can activate and/or deactivate any Authorized User
- Can unlock any Authorized User ID
- Has access to all secured provider functionality

Authorized User - The Authorized User is responsible for performing provider support functions.

Authorized Users are not required for a provider organization, but an organization can have one-to-many Authorized Users, if so desired. Authorized Users tier up to the Organization Administrators.

The Authorized User has the following capabilities:

- Has access to all secured provider functionality

Authorized User – Claims – The Authorized User – Claims role is established by either the Primary Account Holder or Organization administrator for performing claims submission on behalf of the provider organization.

The Authorized User - Claims role is not required for a provider organization, but an organization can have one-to-many Authorized User - Claims, if so desired. Authorized User - Claims tier up to the Organization Administrators.

The Authorized User – Claims has the following capabilities:

- Can submit claims through the Claims Direct Data Entry (DDE)
- Has access to all secured provider functionality

Authorized User – Provider – The Authorized User – Provider role is established by either the Primary Account Holder or Organization administrator for performing demographic, disclosure and revalidation updates on behalf of the provider organization, using the Provider Maintenance functionality.

The Authorized User - Provider role is not required for a provider organization, but an organization can have one-to-many Authorized User – Provider roles, if so desired. The Authorized User - Provider tier up to the Organization Administrators.

The Authorized User – Provider has the following capabilities:

- Can make updates to the provider's demographic information, including:
 - Updates to correspondence information
 - Updates to remittance information
 - Updates to pay-to information
 - Note: updates to service information for most provider types will still be submitted via the enrollment process
 - Updates to disclosure information
 - Revalidation verification (when due)
- Has access to all secured provider functionality

Within the provider organization's security structure, the users within each tier are accessible within the system to all users in the tiers above. All Authorized Users can be accessed and user maintenance performed for them by all Organization Administrators and the Primary Account Holder.

Authorized User – PAS – The Authorized User – PAS role is established by either the Primary Account Holder or Organization Administrator for performing pre-admission screenings on behalf of the provider organization.

Note that, as described above, Conduent will serve as the Primary Account Holder for the LDSS and LHD.

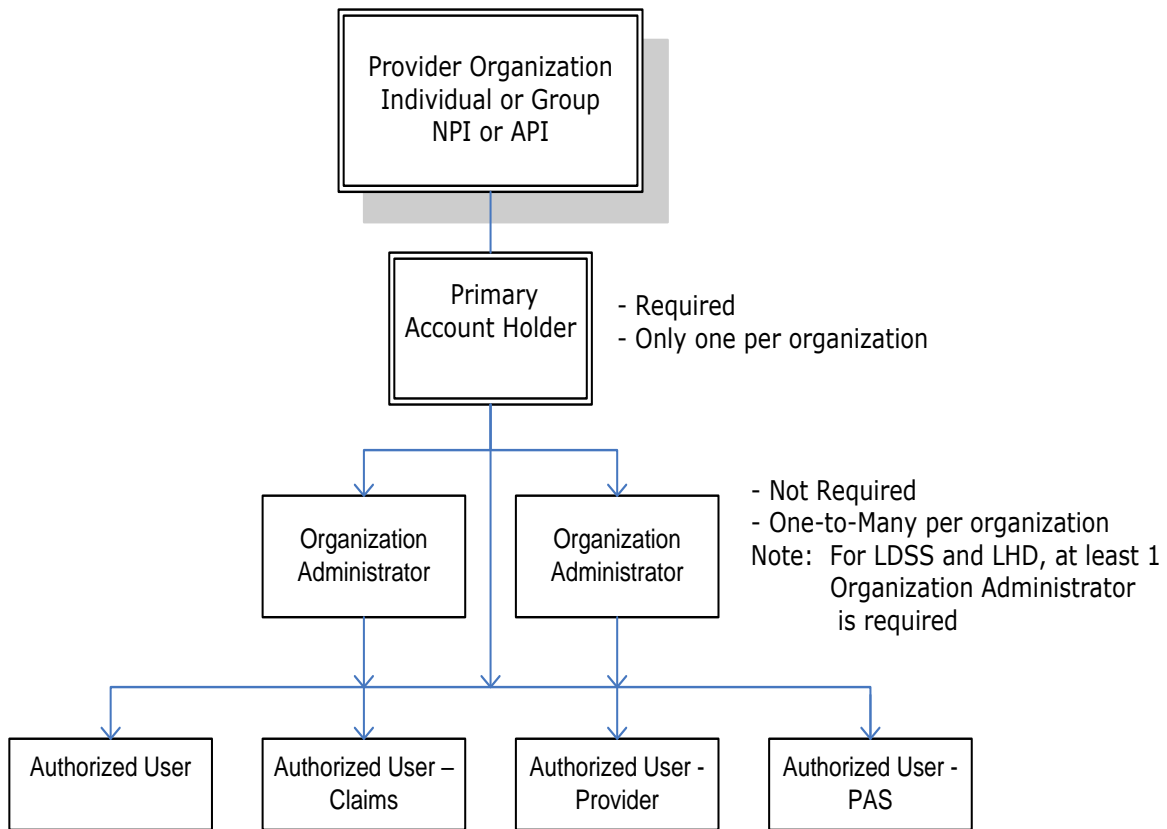
The Authorized User - PAS role is not required for a provider organization, but an organization can have one-to-many Authorized User - PAS, if so desired. Authorized User - PAS tier up to the Organization Administrators.

The Authorized User – PAS has the following capabilities:

- Can submit pre-admission screenings through the Pre-Admission Screening function
- Has access to all secured provider functionality

The following reflects the security structure for each provider organization.

Provider Organization's Security Structure



0.3 Overall Registration Process

The Web Registration process for new provider organizations must be completed by the Primary Account Holder.

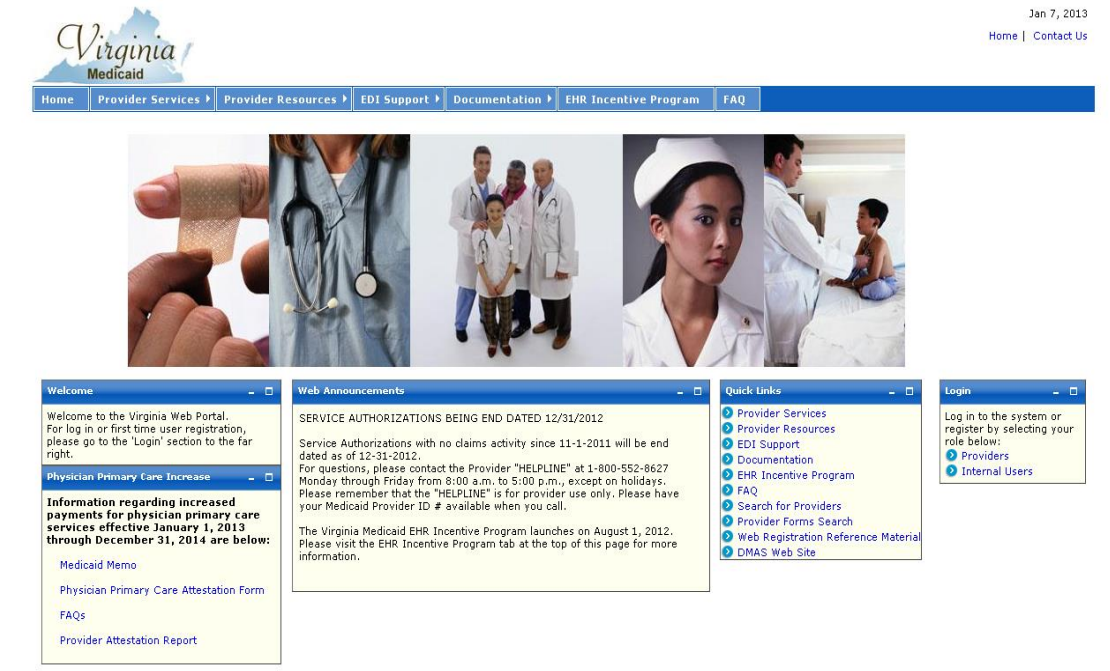
The registration process involves the following five steps:

1. Establish a User ID, Password and security profile
2. Request secured access for your organization
3. Successfully complete a one-time verification process of 3 questions
4. Upon receipt of confirmation email, click link within email
5. Sign in to the secured portal

For more details, please see the Provider Registration Users Guide.

1.0 Web Portal Access & Navigation

The Virginia Medicaid Web Portal can be accessed through the following link:
www.viriniamedicaid.dmas.virginia.gov



The Web Portal is available daily 24 x 7 with the exception of routine maintenance which will be posted in advance.

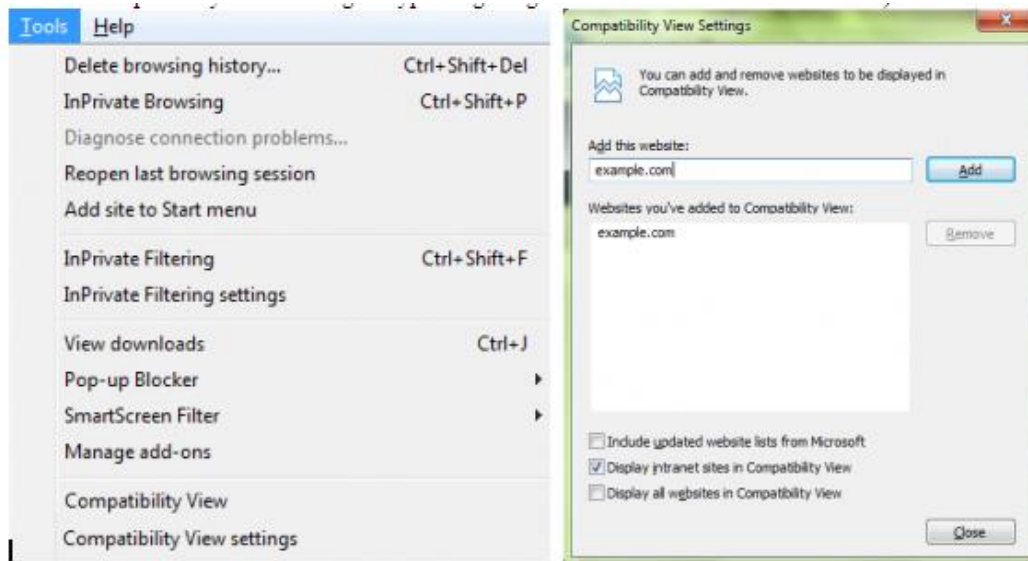
The Web Portal currently only supports Internet Explorer browser version 6 and higher. Versions 9 and above may need to utilize the following:

Note for Internet Explorer 9 and above users:

In order to use IE9 or above for the Web Portal the following settings are suggested:

- 1) Security settings set to Medium-High
 - a. Open an IE9 browser session
 - b. Click Tools->Internet Options.
 - c. Click the Security Tab
 - d. Verify/change to Medium-High
- 2) Verify Java is installed
 - a. Go to www.java.com
 - b. Press the option that says "Do I have Java?"

- c. Once the page refreshes, if Java is installed, the Java version will be displayed.
 - d. If Java is not installed, press the free java download button.
- 3) Add Virginia.gov to Compatibility View Settings
- a. Open an IE9 browser session
 - b. Click Tools->Compatibility View settings.
 - c. Type 'virginia.gov' and click 'Add'.
 - d. Click 'Close'



If you have any questions, please contact the Virginia Medicaid helpdesk at 866-352-0496.

The following sections will outline the basic functionality of the portal.

1.1 Medicaid Web Portal – Home Page

The Commonwealth of Virginia Medicaid Web Portal’s home page contains various portlets (sections within a portal page) and navigational tabs.

The Web Portal’s Home Page is reflected below:

Jan 7, 2013
Home | Contact Us

Navigation Tabs

Web Announcements will reflect any information for portal users, such as portal maintenance, etc.

Quick Links to documentation and other supporting websites

Login for access to registration and secured provider services

Physician Primary Care Increase information and forms

Web Announcements

Quick Links

Login

Physician Primary Care Increase

Information regarding increased payments for physician primary care services effective January 1, 2013 through December 31, 2014 are below:

Medicaid Memo

Physician Primary Care Attestation Form

FAQs

Provider Attestation Report

Service Authorizations with no claims activity since 11-1-2011 will be end dated as of 12-31-2012.

For questions, please contact the Provider "HELPLINE" at 1-800-552-8627 Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider ID # available when you call.

