



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

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**August 1, 2026**

### **MEMORANDUM**

**TO:** The Honorable Rodney T. Willett  
Chair, House Health and Human Services Committee

The Honorable Barbara A. Favola  
Chair, Senate Education and Health Committee

**FROM:** Steve Ford  
Director, Virginia Department of Medical Assistance Services

**SUBJECT:** Annual Report: Timeliness of Medicaid Long-Term Services and Supports  
Screenings, CY25

This report is submitted in compliance with Section 32.1-330.K. of the Code of Virginia, which states:

*The Department shall report annually by August 1 to the Governor and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health regarding (i) the number of long-term services and supports screenings for eligibility for community and institutional long-term services and supports conducted pursuant to this section and (ii) the number of cases in which the Department or the public or private entity with which the Department has entered into a contract to conduct such long-term services and supports screening fails to complete such long-term services and supports screenings within 30 days.*

Should you have any questions or need additional information, please feel free to contact me at (804) 664-2660.

SF/wrf

Enclosure

Pc: The Honorable Marvin B. Figueroa, Secretary of Health and Human Resources

# Annual Report: Timeliness of Medicaid Long-Term Services and Supports Screenings CY25

August 2026

## Report Mandate:

Section 32.1-330.K of the Code of Virginia states:

*The Department shall report annually by August 1 to the Governor and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health regarding (i) the number of long-term services and supports screenings for eligibility for community and institutional long-term services and supports conducted pursuant to this section and (ii) the number of cases in which the Department or the public or private entity with which the Department has entered into a contract to conduct such long-term services and supports screening fails to complete such long-term services and supports screenings within 30 days.*

## Report

In 2016, the Department of Medical Assistance Services (DMAS) implemented an online portal for entry of Medicaid Long-Term Services and Supports (LTSS) screening results. Mandatory use of the automated screening system enables

DMAS to track the number of LTSS screenings conducted and to monitor the time it takes from screening request to completed screening.

Through a variety of interventions and improved communications, Virginia has greatly improved the community screening compliance to conduct screenings within 30 days of a request. DMAS continues to review LTSS screening results and make necessary adjustments through technical assistance, outreach, and system changes related to LTSS screeners in the community, hospitals, nursing facilities, and Program of All-Inclusive Care for the Elderly (PACE) sites. In Calendar Year (CY) 2025, 94% of LTSS screenings were conducted within 30 days of the request. This is an improvement of two percentage points over 2024's timeliness rate of 92%.

Ensuring the timeliness and accuracy of LTSS screenings remains a priority. DMAS continues to work with the Virginia Department of Health (VDH) and local Department of Social Services (DSS) stakeholders to resolve problems with timely completion of LTSS screenings in the community.

## Background of LTSS Screenings

Code of Virginia § 32.1-330 requires that all individuals who request or will become eligible for community or institutional

LTSS, as defined in the State Plan of Medical Assistance Services, be screened to determine if they meet the level of care required. All applicants for Medicaid LTSS must (1) meet functional criteria, meaning they require assistance with activities of daily living—bathing, dressing, feeding, toileting, transferring; (2) have an ongoing medical or nursing need; and (3) be at risk of institutionalization in a nursing facility, long-stay hospital, or specialized nursing facility within the next 30 days. The Code authorizes DMAS to require a screening of all individuals who may need LTSS and who are or will become financially eligible for Medicaid.

These screenings occur primarily in the community or in a hospital, with a smaller number of screenings occurring in nursing facilities or PACE sites. Screenings are conducted by trained screeners from the local departments of social services, local departments of health, hospitals, or PACE and nursing facilities under certain circumstances.