The Virginia Medicaid EHR Incentive Program launches on August 1, 2012. Please visit the EHR Incentive Program tab at the top of this page for more information.

Provider Services

Provider Resources

EDI Support

Documentation

EHR Incentive Program

FAQ

Search for Providers

Provider Forms Search

Web Registration Reference Material

DMAS Web Site

Log in to the system or register by selecting your role below:

Providers

Internal Users

1.1.1 Navigation Tabs

Provider Services – This tab provides access to the following:

- Provider Enrollment – access to provider enrollment applications for downloading
- Provider Manuals – access to provider manuals, service center user manuals, dental manuals and forms
- Provider Forms Search – access to provider related forms
- Medicaid Memos to Providers – Medicaid Memorandums from DMAS to the provider community
- DMAS Provider Services – link to Provider Services on the Department of Medical Assistance Services web site
- DMAS Pharmacy Services – link to Pharmacy Services on the Department of Medical Assistance Services web site

Provider Resources – This tab provides access to the following:

- Provider Manuals – access to provider manuals, service center user manuals, dental manuals and forms
- Provider Links – links to Center of Medicare and Medicaid Services, DMAS and Virginia.gov websites
- Provider Training – access to the provider training library
- Web Registration – access to Registration FAQ, a Registration Quick Reference Guide, this Registration User’s Guide and access to the Registration tutorial
- Automated Response System (ARS) – access to the ARS Users Guide, ARS FAQ and ARS tutorials
- Claims DDE – access to the Claims DDE Users Guide, Claims DDE FAQ and Claims DDE tutorial
- Provider Maintenance – access to the Provider Maintenance Users Guide, Provider Maintenance FAQ and Provider Maintenance tutorial
- Search for Provider – access to the VA MMIS Search for Providers to search for providers by provider type, location, etc.
- Level of Care Review Instrument (LOCERI) – access to the LOCERI User Guide, LOCERI FAQ and the LOCERI tutorial
- Provider Enrollment Resources – access to the Provider Enrollment Users Guide, Provider Enrollment FAQ and Provider Enrollment tutorial
- Provider Screening and Fee Rpt – access to the report for State Medicaid Agencies that want to verify screenings and fees.
- ICD-10 – access to the Information and Frequently Asked Questions and the Testing Procedures
- Pre-Admission Screening – access to the Pre-Admission Screening User Guides, Pre-Admission Screening FAQ and Pre-Admission Screening tutorial

EDI Support – This tab provides access to the following:

- EDI Companion Guides – links to the EDI companion guides for support of EDI transactions
- EDI FAQ – Frequently Asked Questions on EDI transactions
- EDI Testing – Guidelines for EDI testing
- EDI Forms and Links – access to EDI forms and links
- EDI HIPAA Changes – access to the VAMMIS HIPAA Operating Rules Trading Partner Notification

Documentation – This tab provides access to the following:

- Provider Forms – access to various forms in support of provider services
- Paper Claim Forms – access to various claims forms for download

EHR Incentive Program - This tab furnishes providers with information regarding the Electronic Health Records provider incentive program

FAQ – This tab provides access to the following:

- ARS FAQ
- Claims DDE FAQ
- Provider Profile Maintenance
- EDI FAQ
- Web Registration FAQ
- VAMMIS File Transfer System FAQ
- Search for Providers FAQ
- Level of Care Review Instrument FAQ
- ORP FAQ
- Pre-Admission Screening FAQ

Provider Enrollment - This tab furnishes providers access to the online provider enrollment applications, once logged in, or a link to the paper version of the applications.

1.1.2 Home Page Portlets – Physician Primary Care Increase

Physician Primary Care Increase Attestation – this portlet contains information regarding the Physician Primary Care Increase attestation, including reference links, forms for filing, etc.

1.1.3 Home Page Portlets – Web Announcements

Web Announcements – this portlet contains any information that is applicable to all portal users such as maintenance down time, new policies, etc.

1.1.4 Home Page Portlets – Quick Links

Quick Links – this portlet list links to documents or websites that are applicable to the audience viewing this portal page. Quick Links will be located on various portal pages. For consistency and availability to common information, the first six (6) links will always be the same as the navigation tabs:

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- EHR Incentive Program
- FAQ

In addition there are links that are applicable to that portal page.

For the Home Page, the additional quick links are the following:

- **Search for Providers** – access to the VA MMIS Search for Providers to search for providers by provider type, location, etc.
- **Provider Forms Search** – access to the provider forms with the capability to limit searches by category, form type, etc.
- **Web Registration Reference Material** - access to Registration FAQ, a Registration Quick Reference Guide, this Registration User's Guide and access to the Registration tutorial
- **DMAS Web Site** – link to the website for the Department for Medical Assistance Services
- **ICD-10** – access to the Information and Frequently Asked Questions and the Testing Procedures
- **DME and Pharmacy Audits** – access to information associated with DME and pharmacy audits and reports

1.1.5 Home Page Portlets – Login

This portlet is used for logging in to the pages needed for secured login. The login choice is based upon the user's role. For registration and access to secured provider functionality, select the 'Provider' role.

1.2 Medicaid Web Portal – Provider Login Page

After selecting the 'Provider' role in the Web Portal Home Page, the provider and the supporting user community are directed to the Provider Login Page.

The Provider Login Page is reflected below:

Jan 7, 2013
Home | Contact Us

Home Provider Services Provider Resources EDI Support Documentation EHR Incentive Program FAQ

Welcome

Welcome to the Virginia Medicaid Web Portal. This page allows registered provider organizations to log in. If you need to register, you can do so by clicking on the 'Web Registration' link in the 'First Time User Registration' box.

If you have any issues with registering or logging in, please see the 'Web Registration Reference Material' (located through the Quick Links to the right) or contact the Virginia Medicaid Web Support Help Desk (toll free) at 866-352-0496.

First Time User Registration

By registering you will be designated as the Primary Account Holder for your organization. As the designated Primary Account Holder, you can add, delete or modify user access.

If you are currently a user supporting an organization associated with a Medicaid provider enrolled with the Department of Medical Assistance Services, then as a new Primary Account Holder registrant, you must complete the following steps:

1. Establish a User ID, Password and security profile
2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider

If you are a user supporting an organization associated with a provider who is registering in order to submit a Medicaid enrollment application, then as a new Primary Account Holder registrant, you need only complete the following step:

1. Establish a User ID, Password and security profile

After the enrollment application is approved, you must then complete the remaining registration steps noted below:

2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider

If you are not the Primary Account Holder for your organization then you should not register. If your organization already has a Primary Account Holder, please see them for your User ID and Password to log in.

[Web Registration](#)

Quick Links

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- EHR Incentive Program
- FAQ
- Search for Providers
- Provider Forms Search
- Web Registration Reference Material
- DMAS Web Site

Existing User Login

To access secure areas of the portal, please log in by entering your User ID and Password.

* User ID:

* Password:

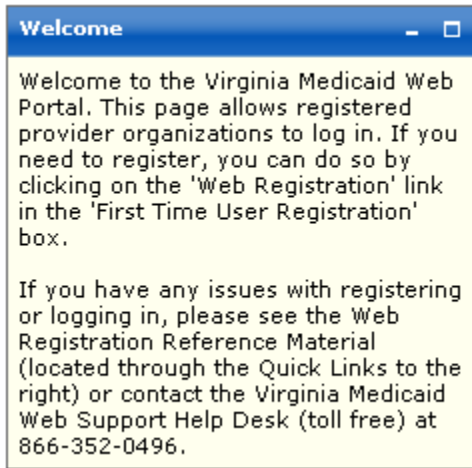
Forgot User ID?
Forgot Password?

There are three portlets on this page different from the Web Portal Home Page.

- Welcome portlet
- First Time User Registration portlet
- Existing User Login portlet

1.2.1 Welcome Portlet

The Welcome portlet is reflected below:

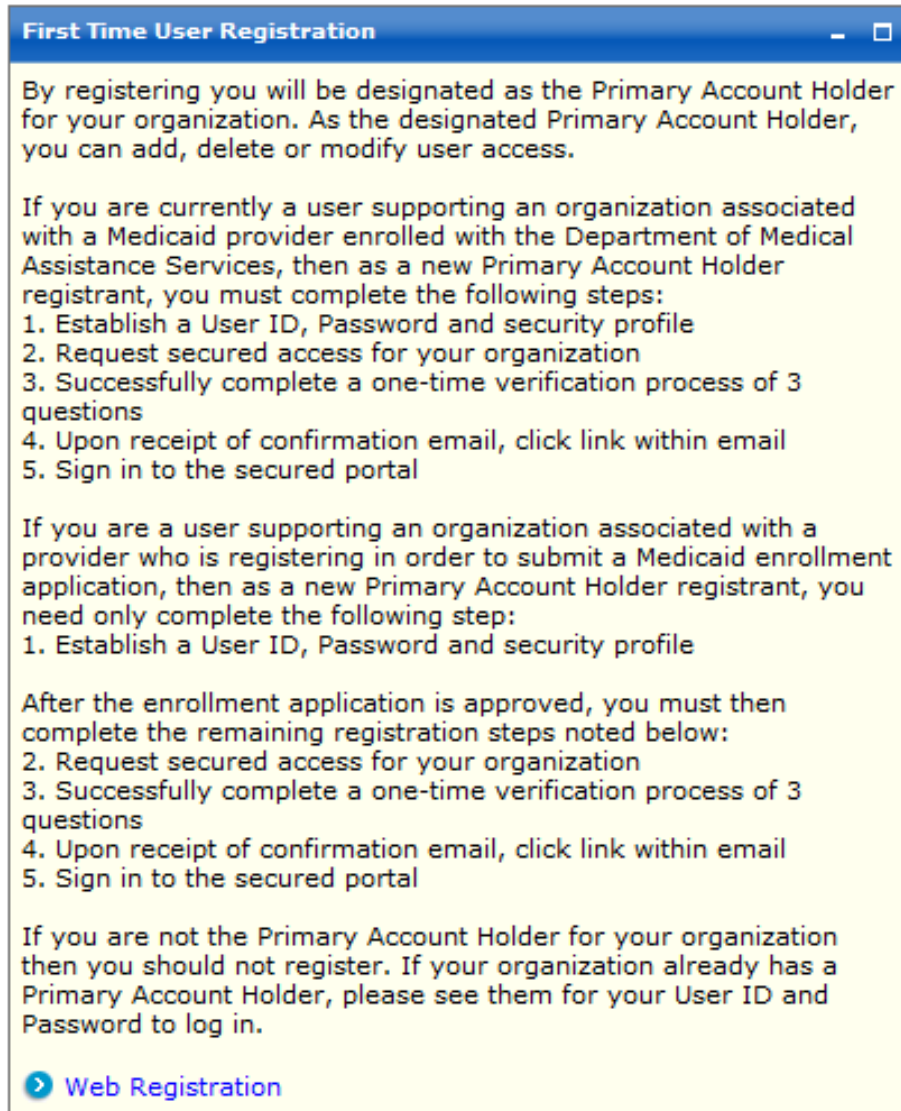


This portlet contains general instructions as well as mechanisms to handling issues or questions:

- Web Registration Reference Material – from the quick links
- Virginia Medicaid Help Desk – toll free number

1.2.2 First Time User Registration Portlet

The First Time User Registration portlet is reflected below:



This portlet outlines the steps needed for completing the registration process. Only the user designated as the Primary Account Holder should complete the registration process.

Users that are not designated as the Primary Account Holder should contact their Primary Account Holder or Organization Administrator for their User ID and temporary password.

As the Primary Account Holder, not previously registered, you'd select 'Web Registration' link on this portlet.

1.2.3 Existing User Login Portlet

Once you have established your User and Security Profiles, you will have access to the public portal functionality for such things as access to online provider enrollment or requesting secured access to other portal functionality.

The Existing User Login portlet is reflected below:



The screenshot shows a web form titled "Existing User Login". The form contains the following elements:

- Instructional text: "To access secure areas of the portal, please log in by entering your User ID and Password."
- Link: "First Time User?"
- Input fields: "* User ID:" and "* Password:" (both marked with a red asterisk).
- Links: "Forgot User ID?" and "Forgot Password?"
- Buttons: "Submit" and "Reset"

First Time User? – For users that have not registered for the portal, this link will take you to the start of the registration process.

This portlet is used for applying a registered user's User ID and password. Both are required fields (indicated with a red asterisk *****) for the login process.

User ID – this is the User ID created during the registration process when establishing your User Profile (see Registration Users Guide).

Password – this is the Password created during the registration process when establishing your User Profile.

Enter your User ID and Password and click 'Submit'

The Forgot User ID and Forgot Password are addressed in further detail below

1.3 Forgot User ID

Once you've completed your User and Security Profiles, you are able to leverage the user self-help capabilities of the portal. Authorized Users who forget their User ID can get with their Primary Account Holder or any Organization Administrator associated with this provider organization. They have the capability to look up the User IDs. An Organization Administrator can check with the Primary Account Holder.

All roles have the ability to also request their User ID be emailed to them.

On the Provider Login Page, in the Existing Users Login portlet there is an option for Forgot User ID?

Dec 19, 2014
| Home | Contact Us

Home Provider Services Provider Resources EDI Support Documentation EHR Incentive Program FAQ Provider Enrollment

Welcome

Welcome to the Virginia Medicaid Web Portal. This page allows registered provider organizations to log in. If you need to register, you can do so by clicking on the 'Web Registration' link in the 'First Time User Registration' box.

If you have any issues with registering or logging in, please see the Web Registration Reference Material (located through the Quick Links to the right) or contact the Virginia Medicaid Web Support Help Desk (toll free) at 866-352-0496.

First Time User Registration

By registering you will be designated as the Primary Account Holder for your organization. As the designated Primary Account Holder, you can add, delete or modify user access.

If you are currently a user supporting an organization associated with a Medicaid provider enrolled with the Department of Medical Assistance Services, then as a new Primary Account Holder registrant, you must complete the following steps:

1. Establish a User ID, Password and security profile
2. Request secured access for your organization
3. Successfully complete a one-time verification process of 3 questions
4. Upon receipt of confirmation email, click link within email
5. Sign in to the secured portal

If you are a user supporting an organization associated with a provider who is registering in order to submit a Medicaid enrollment application, then as a new Primary Account Holder registrant, you need only complete the following step:

1. Establish a User ID, Password and security profile

After the enrollment application is approved, you must then complete the remaining registration steps noted below:

2. Request secured access for your organization
3. Successfully complete a one-time verification process of 3 questions
4. Upon receipt of confirmation email, click link within email
5. Sign in to the secured portal

If you are not the Primary Account Holder for your organization then you should not register. If your organization already has a Primary Account Holder, please see them for your User ID and Password to log in.

[Web Registration](#)

Quick Links

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- EHR Incentive Program
- FAQ
- ORP FAQs
- Search for Providers
- Provider Forms Search
- Web Registration Reference Material
- DMAS Web Site
- ICD-10
- DME and Pharmacy Audits

Existing User Login

To access secure areas of the portal, please log in by entering your User ID and Password.

First Time User?

* User ID:

* Password:

[Forgot User ID?](#)

[Forgot Password?](#)

Select 'Forgot User ID?'



- Home
- Provider Services ▶
- Provider Resources ▶
- EDI Support ▶
- Documentation ▶
- FAQ

Forgot User ID

You must enter your Email Address before proceeding:

Enter your Email Address :

Provider ID(NPI/API) :

[Continue](#)

To find out Email Address, Contact Organization Administrator or Contact Help desk.
To get Help desk Contact, Click on the Contact us link placed at the right corner of the page.

Enter your Email Address: - this must be the preferred email that was entered in your User Profile at the time of initial entry (or the last update to your User Profile).

Provider ID (NPI/API): - enter the NPI or API associated with your User ID

Click 'Continue' and you will be routed to the portlet below.

The screenshot shows the 'Forgot User ID' portlet. At the top is the Virginia Medicaid logo. Below it is a navigation bar with buttons for Home, Provider Services, Provider Resources, EDI Support, Documentation, and FAQ. The portlet itself has a blue header with the text 'Forgot User ID'. Below the header is a light blue box with the text: 'You must answer all the following questions correctly before proceeding:'. There are three questions, each with a text input field: 'What is your Pet's Name?', 'Who was your childhood hero?', and 'Where did you meet your spouse?'. A blue 'Continue' button is located below the input fields. At the bottom of the portlet, there is a message: 'To find out Email Address, Contact Organization Administrator or Contact Help desk. To get Help desk Contact, Click on the Contact us link placed at the right corner of the page.'

This portlet will display the three questions you chose when establishing your Security Profile.

You must complete all three of these questions, giving the same answers (case-sensitive) as you established in your Security Profile.

Upon completing the answers, click 'Continue' to invoke the validation of answers to your Security Profile.

After successful validation you will receive the following portlet:

The screenshot shows the 'Forgot User ID' portlet after successful validation. It features the Virginia Medicaid logo and the same navigation bar as the previous screenshot. The portlet has a blue header with the text 'Forgot User ID'. Below the header is a light yellow box with the text: 'Your User ID will be e-mailed to the preferred email address.' followed by a blue link labeled 'Home'.

Your User ID will be emailed to the email address entered in your User Profile.

The following is a sample email with the User ID removed:

Your Forgot User ID request has been processed.

Your User ID is :



Please use this to log in to the Virginia Medicaid Web Portal at

<https://www.virginiamedicaid.dmas.virginia.gov> Please contact the ACS Web Support Call Center, toll free, at 1-866-352-0496 if you have any questions or problems regarding your web portal registration.

Note: This is an auto-generated email, please do not reply.

1.4 Forgot Password

Once you've completed your User and Security Profiles, you are able to leverage the user self-help capabilities of the portal. Authorized Users who forget their password can get with their Primary Account Holder or any Organization Administrator associated with this provider organization. They have the capability to generate a temporary password. An Organization Administrator can check with the Primary Account Holder.

All roles have the ability to also request their password be emailed to them.

On the Provider Login Page, in the Existing Users Login portlet there is an option for Forgot Password?

The screenshot displays the Virginia Medicaid Web Portal interface. At the top right, the date 'Dec 19, 2014' and links for 'Home' and 'Contact Us' are visible. A navigation bar contains the following links: Home, Provider Services, Provider Resources, EDI Support, Documentation, EHR Incentive Program, FAQ, and Provider Enrollment. Below the navigation bar are several portlets:

- Welcome:** Provides a general introduction to the portal and instructions for logging in.
- First Time User Registration:** Contains detailed instructions for new users, including steps for registration and verification.
- Quick Links:** A list of links to various services such as Provider Services, Provider Resources, EDI Support, Documentation, EHR Incentive Program, FAQ, ORP FAQs, Search for Providers, Provider Forms Search, Web Registration Reference Material, DMAS Web Site, ICD-10, and DME and Pharmacy Audits.
- Existing User Login:** A login form with fields for 'User ID' and 'Password'. It includes a 'Forgot User ID?' link and a 'Forgot Password?' link, which is highlighted with a red box. There are also 'Submit' and 'Reset' buttons.

Select 'Forgot Password?'



- Home
- Provider Services
- Provider Resources
- EDI Support
- Documentation
- FAQ

Forgot Password

You must enter your User ID correctly before proceeding:

Enter your User ID :

Forgot User ID, [Click here](#)

User ID is Case sensitive. Response will be sent through email. To get Help desk Contact, Click on Contact us link placed at right corner of the Page

Enter your User ID: - enter your User ID created in your User Profile

Click 'Continue' and you will be routed to the following portlet:



- Home
- Provider Services
- Provider Resources
- EDI Support
- Documentation
- FAQ

Forgot Password

You must answer all the following questions correctly before proceeding:

What is your Pet's Name?

Who was your childhood hero?

Where did you meet your spouse?

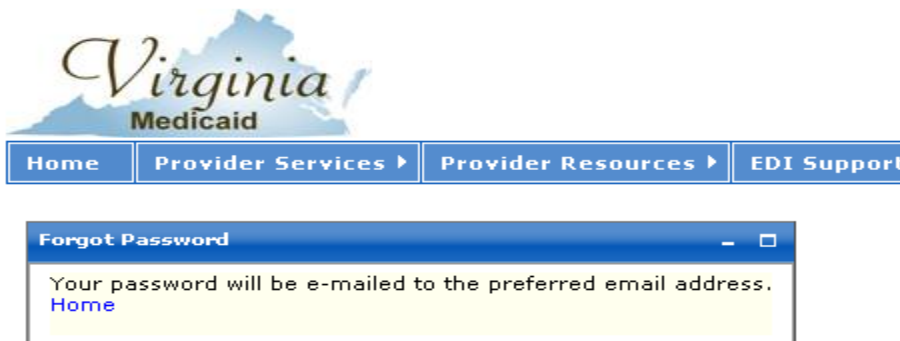
User ID is Case sensitive. Response will be sent through email. To get Help desk Contact, Click on Contact us link placed at right corner of the Page
To find out User ID, Contact Organization Administrator or Contact Help desk.
To get Help desk Contact, Click on the Contact us link placed at the right corner of the page.

This portlet will display the three questions you chose when establishing your Security Profile.

You must complete all three of these questions, giving the same answers (case- sensitive) as you established in your Security Profile.

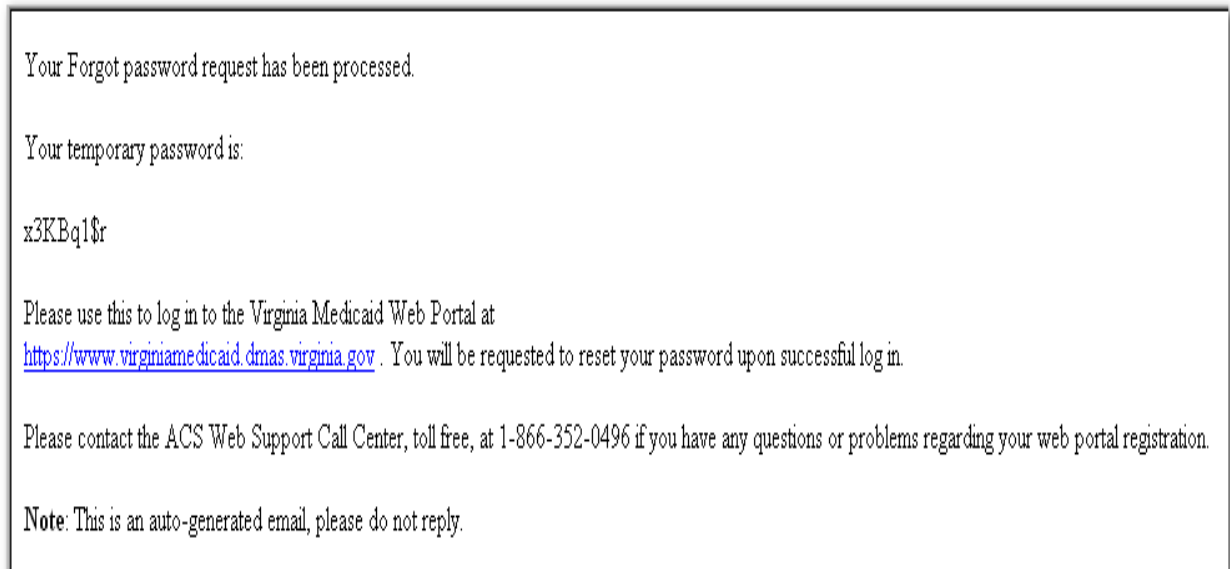
Upon completing the answers, click 'Continue' to invoke the validation of answers to your Security Profile.

After successful validation you will receive the following portlet:



A temporary/one-time use password will be emailed to the email address entered in your User Profile.