DMAS has initiated several systems, operational, and educational processes that continue to support and monitor the timely completion of LTSS screenings, including:

- Launched the electronic Medicaid LTSS screening (eMLS) platform. This platform provides self-service functionality, including the ability for screeners to correct their errors, and system checks to inform screeners of missing data or incorrect data entries. The eMLS platform also allows screeners to share LTSS screening results with providers immediately after submission.
- Developed a data dashboard that allows users to track up-to-date screening results and timeliness. This internal monitoring dashboard enables DMAS to provide point-in-time data to screening entities and partners on a regular and ad hoc basis.
- Provide ongoing technical assistance, training, and certification to screeners of community-based teams, hospitals, PACE, and nursing facilities since 2019.
- Host quarterly trainings for LTSS screeners to respond to questions, share news and updates, discuss identified challenges in the screening process, and to provide technical assistance.

## Outcomes

DMAS reviews and analyzes data on the number of LTSS screenings completed, LTSS choices made by individuals, and the completion times for screenings conducted by community screeners.

For CY 2025, 43,232 screenings for Medicaid LTSS were conducted. Community-based teams conducted the majority of the screenings (25,956 or 60%). Hospitals conducted 25.5% of screenings (11,037), nursing facilities conducted 12.2% of screenings (5,281) and PACE conducted 2.2% (958). Community-based screening teams conducted 93% of LTSS screenings within the 30-day time frame, an increase from CY 2024, in which 92% were conducted within the 30-day time frame.

Figure 1 displays the total number of community-based LTSS screenings completed during CY 2025. The top line represents the total number of screenings conducted by community-based teams; the middle line represents the number of LTSS screenings completed within 30 days, the required timeframe from the date of a request; and the bottom line represents the number of screenings that took more than 30 days to complete.