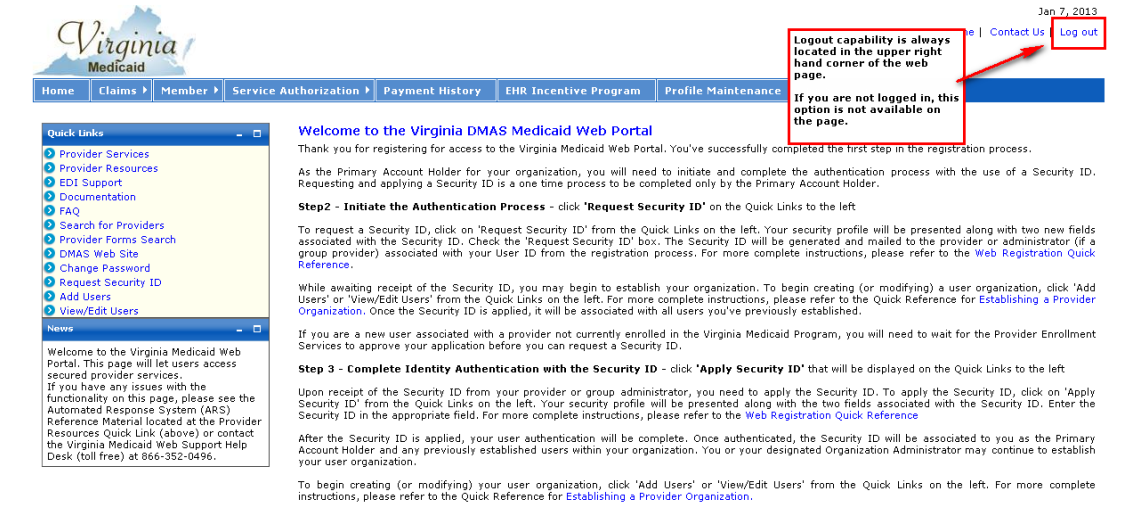
The following is a sample email:



This temporary password will be used for login. You will immediately be taken to your User Profile and will be required to enter another password.

1.5 Log Out

The log out functionality is available on any secured web portal page. The Log Out link is reflected below:



If you are not logged in and are still on public pages, this link is not available as it's not applicable until you've accessed secured portal pages.

2.0 Accessing the Level of Care Review Instrument

Upon successful login you will be directed to the secured Provider Welcome Page.

Apr 4, 2018
| Home | Contact Us | Log out

Home Claims Member Service Authorization Payment History Provider Maintenance Provider Enrollment RA Messages **Level of Care Review**

Pre-Admission Screening eDoc Management Provider Portal Secure Email Long Term Care

Quick Links

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- FAQ
- Newborn E-213
- Hospital Presumptive Eligibility
- Search for Providers
- Provider Forms Search
- DMAS Web Site
- Change Password
- Request Secured Access
- Add Users
- View/Edit Users

News

Welcome to the Virginia Medicaid Web Portal. If you have any issues continuing with the registration process, please see the Web Registration Reference Material (located at the Provider Resources Quick Links above) or contact the Virginia Medicaid Web Support Help Desk (toll free) at 866-352-0496.

Welcome to the Virginia DMAS Medicaid Web Portal

Thank you for registering for access to the Virginia Medicaid Web Portal. You've successfully completed the first step in the registration process.

If registering in order to enroll as Medicaid provider, please click here to be routed to the online application functionality: [Provider Enrollment Application](#)

As the Primary Account Holder for your organization, you will need to initiate and complete the authentication process for access to secured functionality. For more complete instructions, please refer to the [Web Registration Quick Reference](#)

After the enrollment application is approved, you must then complete the remaining registration steps below. While waiting for completion of the enrollment process, you may begin to establish your organization. To begin creating (or modifying) a user organization, click 'Add New Users' or 'View/Edit Users' from the Quick Links on the left. For more complete instructions, please refer to the Quick Reference for [Establishing a Provider Organization](#). Once secured access is gained, all users associated with the provider organization will have the secured access associated to their security role.

If you are a new user associated with a provider not currently enrolled in the Virginia Medicaid Program, you will need to wait for Provider Enrollment Services to approve your application before you can request secured access.

Step 2 - Request secured access for your organization - click here to [Request Secured Access](#) or on the Request secured access link in the Quick Links on the left. Your security profile will be displayed along with three validation questions.

Step 3 - Successfully complete a one-time verification process of 3 questions - select three unique questions from the provider related questions. Complete answers as they relate to the NPI associated to the organization. After clicking 'Submit' the answers will be validated against the information on the Medicaid provider files. If validation is unsuccessful, you will need to contact the provider for accurate answers and re-request secured access. If validation is successful, you will receive a confirmation message and an email will be generated and sent to your email address.

Step 4 - Upon receipt of confirmation email, click link within email - upon receipt of the confirmation email, click on the link within it. This link will navigate you to the web portal sign in screen.

Step 5 - Sign in to the secured portal - signing in to the web portal will activate the secured access for you and the rest of the provider's organization. You should now see all secured functionality (i.e. Claims Status, Member Eligibility, etc.). If not, please contact the Web Portal Support help desk at 866-352-0496.

If you haven't done so already, you can begin/continue creating (or modifying) your user organization. Click 'Add New Users' or 'View/Edit Users' from the Quick Links on the left. For more complete instructions, please refer to the Quick Reference for [Establishing a Provider Organization](#).

The Provider Welcome page consists of navigation tabs that are the menu to the various different provider functions. The Level of Care Review tab is user's access to Level of Care functionality.

2.1 Level of Care Review Instrument (LOCERI) Menu

The screenshot shows the Virginia Medicaid Web Portal interface. At the top right, there are links for Home, Contact Us, and Log out. The main navigation bar includes tabs for Home, Claims, Member, Service Authorization, Payment History, Provider Maintenance, Provider Enrollment, RA Messages, and Level of Care Review. The 'Level of Care Review' tab is active, and a sub-menu is displayed below it, with 'CBC Level of Care Review Instrument (DMAS-99 series)' highlighted. On the left, there is a 'Quick Links' sidebar with various options like Provider Services, EDI Support, and Add Users. The main content area displays a 'Welcome to the Virginia DMAS Medicaid Web Portal' message, followed by instructions for registration and secured access, including steps for verification and signing in.


By hovering over or selecting the Level of Care Review tab you will be directed to the CBC Level of Care Review Instrument (DMAS-99 series).

The following sections will detail the Level of Care Review Instrument pages and the data needed to process the forms.

3.0 CBC Level of Care Review Instrument (DMAS-99 series)

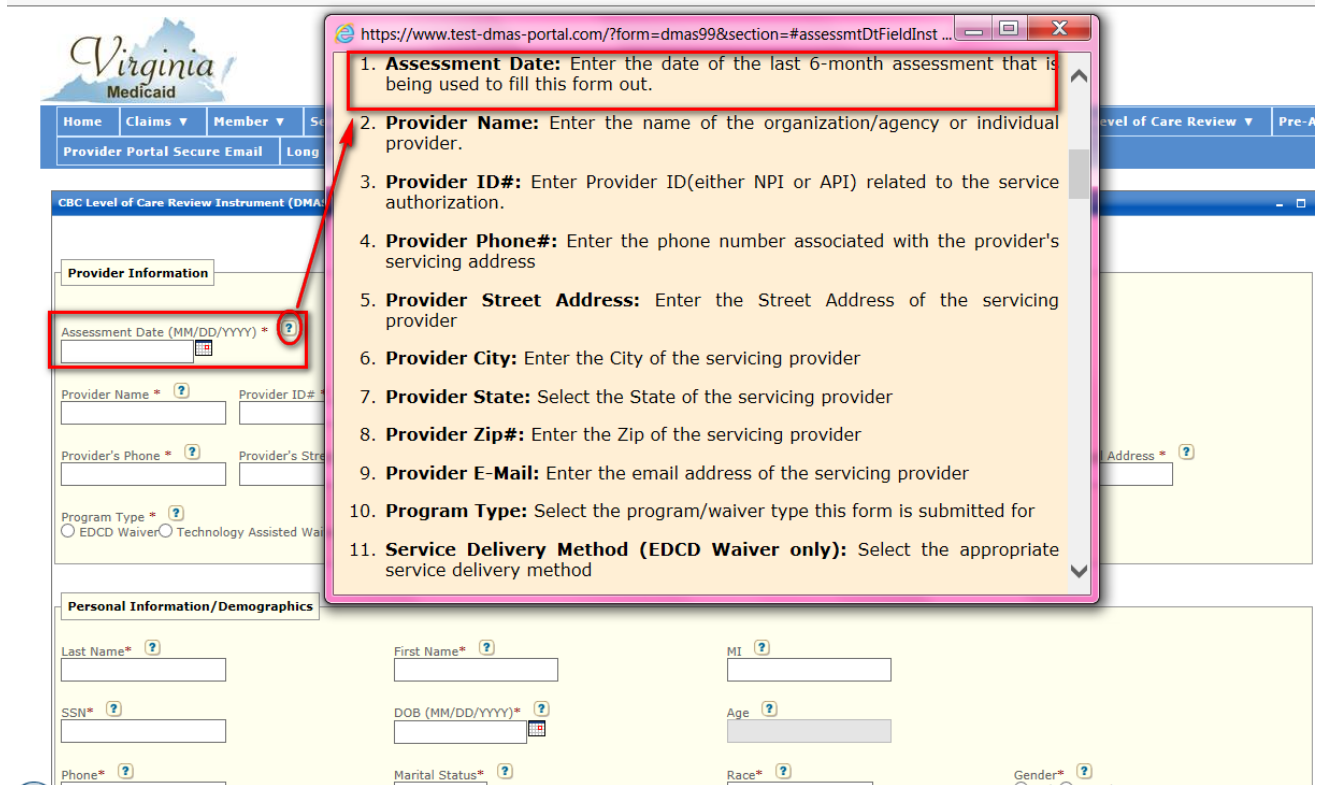
Select the CBC Level of Care Review Instrument (DMAS-99 series) from the Level of Care Review drop down menu.

You will be directed to the Community-Based Care Level of Care Review Instrument portal page for selection criteria entry.

Throughout the screen, you will see information icons (). The information icon is a 'tabbed' field. While tabbing through the entry fields, the information icon will constitute a tab.

If you click any of these icons, the instructions will display, beginning from the point in the instructions relative to the entry field the icon represents.

For instance, if the information icon associated with the 'Assessment Date' is clicked the information page will display with the Assessment Date information at the top of the page, as displayed below.



The screenshot shows the Virginia Medicaid web portal interface. The main content area is titled "CBC Level of Care Review Instrument (DMAS-99 series)". Below the title, there are several sections for data entry:

- Provider Information:** Includes fields for "Assessment Date (MM/DD/YYYY)*" (highlighted with a red box and a question mark icon), "Provider Name*", "Provider ID#*", "Provider's Phone*", and "Provider's Street Address*".
- Program Type:** Includes radio buttons for "EDCD Waiver" and "Technology Assisted Waiver".
- Personal Information/Demographics:** Includes fields for "Last Name*", "First Name*", "MI*", "SSN*", "DOB (MM/DD/YYYY)*", "Age*", "Phone*", "Marital Status*", "Race*", and "Gender*".

A yellow pop-up window is overlaid on the form, displaying a list of 11 instructions. The first instruction, "1. **Assessment Date:** Enter the date of the last 6-month assessment that is being used to fill this form out.", is highlighted with a red box. A red arrow points from the question mark icon on the "Assessment Date" field in the form to the first instruction in the pop-up window.

Please Note: Currently there is no 'Save' capability for the Level of Care online functionality. This is being added for a subsequent release, but at this time, all data will need to be entered in one sitting.

If the system is inactive for 30 minutes, the user will be logged off and all data will be lost and require re-entry.

We apologize for any inconvenience.

3.1 Community-Based Care Level of Care Review Instrument

The screen sample below has been broken up in parts display purposes.

Virginia Medicaid

Home | Claims | Member | Service Authorization | Payment History | Provider Maintenance | Provider Enrollment | RA Messages | Level of Care Review | Pre-Admission

Provider Portal Secure Email | Long Term Care

CBC Level of Care Review Instrument (DMAS-99 series)

Community-Based Care Level of Care Review Instrument

Provider Information

Assessment Date (MM/DD/YYYY) * ?

Provider Name * ? | Provider ID# * ?

Provider's Phone * ? | Provider's Street Address * ? | Provider's City * ? | Provider's State * ? (VA) | Provider's Zip * ? | Provider's Email Address * ?

Program Type * ?

EDCD Waiver Technology Assisted Waiver PACE

Personal Information/Demographics

Last Name * ? | First Name * ? | MI ?

SSN ? | DOB (MM/DD/YYYY) * ? | Age ?

Phone * ? | Marital Status * ? | Race * ? | Gender * ? (Male Female)

Address * ? | City * ? | State * ? (VA) | Zip * ?

Housing * ? | Name of Unpaid Primary Caregiver * ?

Advance Directive * ? (Yes No) | APS/CPS Referral * ? (Yes No) | History of Substance Abuse * ? (Yes No)

End of Service

If the individual has moved out of the state or expired-please enter the last date of service

Financial Resources

Check all that apply: [?](#)

Medicaid Insured

Medicare Insured

Private Insurance

Private Pay

Service Information

Check all that apply: [?](#)

Personal Care

Respite Care

Private Duty Nursing

Adult Day Care

DME

Home Health

Rehab At Center

Home Delivered Meals

Personal Emergency Response System (PERS)

Communication Of Needs Language Spoken*

Speech Hearing Impaired Visually Impaired

English Other

Functional Status

ADLs

Select Appropriate Level: [?](#)

Bathing*

Dressing*

Toileting*

Transferring*

Eating/Feeding*

Continence (Bowel/Bladder)

Bowel*

Bladder*

IADLs

Check all the apply (Yes = needs assistance)

Meal Preparation* No Yes

Housekeeping* No Yes

Laundry* No Yes

Money Mgmt* No Yes

Transport* No Yes

Shopping* No Yes

Using Phone* No Yes

Home Maintenance* No Yes

Physical Health Assessment

Select Appropriate Level: [?](#)

Joint Motion*

Medicine Administration/Take Medicine*

Orientation*

Behavior*

Ambulation

Walking*

Wheeling*

Stair Climbing*

Mobility*

Medical/Nursing Needs

Diagnosis*

Please check all that apply:

Diabetes COPD Cancer Congestive Heart Failure Dementia Alzheimer's ID/DD Mental Health Other Diagnosis

Complete all sections: [?](#)

Medication(s)*

100 Characters Remaining

Current Health Status/Condition/Comments*

450 Characters Remaining

Current Medical Nursing Need(s)*

No Yes

Individual's Name *

Completed By * [?](#) Name of RN, Service Facilitator or PACE Staff completing form

Date 09/25/2014

I acknowledge that by entering my name as the RN, Service Facilitator or PACE Staff completing this form it will be considered an official signature attesting that all information entered is accurate and correct.

[Submit](#) [Go to DMAS-108](#) [Go to DMAS-109](#) [Reset](#) [Cancel](#)

The CBC Level of Care Review Instrument has both required and optional search criteria. The required fields are indicated with a red asterisk (*)

The following is a list of fields on the screen and the necessary information for completing the form.

Provider Information Section

- Assessment Date * – Enter the date of the last six-month assessment being used to complete this form. The date format needs to be MM/DD/CCYY.
- Provider Name * – Enter the name of the organization/agency or individual provider associated with this assessment.
- Provider's ID # * – Enter the 12 digit provider's ID# (either the NPI or API) related to the service authorization. *Note: if Program Type (below) selection is 'EDCD Waiver' a second Provider ID# field will display for usage with both personal and respite care provider ids.*
- Provider Phone # * – Enter the phone number associated with the provider's servicing address. The phone number should be in either of the following formats: 9999999999 or 999-999-9999.
- Provider's Street Address * - Enter the street address associated with the provider's servicing address.
- Provider's City * - Enter the city associated with the provider's servicing address.
- Provider's State * - The state associated with the provider's servicing address. Default is it to 'VA'.
- Provider's Zip * - Enter the primary zip code (no extension) associated with the provider's servicing address.
- Provider's Email Address * – Enter the email address of the servicing provider. Email needs to contain valid domain.
- Program Type * – Select the program/waiver type this form is being submitted for
- If the Program Type selection is equal 'PACE', another section will display with required questions specific to the PACE program.
 - PACE Enrollment/Assessment * – Enter the PACE enrollment or assessment type

- PACE Enrollment Agreement Signed * – Enter the date the PACE enrollment agreement was signed. The date format needs to be MM/DD/YYYY
- PACE Enrollment Date * – Enter the date the PACE Enrollment. The date format needs to be MM/DD/YYYY
- PACE UAI Completion Date * - Enter the date the Uniform Assessment Instrument (UAI) was completed. The date format needs to be MM/DD/YYYY
- If the Program Type selection is equal to 'EDCD Waiver', another selection will display with required questions specific to the EDCD waiver.
 - Service Delivery Method * – Select the applicable service delivery method
- If the Program Type selection is equal to 'Technology Assisted Waiver', another selection will display with required questions specific to the Technology Assisted waiver.
 - Enrollment/Assessment Type * – Select either Initial Enrollment or Annual Assessment as appropriate

Personal Information/Demographics

- Individual's Last Name * – Enter the last name of the individual receiving services
- Individual's First Name * – Enter the first name of the individual receiving services
- Individual's Middle Initial – Enter the middle initial of the individual receiving services
- Individual's SSN – Enter the social security number of the individual receiving services. The SSN format needs to be 999999999 or 999-99-9999. Note: For all program types, this field is required.
- Individual's Date of Birth * – Enter the birth date of the individual receiving services. The date format needs to be MM/DD/CCYY
- Individual's Age – This is a non-enterable calculated field using the individual's birthdate and the assessment date.

- Individual's Phone * – Enter the phone number of the individual receiving services. The phone number format needs to be 9999999999 or 999-999-9999.
- Marital Status * - Select the individual's applicable marital status from the drop down list
- Individual's Race * - Select the individual's applicable race from the drop down list
- Individual's Gender * - Select the appropriate radio button indicating the individual's gender
- Individual's Street Address * – Enter the building number and street of the individual receiving services.
- Individual's City * – Enter the city of the individual receiving services
- Individual's State * – Select the individual's state of residence from the drop down list
- Individual's Zip Code * – Enter the zip code of the individual receiving services. The zip code needs to be a 5 digit numeric.
- Housing * - Select the individual's applicable residency from the drop down list.
- Name of Unpaid Primary Caregiver * – Enter the name of the unpaid person giving care to the individual receiving services.
- Advance Directive * - Select the appropriate radio button indicating rather the individual has an advanced directive or not
- APS/CPS Referral * - Select the appropriate radio button indicating rather the individual has an APS/CPS referral or not
- History of Substance Abuse * - Select the appropriate radio button indicating rather the individual has a history of substance abuse or not

End of Service

- End of Service Date – If the individual has moved out of the state or expired, enter the last date of service. The date format needs to be MM/DD/CCYY
 - Service Authorizations (optional) – if the individual moved out of state or expired, this field is optional. Enter the 11 digit

numeric service authorization. *Note: if Program Type selection is 'EDCD Waiver' a second service authorization entry field will display for usage with both personal and respite care service authorizations.*

- End of Service Reason * (required) – if the individual has moved out of state or expired, this field is required. Select the appropriate option from the drop down box.
- Note: If the individual is discharged because they have moved out of state or expired, no further information need be completed. Go to the Form Signature section at the end of the form and then submit.

For all other possible discharge reasons, contact the Division of Integrated Care.

Financial Resources

Check all the financial resources that are applicable to the individual receiving services.

- Medicaid Insured – check if the individual has Medicaid insurance
 - Medicaid ID# * (conditionally) – For Technology Assisted Waiver or PACE Waiver Programs: If the Medicaid Insured box is checked, or if the Social Security Number (SSN) from the Personal Information/Demographics section is blank, this field is required.

Enter the numeric 12-digit Medicaid ID# associated to the individual or if the individual has not been assigned a Medicaid ID# as of yet, enter the individual's social security number in the Personal Information/Demographics section.

For Technology Assisted Waiver Programs – Initial Assessment:
This field is optional.

For Technology Assisted Waiver Programs – Annual Assessment:
This field is required. Enter the numeric 12-digit Medicaid ID# associated to the individual.

Note: The Medicaid ID is required for all discharges.

- Medicare Insured – check if the individual has Medicare insurance

- Medicare ID * (conditionally) – if the Medicare Insured box is checked, this field is required. Enter the numeric 15-digit Medicare ID associated to the individual receiving services.
- Private Insurance – check if the individual has private insurance
 - Company * (conditionally) – if the Private Insurance box is checked, this field is required. Enter the name of the private insurance company associated to the individual receiving services.
 - Policy # * (conditionally) – if the Private Insurance box is checked, this field is required. Enter the policy number assigned by the private insurance company associated to the individual receiving services.
- Private Pay – check if the individual will be making payment from a source other than an insurance program

Service Information

Check all the service options that are applicable to the individual receiving services.

- Personal Care – click check box if applicable
 - Number of hours per day * (conditionally) – if the Personal Care box is checked, this field is required. Enter the number of hours per day needed for personal care for the individual receiving services.
- Respite Care – click check box if applicable
 - Number of hours per day * (conditionally) – if the Respite Care box is checked, this field is required. Enter the number of hours per day needed for respite care for the individual receiving services.
- Private Duty Nursing – click check box if applicable
 - Number of hours per day * (conditionally) – if the Private Duty Nursing box is checked, this field is required. Enter the number of hours per day needed for private duty nursing needed for the individual receiving services.
- Adult Day Care – click check box if applicable

- Number of days per week * (conditionally) – if the Adult Day Care box is checked, this field is required. Enter the number of days per week needed for adult day care for the individual receiving services.
- DME – click check box if applicable
- Home Delivered Meals – click check box if applicable
- Personal Emergency Response System (PERS) – click check box if applicable
- Home Health – click check box if applicable
 - If Home Health check box is clicked, check applicable associated options:
 - Nursing
 - Speech
 - OT
 - PT
 - Other
- Rehab at Center – click check box if applicable
 - If Rehab at Center check box is clicked, check applicable associated options:
 - Nursing
 - Speech
 - OT
 - PT
 - Other
- Communication of Needs - check the communication mechanism(s) needed by the individual receiving services. Check any/all that apply.
- Language Spoken * - check the language spoken by the individual receiving services
 - Other Language – Please Specify * (conditionally) – if the Other Language box is checked, this field is required. Enter the language spoken by the individual receiving services.

Functional Status

ADLs – select the appropriate level for each of the following categories:

- Bathing * - Select the applicable bathing capability level for the individual from the drop down list.
- Dressing * - Select the applicable dressing capability level for the individual from the drop down list.
- Toileting * - Select the applicable toileting capability level for the individual from the drop down list.
- Transferring * - Select the applicable transferring capability level for the individual from the drop down list.
- Eating/Feeding * - Select the applicable eating/feeding capability level for the individual from the drop down list.

Continence – select the appropriate level for each of the following categories:

- Bowel * - Select the applicable bowel capability level for the individual from the drop down list.
- Bladder * - Select the applicable bladder capability level for the individual from the drop down list.

IADLs – select the appropriate level for each of the following categories, where 'yes' equals 'needs assistance':

- Meal Prep * - Select the appropriate radio button indicating the individual's ability to prepare their own meals
- Housekeeping * - Select the appropriate radio button indicating the individual's ability to do their own housekeeping chores
- Laundry * - Select the appropriate radio button indicating the individual's ability to do their own laundry
- Money Management * - Select the appropriate radio button indicating the individual's ability to do their own finances
- Transport * - Select the appropriate radio button indicating the individual's ability to transport themselves

- Shopping * - Select the appropriate radio button indicating the individual's ability to do their own shopping
- Using Phone * - Select the appropriate radio button indicating the individual's ability to make their own phone calls
- Home Maintenance * - Select the appropriate radio button indicating the individual's ability to do their own home maintenance chores

Physical Health Assessment

Select the appropriate level for each of the categories:

- Joint Motion * - Select the applicable joint motion capability level for the individual from the drop down list.
- Medicine Administration/Take Medicine * - From the drop down list, select the applicable capability level the individual has for taking medicine.
- Orientation * - Select the applicable orientation level for the individual from the drop down list.
- Behavior * - Select the applicable behavior level for the individual from the drop down list.

Ambulation – select the appropriate level for each of the following categories:

- Walking* - Select the appropriate level for the individual from the drop down list
- Wheeling* - Select the appropriate level for the individual from the drop down list
- Stair Climbing* - Select the appropriate level for the individual from the drop down list
- Mobility* - Select the appropriate level for the individual from the drop down list

Medical/Nursing Information

- Diagnoses* - Check any/all diagnoses applicable for the individual. At least one diagnosis is required. If 'Other Diagnosis' is checked, an

additional text box will be displayed to allow for entry of the additional/other diagnoses.

- Medications* - Enter any medications currently being used by the individual
- Current Health Status/Condition/Comments* - Enter any health related status, conditions or comments applicable to the individual
- Current Medical Nursing Needs* - Select the appropriate radio button indicating if the individual has current medical or nursing needs
 - If the 'Current Medical Nursing Needs' question has a 'Yes' indication, then a list of 'Medical Nursing Needs' options will display. Check all applicable options that relate to the individual. At least one option is required.