**Figure 1**

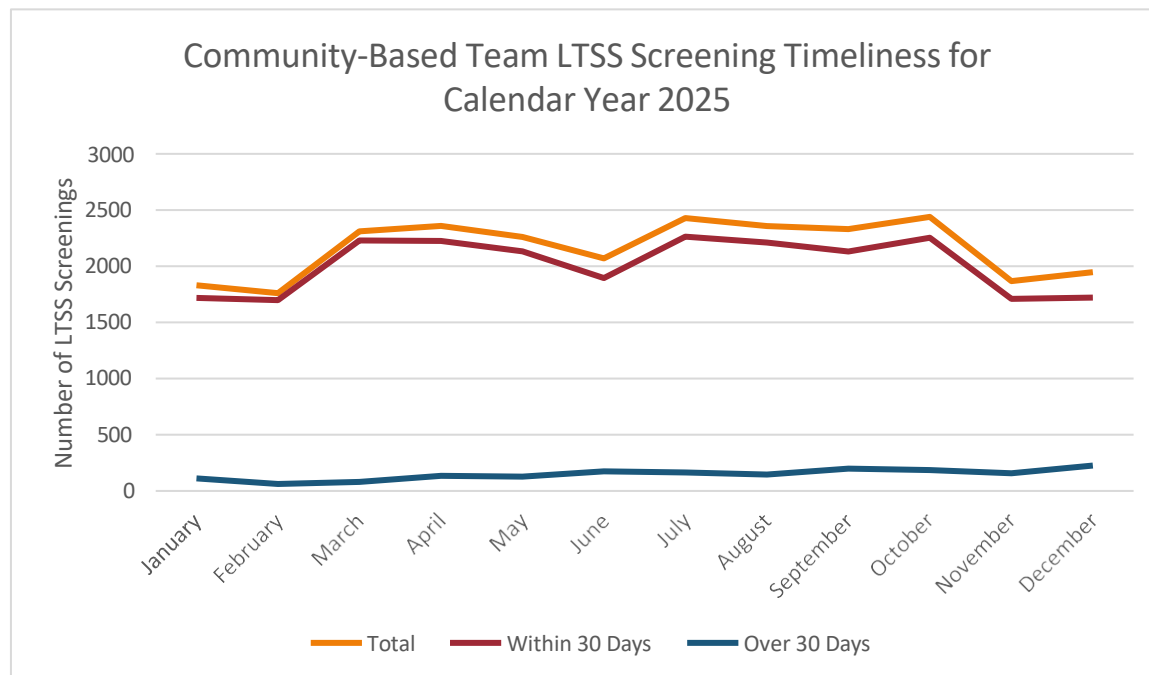


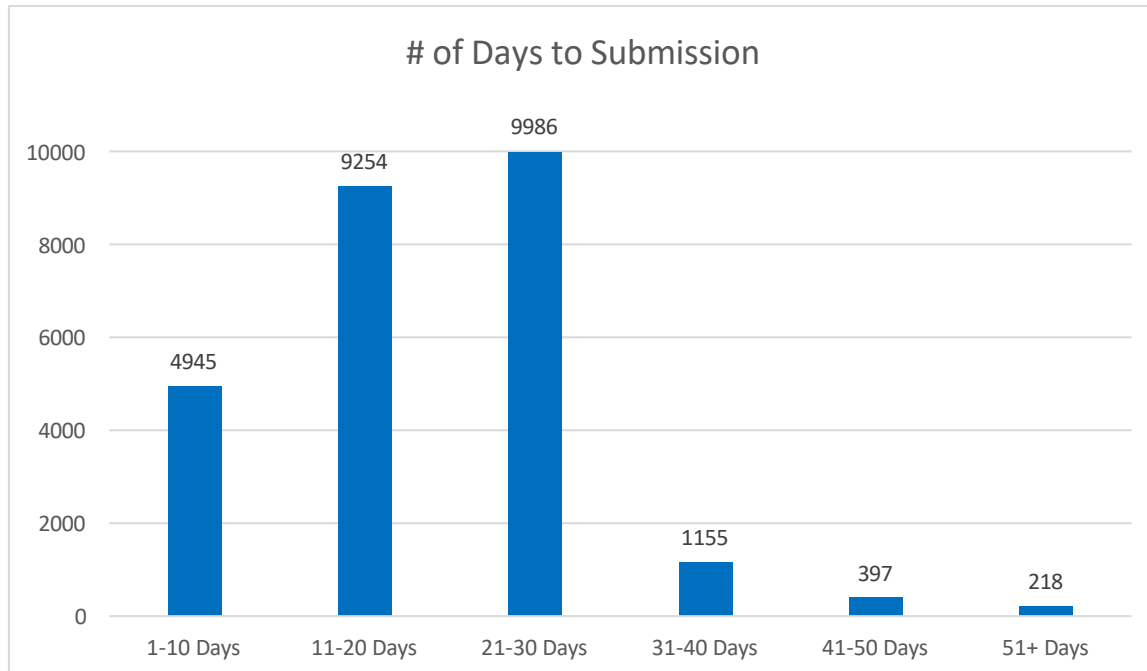
Figure 2 below reflects the total number of days in which all localities completed LTSS screenings during CY 2025. For LTSS screenings completed within the required 30-day timeframe during CY 2025:

- 19.1% (4,945) were completed within ten days or less;
- 35.7% (9,254) were completed within 11 to 20 days; and
- 38.5% (9,986) were completed within 21 to 30 days.

For LTSS screenings that were not completed within the required 30-day time frame:

- 4.4% (1,155) were completed within 31 to 40 days;
- 1.5% (397) were completed within 41 to 50 days; and
- 0.8% (218) were completed over 51 days.

**Figure 2**



While conducting approximately 400 additional screenings year-over-year, community-based LTSS screening teams improved their timeliness, decreasing the average time to complete a screening from 21.19 days in CY 2024 to 20.85 days in CY 2025.

Local departments of health and local social services departments conduct LTSS screenings in the community. Insufficient staff capacity at the local level remains the primary reason some screenings are not completed within the 30-day timeframe.

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## About DMAS and Medicaid

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage. The Department of Medical Assistance Services (DMAS) administers Virginia’s Medicaid and CHIP programs for over 2

million Virginians. Members have access to primary and specialty health services, inpatient care, dental, and behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 600,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives an approximate dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90% for newly eligible adults, generating cost savings that benefit the overall state budget.