Form Signature

- Individual's Name – this field is not enterable. The system will build this field from the individual's first name, middle initial and last name previously entered on the form.
- Completed By* - Enter the name of the RN, Service Facilitator or PACE Staff completing the form
- Date – this field is not enterable. The current date will display in the format MM/DD/CCYY
- Signature Acknowledgement* - The RN, Service Facilitator or PACE Staff person completing form must read this statement and click the check box acknowledging the validity of the entries and the name entered in the Completed By text box

With the exception of Technology Waiver selection, click 'Submit' to validate field and form edits.

Any errors will be noted on the appropriate fields.

If successfully completed, you will receive a Submission Page containing all information entered on the form along with a submission form number. See the sample in section 3.1.1 CBC Level of Care Review Instrument Submission Form.

From the top right corner of the submission page, you can choose to print the form via the Print link.

From the bottom of the submission page, you can choose to:

- Download Form - to save as a pdf on your local machine
- Submit Another Form – to submit another LOCERI form
- Cancel – to navigate back to the secured provider home page

3.1.1 CBC Level of Care Review Instrument Submission Form

CBC Level of Care Review Instrument (DMAS-99 series)

Community-Based Care Level of Care Review Instrument

Form successfully submitted. Provider **MUST** print this form and retain in the member's chart for QMR/Audit purposes. To submit another form, click the 'Submit Another Form' button at the bottom of this page.

[Print](#)

FORM ID: 2018122001741099

Provider Information

Assessment Date (MM/DD/YYYY)
05/02/2018

Provider Name DR SUESS	Provider ID# 1111111111	
Provider's Phone 8045551212	Provider's Street Address 123 MAIN ST	Provider's City RICHMOND
Provider's State VA	Provider's Zip 23219	Provider's Email Address DOC@SUESS.COM

Program Type
EDCD

Service Delivery Method
Consumer Directed

Personal Information/Demographics

Last Name DOE	First Name JANE	MI 	
SSN 111223333	DOB (MM/DD/YYYY) 04/25/2011	Age 7	
Phone 8045552323	Marital Status Single	Race Hispanic American	Gender Female
Address 456 MAIN ST	City RICHMOND	State VA	Zip 23219
Housing: Own House	Name of Unpaid Primary Caregiver		

3.2 Technology Assisted Waiver – Adult Referral Form (DMAS-108)

If 'Technology Assisted Waiver' was selected on the Community Based Care Level of Care Review Instrument in the Program Type selection

Provider Information

Assessment Date (MM/DD/YYYY) * ?

Provider Name * ? Provider ID# * ?

Provider's Phone * ? Provider's Street Address * ? Provider's City * ? Provider's State * ? Provider's Zip * ? Provider's Email Address * ?

Program Type * ?
 EDCD Waiver Technology Assisted Waiver PACE

For Technology Assisted Waiver Enrollments ONLY: * ? *
 Initial Enrollment Annual Assessment

Personal Information/Demographics

Last Name * ? First Name * ? MI ?

SSN ? DOB (MM/DD/YYYY) * ? Age ?

10/02/1955 57

Phone * ? Marital Status * ? Race * ? Gender * ?

Address * ? City * ? State * ? Zip * ?

Housing: * ? Name of Unpaid Primary Caregiver * ?

Advance Directive * ? APS/CPS Referral * ? History of Substance Abuse * ?

Yes No Yes No Yes No


And the individual's is 21 years or older (based on the individual's birthdate minus the assessment date), you will need to complete the Technology Assisted Waiver – Adult Referral Form.

To get this form, click 'Go to DMAS 108' button and the additional section below will be displayed.

Individual's Name *	
<input type="text"/>	
Completed By * 	Date
<input type="text"/> Name of RN completing form	02/12/2013
<input type="checkbox"/> I acknowledge that by entering my name as the RN completing this form it will be considered an official signature attesting that all information entered is accurate and correct.	
Note: For Technology Assisted Waiver forms for adults, DMAS-108 is also required	
<input type="button" value="Submit"/> <input type="button" value="Go to DMAS-108"/> <input type="button" value="Go to DMAS-109"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>	

The Adult Referral Form – Technology Assisted Waiver sample is below:

The screen sample below has been broken up in parts display purposes.

Adult Referral Form Technology Assisted Waiver (DMAS-108)	
Adults age 21 years or more must meet all criteria from either group A or group B, to qualify for the Technology Assisted Waiver.	
Date 03/26/2013	
Individual's Name*	Individual's Phone*
<input type="text"/>	<input type="text"/>
Address*	Medicaid ID#*
<input type="text"/> , VA	<input type="text"/>
Provider's Email Address	
<input type="text"/>	
Referral Source*	Referral's Phone*
<input type="text"/>	<input type="text"/>
Form Completed By*	Completer's Phone *
<input type="text"/>	<input type="text"/>
Technology/Skilled Care	
Criteria Group A - Ventilator	
Ventilator Dependent at least a portion of the day? * 	
<input type="radio"/> Yes <input type="radio"/> No	

Criteria Group B - Complex Tracheostomy

Please select at least one or more criteria under the Adult Complex Trach section. Individuals must meet all criteria under the Adult Complex Trach category in order to qualify for Tech Waiver. Please note that if criteria are not met, this document will be forwarded to DMAS for higher level review.

Has a tracheostomy with the potential for weaning or documentation of the inability to wean?* 

Yes No

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 No

Requires pulse oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels?* 

Yes No

Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist?* 

Yes No

Has a physician's order for oxygen therapy with documented usage?* 

Yes No

Requires tracheostomy care at least daily?* 

Yes No


Has a physician's order for tracheal suctioning as needed?* 

Yes No

Is deemed at risk of requiring subsequent mechanical ventilation?* 

Yes No

As with the CBC Level of Care Review Instrument, the Technology Assisted Waiver – Adult Referral Form has both required and optional search criteria. The required fields are indicated with a red asterisk (*).

The form also contains information icons  that will display instructions pertinent to this form.

The following is a list of fields on the screen and the necessary information for completing the form.

- Date – this field is not enterable; the current date will be displayed in the format MM/DD/CCYY
- Individual’s Name* – This field will be auto-populated from the Community-Based Care Level of Care Review Instrument (CBC LOCERI) Individual’s First, Last and MI in the previous section.
- Individual’s Phone* – This field will be auto-populated from the CBC LOCERI Individual’s Phone in the previous section
- Address* – This field will be auto-populated from the CBC LOCERI Individual’s Address in the previous section
- Medicaid ID#* - If this field is entered in the CBC LOCERI, then it will be auto-populated here. If no entry was previously made, then the 12 digit numeric Medicaid ID# must be entered.
- Provider’s Email Address - If this field is entered in the CBC LOCERI, then it will be auto-populated here. If no entry was previously made, then the provider’s email address can be entered here. Valid email addresses need to include appropriate domain, etc.
- Referral Source* – Enter the name of the resource making the referral.
- Referral’s Phone* – Enter the referral’s phone number in either the xxxxxxxxxxxx or xxx-xxx-xxxx format.
- Form Completed By* - Enter the name of the person completing the form on behalf of this individual.
- Completer’s Phone* – Enter the phone number of the person completing the form, in either the xxxxxxxxxxxx or xxx-xxx-xxxx format.

Group A – Ventilator

- Ventilator Dependent question* - Select the appropriate radio button indicating if the individual has a ventilator dependency.
 - Ventilation Orders* (conditionally) - If the ‘Ventilator Dependent’ question has a ‘Yes’ indication, then a text box for ‘Ventilation Orders’ will display. The ventilation orders for this individual are required, if this is displayed.

Note: If Ventilator Dependency is ‘yes’ then no further entry is needed.

OR

At least one entry within:

Group B – Complex Tracheostomy

- Tracheostomy with potential for weaning or documentation of the inability to wean* - Select the appropriate radio button indicating if the individual has a tracheostomy with the potential for weaning or inability to wean.
- 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 * - Select the appropriate radio button indicating if the individual requires nebulizer treatments and chest physiotherapy.
 - Document Treatment Orders* (conditionally) - If the 'Requires nebulizer treatments' question (above) has a 'Yes' indication, then a text box for treatment orders will display. The treatment orders for this individual are required, if this is displayed.
- Requires pulse oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels* - Select the appropriate radio button indicating if the individual requires pulse oximetry monitoring due to unstable oxygen saturated levels.
 - Document Treatment Orders* (conditionally) - If the 'Requires pulse oximetry' question (above) has a 'Yes' indication, then a text box for treatment orders will display. The treatment orders for this individual are required, if this is displayed.
- Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist* - Select the appropriate radio button indicating if the individual requires respiratory assessment.
 - Document Treatment Orders* (conditionally) - If the 'Requires respiratory assessment' question (above) has a 'Yes' indication, then a text box for treatment orders will display. The treatment orders for this individual are required, if this is displayed.
- Has a physician's order for oxygen therapy with documented usage* - Select the appropriate radio button indicating if the individual has a physician's order for oxygen therapy.
 - Document Treatment Orders* (conditionally) - If the 'Has a physician's order for oxygen therapy' question (above) has a 'Yes' indication, then a text box for treatment orders will display. The treatment orders for this individual are required, if this is displayed.

- Requires tracheostomy care at least daily* - Select the appropriate radio button indicating if the individual requires tracheostomy care at least daily.
 - Document Treatment Orders* (conditionally) - If the 'Requires tracheostomy care at least daily' question (above) has a 'Yes' indication, then a text box for treatment orders will display. The treatment orders for this individual are required, if this is displayed.
- Has physician's order for tracheal suctioning as needed* - Select the appropriate radio button indicating if the individual has a physician's order for tracheal suctioning.
- Is deemed at risk of requiring subsequent mechanical ventilation* - Select the appropriate radio button indicating if the individual is deemed at risk of requiring subsequent mechanical ventilation.

Notes:

User must answer either Group A **OR** at least one question within Group B. Both are not required. Either the Group A or Group B question can be 'No', if applicable.

If the Group A question is 'yes', then the ventilator orders must be entered, in order for the application to be submitted.

If the Group A question is 'no', then at least one question within Group B must be answered (either 'yes' or 'no') and all applicable treatment order sections entered, in order for the application to be submitted.

Submission does not necessarily indicate acceptance/approval.

After completing the Technology Assisted Waiver form, click 'Submit' to validate field and form edits.

Any errors will be noted on the appropriate fields.

If successfully completed, you will receive a Submission Page containing all information entered on the form (both the Community-Based Care Level of Care Review Instrument (DMAS-99) and the Adult Referral Form – Technology Assisted Waiver (DMAS-108)) along with a submission form number. See the sample in section 3.2.1 CBC Level of Care Review Instrument/ Adult Tech Assisted Waiver Submission Form.

From the top right corner of the submission page, you can choose to print the form via the Print link.


From the bottom of the submission page, you can choose to:

- Download Form - to save as a pdf on your local machine
- Submit Another Form – to submit another LOCERI form
- Cancel – to navigate back to the secured provider home page

3.2.1 CBC Level of Care Review Instrument/ Adult Tech Assisted Waiver Submission Form

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EFT-ERA

CBC Level of Care Review Instrument (DMAS-99 series) Print | Help

Community-Based Care Level of Care Review Instrument

Form successfully submitted. If you wish to print this form, please click 'Print'. To Submit another Form click Submit another Form button

FORM ID: 2014030000628109

Provider Information

Assessment Date (MM/DD/YYYY)
01/12/2014

Provider Name DR DMAS	Provider ID# 1234567897	Provider ID#
Provider's Phone 8045551212	Provider's Street Address 123 MAIN ST	Provider's City RICHMOND
	Provider's State VA	Provider's Zip 23219
		Provider's Email Address DRDMAS@DMAS.COM

Program Type
Technology Assisted Waiver

Personal Information/Demographics

Last Name DOE	First Name JANE	MI
-------------------------	---------------------------	-----------

3.3 Technology Assisted Waiver – Pediatric Referral Form (DMAS-109)

If 'Technology Assisted Waiver' was selected on the Community Based Care Level of Care Review Instrument in the Program Type selection

CBC Level of Care Review Instrument (DMAS-99 series)
Community-Based Care Level of Care Review Instrument

Provider Information

Assessment Date (MM/DD/YYYY) * ?

Provider Name * ? Provider ID# * ?

Provider's Phone * ? Provider's Street Address * ? Provider's City * ? Provider's State * ? Provider's Zip * ? Provider's Email Address * ?

Program Type * ?
 EDCD Waiver Technology Assisted Waiver PACE

For Technology Assisted Waiver Enrollments ONLY: * ?
 Initial Enrollment Annual Assessment

Personal Information/Demographics

Last Name * ? First Name * ? MI ?

SSN ? DOB (MM/DD/YYYY) * ? Age ?

Phone * ? Marital Status * ? Race * ? Gender * ?

Address * ? City * ? State * ? Zip * ?

Housing * ? Name of Unpaid Primary Caregiver * ?

Advance Directive * ? APS/CPS Referral * ? History of Substance Abuse * ?

Yes No Yes No Yes No

And the individual's is under 21 years old (based on the individual's birthdate minus the assessment date), you will need to complete the Technology Assisted Waiver – Pediatric Referral Form.

To get this form, click 'Go to DMAS 109' button and the additional section below will be displayed.

Individual's Name *
[Text Field]

Completed By * ? Name of RN completing form Date 02/13/2013

I acknowledge that by entering my name as the RN completing this form it will be considered an official signature attesting that all information entered is accurate and correct.

Note: For Technology Assisted Waiver forms for children, DMAS-109 is also required

Submit Go to DMAS-109 **Go to DMAS-109** Reset Cancel

The Pediatric Referral Form – Technology Assisted Waiver sample is below:

The screen sample below has been broken up in parts display purposes.

**Pediatric Referral Form
Technology Assisted Waiver (DMA5-109)**

Score daily nursing and technology needs to determine eligibility for the waiver

Date
03/26/2013

Child's Last Name*	Child's First Name*	Child's MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Phone*	Address*	Medicaid ID#*
<input type="text"/>	<input type="text" value="VA"/>	<input type="text"/>
Provider's Email Address		
<input type="text"/>		
Referral Source*	Referral's Phone*	
<input type="text"/>	<input type="text"/>	
Form Completed By*	Completer's Phone *	
<input type="text"/>	<input type="text"/>	

Technology/Nursing Needs

Technology

Ventilator ?

Tracheostomy (43 points)
 Tracheostomy and/or Ventilator Dependent

C-PAP, BIPAP (25 points)
 Applicable

Continuous Oxygen (15 points) ?
 Child requires continuous oxygen a minimum of 8 out of 24 hours

Continuous Unstable Oxygen (35 points)
 Child is dependent on oxygen 24 hours/day

Peritoneal Dialysis (45 points)
 Applicable

J/G Tube (15 points) ?
 Child has continuous J/G tube feedings

J/G Tube with reflux (35 points)
 J/G Tube with reflux (35 points)

NG Tube

IV Therapy
 Continuous (40 points)

Technology Score

Nursing Needs

Tracheal Suctioning ?

Enteral Feedings

Daily Medications (Excluding nebulizers, ointments, vitamins and mineral supplements) ?
 Simple Medication - 1 or 2 routine medications not requiring dosage adjustment based on the child's condition (2 points)
 Moderate Medication - More than 2 medications, 1 or more requiring close monitoring of dosage and side effects (4 points)
 Complex Medication - Greater than 6 medications given on different frequency schedules for children who require close monitoring of dosage or side effects of more than 4 medications (8 points)

Intermittent Catheter

Sterile Dressings/Wound Care (Stage 3 or 4 Wounds) ?

Tracheostomy Care (5 points)
 Applicable

IV / Hyperal

Special Treatments (Skilled procedures such as nebulizers, chest PT) ?

Specialized I/O Monitoring (5 points) ?
 I and O results require action by a nurse to make adjustments in tube feeding amounts or IV fluid rate

Note: Children with needs that are not covered within this form should be discussed with a DMAS staff. Please contact the VA Medicaid Technology Assisted Waiver Services Unit at 804-225-4222.

Nursing Score

Total Technology and Nursing Score

As with the CBC Level of Care Review Instrument, the Technology Assisted Waiver – Pediatric Referral Form has both required and optional search criteria. The required fields are indicated with a red asterisk (*).

The form also contains information icons ? that will display instructions pertinent to this form.

The following is a list of fields on the screen and the necessary information for completing the form.

- Date – this field is not enterable; the current date will be displayed in the format M/DD/CCYY
- Child’s Last Name* – This field will be auto-populated from the Community-Based Care Level of Care Review Instrument (CBC LOCERI) Individual’s Last Name in the previous section.
- Child’s First Name* – This field will be auto-populated from the Community-Based Care Level of Care Review Instrument (CBC LOCERI) Individual’s First Name in the previous section.

- Child's Middle Initial – This field will be auto-populated from the Community-Based Care Level of Care Review Instrument (CBC LOCERI) Individual's MI in the previous section.
- Child's Phone* – This field will be auto-populated from the CBC LOCERI Individual's Phone in the previous section
- Address* – This field will be auto-populated from the CBC LOCERI Individual's Address in the previous section
- Medicaid ID#* - If this field is entered in the CBC LOCERI, then it will be auto-populated here. If no entry was previously made, then the 12 digit numeric Medicaid ID# must be entered.
- Provider's Email Address - If this field is entered in the CBC LOCERI, then it will be auto-populated here. If no entry was previously made, then the provider's email address can be entered here. Valid email addresses need to include appropriate domain, etc.
- Referral Source* – Enter the name of the resource making the referral.
- Referral's Phone* – Enter the referral's phone number in either the xxxxxxxxxx or xxx-xxx-xxxx format.
- Form Completed By* - Enter the name of the person completing the form on behalf of this individual.
- Completer's Phone* – Enter the phone number of the person completing the form, in either the xxxxxxxxxx or xxx-xxx-xxxx format.

Technology Section

- Ventilator - Select the appropriate/applicable drop down option indicating if the child has a ventilator need and the associated level.
- Tracheostomy – Check if the child had a tracheostomy or is ventilator dependent
- C-PAP, BIPAP – Check if this is applicable to the child
- Continuous Oxygen – Check if the child requires continuous oxygen a minimum of 8 out of 24 hours
- Continuous Unstable Oxygen – Check if the child is dependent on oxygen 24 hours/day

- If the 'Continuous Unstable Oxygen' box is checked, then a list of conditions will display. Check all applicable conditions that relate to the child. At least two options are required.
- Peritoneal Dialysis – Check if the child has a need for peritoneal dialysis
- J/G Tube – Check if the child continuous J/G tube feedings
- Continuous J/G Tube – If the 'J/G Tube' box is checked, then a list of 'Continuous J/G Tube with reflux' options will display. Check all applicable options that relate to the child. At least one condition is needed to qualify as 'with reflux' if checked, at least 1 condition needs to be selected.
- NG Tube - Select the appropriate/applicable drop down option indicating if the child has NG tube needs and the associated level.
- IV Therapy – Check if the child requires IV Therapy
- Technology Score – The total score of all options selected within this section.

Note: A child must receive a score greater than zero in this technology section to qualify for waiver services.

- Tracheal Suctioning – Select the appropriate/applicable drop down option indicating if the child has tracheal suctioning needs and the associated level.
- Enteral Feedings – Select the appropriate/applicable drop down option indicating if the child has enteral feeding needs and the associated level.
- Daily Modifications* – Check the appropriate level of daily medications taken by the child
- Intermittent Catheter – Select the appropriate/applicable drop down option indicating if the child has intermittent catheter needs and the associated level.
- Sterile Dressings/Wound Care (Stage 3 or 4 Wounds) – Select the appropriate/applicable drop down option indicating if the child has a need for sterile dressings and/or stage 3 or 4 wound care
- Tracheostomy Care – Check if the child has a need for tracheostomy care.
- IV / Hyperal - Select the appropriate/applicable drop down option indicating if the child has IV/Hyperal needs and the associated level.

- Special Treatments/Skilled Procedures – Select the appropriate/applicable drop down option indicating if the child needs special treatments/ skilled procedures.
- Specialized I/O Monitoring – Check if the child’s I and O results require action by a nurse to make adjustments in tube feeding amounts or IV fluid rate.
- Nursing Score – The total score of all options selected within this section.
- Total Technology and Nursing Score – The grand total of all the selected options within the technology and nursing sections.

Note: A child must receive a total score equal to or greater than 50 to qualify for waiver services, though the assessment can be submitted with a lower score.

After completing the Technology Assisted Waiver form, click 'Submit' to validate field and form edits.

Any errors will be noted on the appropriate fields.

If successfully completed, you will receive a Submission Page containing all information entered on the form (both the Community-Based Care Level of Care Review Instrument (DMAS-99) and the Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)) along with a submission form number. See sample in section 3.3.1 – CBC Level of Care Review Instrument/ Pediatric Tech Assisted Waiver Submission Form.

From the top right corner of the submission page, you can choose to print the form via the Print link.

From the bottom of the submission page, you can choose to:

- Download Form - to save as a pdf on your local machine
- Submit Another Form – to submit another LOCERI form
- Cancel – to navigate back to the secured provider home page

3.3.1 CBC Level of Care Review Instrument/ Pediatric Tech Assisted Waiver Submission Form



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Level of Care Review ▶	EFT	EFT-ERA						

CBC Level of Care Review Instrument (DMAS-99 series) Print | Help

Community-Based Care Level of Care Review Instrument

Form successfully submitted. If you wish to print this form, please click 'Print'. To Submit another Form click Submit another Form button

FORM ID: 2014030000628109

Provider Information

Assessment Date (MM/DD/YYYY)
01/12/2014

Provider Name DR DMAS	Provider ID# 1234567897	Provider ID#			
Provider's Phone 8045551212	Provider's Street Address 123 MAIN ST	Provider's City RICHMOND	Provider's State VA	Provider's Zip 23219	Provider's Email Address DRDMAS@DMAS.COM

Program Type
Technology Assisted Waiver

Personal Information/Demographics

Last Name DOE	First Name JANE	MI			
SSN 123456789	DOB (MM/DD/YYYY) 04/25/2011	Age 3			
Phone 8045552323	Marital Status Married	Race Hispanic American	Gender Female		
Address	City	State	Zip		

Appendix A – Glossary of Terms

Term	Definition
ADC	Adult Day Care
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)
APS/CPS	Adult Protective Services/Child Protective Services
Authorized User	The staff that is responsible for performing provider support functions
BIPAP	Bi-Level Positive Airway Pressure
CBC	Community-Based Care
C-PAP	Continuous Positive Airway Pressure
DMAS	Department of Medical Assistance Services
DME	Durable Medical Equipment
DOB	Date of Birth
EDCD	Elderly or Disabled with Consumer Direction
IADLs	Instrumental Activities of Daily Living scale
ID#	Identification Number
I/O	Input/Output
IV	Intravenous
J/G Tube	Jejunostomy/Gastrostomy Tube
LOCERI	Level of Care Review Instrument
MM/DD/CCYY MM/DD/YYYY	MM = Month (i.e. 01 – 12) DD = Day (i.e. 01 – 31) CCYY or YYYY = Year including century (i.e. 2013)
Navigational Tabs	Tabs on a portal page that will take the user to other sections in the portal or bring up documents.
NG Tube	Nasogastric tube
NPI	National Provider Identifier
Organization Administrator (OrgAdmin)	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
Portlets	Sections or 'boxes' that comprise a web portal page
Primary Account Holder	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 Physiotherapy (chest)
PRN	Latin: Pro Re Nata ('as needed')
QID	Latin: Quarter in die ('4 times a day')
ROM	Range of Motion
SSN	Social Security Number
TID	Latin: Ter in die ('times per day')
UAI	Uniform Assessment Instrument
User	Any person that will access the Web Portal and leverage the functionality within it

Appendix B – LOCERI FAQ

Level of Care Review Instrument (LOCERI) Virginia Medicaid Web Portal Frequently Asked Questions Revised 08/11/2015

General Questions

How do I access the new Virginia Medicaid Web Portal?

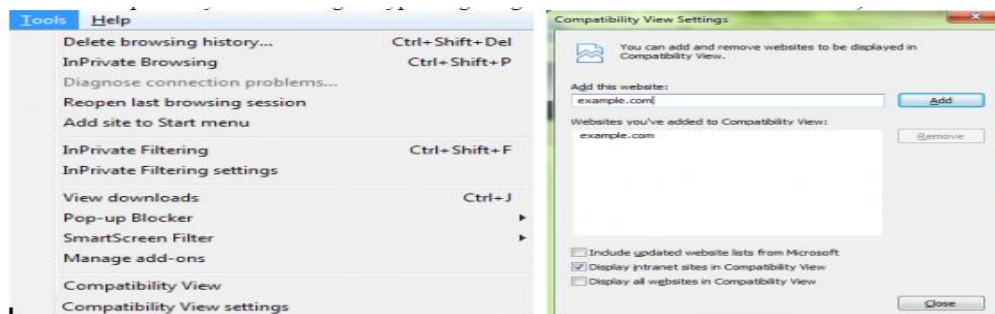
The new Virginia Medicaid Web Portal can be accessed through the following link:

www.viriniamedicaid.dmas.virginia.gov

My computer has Windows 7 operating system with IE9 and I am having trouble accessing the portal. Is there something I can do?

In order to use IE9 for the Web Portal the following settings are suggested:

- 1) Security settings set to Medium-High
 - o Open an IE9 browser session
 - o Click Tools->Internet Options.
 - o Click the Security Tab
 - o Verify/change to Medium-High
- 2) Verify Java is installed
 - o Go to www.java.com
 - o Press the option that says "Do I have Java?"
 - o Once the page refreshes, if Java is installed, the Java version will be displayed.
 - o If Java is not installed, press the free java download button.
- 3) Add Virginia.gov to Compatibility View Settings
 - o Open an IE9 browser session
 - o Click Tools->Compatibility View settings.
 - o Type 'virginia.gov' and click 'Add'.
 - o Click 'Close'



If you have any questions, please contact the Virginia Medicaid helpdesk at 866-352-0496.

Community-Based Care Level of Care Review Instrument (DMAS-99)

The only Level of Care Review Instrument I see an option for in the menu is the CBC Level of Care Review Instrument (DMAS-99). How do I get to the other -99 forms?

The new online DMAS-99 form consolidates information from the following paper forms:

- DMAS-99 – Community-Based Care Recipient Assessment Report
- DMAS-99C – Level of Care Review Instrument
- DMAS-99P – PACE Enrollment – Assessment Instrument
- DMAS-99T – Level of Care Review Instrument


How do I know what fields I'm required to enter?

All required fields have a red asterisk (*) immediately following the field label. If there is no asterisk the field is optional. An entry should be made if an optional field is applicable to the individual the assessment is being completed for.

I entered information in an optional field and another field opened up with required information indicated. Why do I need to complete this information when the original entry was optional?

In some instances, if optional information is entered, it triggers the need for additional information to detail and/or clarify the entry. If the secondary set of information is required, it will also contain the red asterisk indication.

I'm not sure what exactly is being asked for in an entry. Are there any instructions available to assist with this?

Immediately following the field label you may see an information icon that looks like this -  . By clicking on this icon, a new window will open displaying the instructions associated with this form. .

I've entered information in a field and submitted. There are now red messages on the top of the page and under some of the fields. What do these indicate?

Based on the information required and entered, error messages may be displayed. An error message will appear both at the top of the page as well as under the field in error.

You will need to make the appropriate adjustment/entry and resubmit in order to continue processing the form.

I have a specific question an individual I'm assessing and it's not answered in the instructions or the User Guide, is there someone I can contact for additional information?

Yes. If you weren't able to find the answer to your question, please refer to the Preadmission Screening manual or UAI training on the DMAS website Learning Network or e-mail DMAS at LOCreview@dmas.virginia.gov

I need to complete a Technology Assisted Waiver form (for either an adult or a child) in addition to the DMAS-99 form, but it's not a menu option?

When completing the CBC LOCERI screen, the 'Program Type' field contains the option for Technology Assisted Waiver. If this option is selected, the system knows that an additional form will be needed. Once the individual's birthdate is entered, the system will calculate their age using the birthdate minus the assessment date (not the current date). If the individual's age is 21 years or over, then the 'Go to DMAS-108' button will be enabled at the bottom of the form. If the individual's age is under 21 years, then the 'Go to DMAS-109' button will be enabled. After completing the Level of Care Review Instrument, you can click this button and the additional information will be displayed for completion.

I've completed the CBC Level of Care Review Instrument Form (DMAS-99) but the 'Submit' button is disabled. How do I submit this form?

If the 'Submit' button is disabled, it's an indication that the Technology Assisted Waiver selection was made in the 'Program Type' field. Based on the individual's age and the assessment date, there will be either a 'Go to DMAS-108' or 'Go to DMAS-109' button enabled instead. You will need to complete the appropriate Technology Assisted Waiver form in order to submit this form. Once you've clicked on the button and the additional information is displayed, you will see that the 'Submit' button is now enabled.

The individual I'm completing the assessment for moved out of state. I entered the last date of service and associated service authorization number(s). When I completed that section, why did the remainder of the form go away?

If an individual is discharged because they have moved out of state or expired, no additional information is needed as the individual is not eligible for level of care programs. Please complete the signature section and 'Submit'.

For all other possible discharge reasons, contact the Division of Integrated Care.

I'm not sure I'll be able to complete this entire form at this time. Can I partially enter the form now and complete the rest later?

Unfortunately, for this initial phase, there is no 'save' option. We are currently working on this additional functionality for a subsequent release. At this time though, the entire form (including the Technology Assisted Waiver form, if applicable) will need to be completed and submitted in one sitting.

Please note that if the system is inactive for 30 minutes, you will be logged off and all data entered will be lost and require re-entry.

I've completed my online assessment. How can I get a copy of the completed form for my records?

Once the signature acknowledgement button has been completed, click on "submit" at the bottom of the screen to validate fields and form edits. You will be presented with a submission form that recaps all the information you've entered. You have the capability of printing this form by using the 'Print' link in the upper right hand corner of the form. You also have the option of downloading a pdf version of the completed/submitted form for saving to your local drive. To

download the form, click the 'Download Form' button on the bottom of the form, in the right hand corner.

If I need to reference this form when discussing a completed form, is there a way to distinguish this particular submission?

Yes, in the upper left section of the submission pdf, there is a 'Form ID' number. This number is unique within the system and can be used for research/reference purposes.

I've successfully completed my online assessment. Do I still need to mail or fax in a copy of the form with my signature?

No, by completing the signature section of the Level of Care Review Instrument and clicking the acknowledgment check box, it's considered your official signature attesting that all the information entered is accurate and correct.

If there are forms in addition to the DMAS-99, DMAS-108 or DMAS-109 forms that are needed in order to process the assessment, you will be contacted by DMAS and these will still need to be submitted to the following address:

VA Department of Medical Assistance Services
LOCreview@dmass.virginia.gov

Technology Assisted Waiver – Adult Referral (DMAS-108)

I need to complete a Technology Assisted Waiver – Adult Referral form in addition to the DMAS-99 form, but it's not a menu option?

When completing the CBC LOCERI screen, the 'Program Type' field contains the option for Technology Assisted Waiver. If this option is selected, the system recognizes that an additional form will be needed. Once the individual's birthdate is entered, the system will calculate their age using the birthdate minus the assessment date (not the current date). If the individual's age is 21 years or over, then the 'Go to DMAS-108' button will be enabled at the bottom of the form. After completing the Level of Care Review Instrument, you can click this button and the additional information will be displayed for completion.

Is there minimum eligibility assessment criterion that the individual must meet in order to qualify for the adult Technology Assisted Waiver and allow the form to be submitted?

Yes, adults (21 and older) are eligible for the Technology Assisted Waiver if they meet the following Facility Specialized Care criteria:

- Group A – Ventilator must be 'yes' and associated data completed
- OR**
- Group B – At least one of the complex tracheostomy criteria and associated data must be completed. This will trigger a secondary review. Completion of all complex tracheostomy criteria will minimize a possible secondary review.

Note: At least one answer in either Group A or B is required. An answer of 'no' is acceptable for submission though submission is no guarantee of waiver eligibility.

I've entered information in a field and submitted. There are now red messages on the top of the page and under some of the fields. What do these indicate?

Based on the information required and entered, error messages may be displayed. An error message will appear both at the top of the page as well as under the field in error.

You will need to make the appropriate adjustment/entry and resubmit in order to continue processing the form.

I'm not sure I'll be able to complete this entire form at this time. Can I partially enter the form now and complete the rest later?

Unfortunately, for this initial phase, there is no 'save' option. We are currently working on this additional functionality for a subsequent release. At this time though, the entire form (including the Technology Assisted Waiver form, if applicable) will need to be completed and submitted in one sitting.

Please note that if the system is inactive for 30 minutes, you will be logged off and all data entered will be lost and require re-entry.

I've successfully completed my online assessment. Do I still need to mail or fax in a copy of the form with my signature?

No, by completing the signature section of the Level of Care Review Instrument and clicking the acknowledgment check box, it's considered your official signature attesting that all the information entered is accurate and correct.

If there are forms in addition to the DMAS-99 and DMAS-108 forms that are needed in order to process the assessment, you will be contacted by DMAS and these will still need to be submitted to the following address:

VA Department of Medical Assistance Services
LOCreview@dmass.virginia.gov

I've completed my online assessment. How can I get a copy of the completed form for my records?

Once the signature acknowledgement button has been completed, click on "submit" at the bottom of the screen to validate fields and form edits. You will be presented with a submission form that recaps all the information you've entered. You have the capability of printing this form by using the 'Print' link in the upper right hand corner of the form. You also have the option of downloading a pdf version of the completed/submitted form for saving to your local drive. To download the form, click the 'Download Form' button on the bottom of the form, in the right hand corner.

If I need to reference this form when discussing a completed form, is there a way to distinguish this particular submission?

Yes, in the upper left section of the submission pdf, there is a 'Form ID' number. This number is unique within the system and can be used for research/reference purposes.

Technology Assisted Waiver – Pediatric Referral (DMAS-109)

I need to complete a Technology Assisted Waiver – Pediatric Referral form in addition to the DMAS-99 form, but it's not a menu option?

When completing the CBC LOCERI screen, the 'Program Type' field contains the option for Technology Assisted Waiver. If this option is selected, the system recognizes that an additional form will be needed. Once the individual's birthdate is entered, the system will calculate their age using the birthdate minus the assessment date (not the current date. If the individual's age is under 21 years, then the 'Go to DMAS-109' button will be enabled. After completing the Level of Care Review Instrument, you can click this button and the additional information will be displayed for completion.

Is there minimum eligibility assessment criterion that the individual must meet in order to qualify for the Technology Assisted Waiver and allow the form to be submitted?

Yes, children are eligible for the Technology Assisted Waiver if they meet the following Facility Specialized Care criteria:

- Technology section must have a score greater than zero (0)
- Total of Technology and Nursing sections must be equal to or greater than fifty (50)

Note: Total score of less than 50 will allow the assessment to be submitted. Submission is no guarantee of waiver eligibility.

I've entered information in a field and submitted. There are now red messages on the top of the page and under some of the fields. What do these indicate?

Based on the information required and entered, error messages may be displayed. An error message will appear both at the top of the page as well as under the field in error.

You will need to make the appropriate adjustment/entry and resubmit in order to continue processing the form.

I'm not sure I'll be able to complete this entire form at this time. Can I partially enter the form now and complete the rest later?

Unfortunately, for this initial phase, there is no 'save' option. We are currently working on this additional functionality for a subsequent release. At this time though, the entire form (including the Technology Assisted Waiver form, if applicable) will need to be completed and submitted in one sitting.

Please note that if the system is inactive for 30 minutes, you will be logged off and all data entered will be lost and require re-entry.

I've successfully completed my online assessment. Do I still need to mail or fax in a copy of the form with my signature?

No, by completing the signature section of the Level of Care Review Instrument and clicking the acknowledgment check box, it's considered your official signature attesting that all the information entered is accurate and correct.

If there are forms in addition to the DMAS-99 and DMAS-109 forms that are needed in order to process the assessment, you will be contacted by DMAS and these will still need to be submitted to the following address:

VA Department of Medical Assistance Services
LOCreview@dmass.virginia.gov

I've completed my online assessment. How can I get a copy of the completed form for my records?

Once the signature acknowledgement button has been completed, click on "submit" at the bottom of the screen to validate fields and form edits. You will be presented with a submission form that recaps all the information you've entered. You have the capability of printing this form by using the 'Print' link in the upper right hand corner of the form. You also have the option of downloading a pdf version of the completed/submitted form for saving to your local drive. To download the form, click the 'Download Form' button on the bottom of the form, in the right hand corner.

If I need to reference this form when discussing a completed form, is there a way to distinguish this particular submission?

Yes, in the upper left section of the submission pdf, there is a 'Form ID' number. This number is unique within the system and can be used for research/reference purposes.