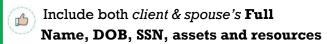


Nursing Home LTSS Application





Complete Application



Make sure there is a signature

Complete information of **Power of**Attorney or Authorized Representative provided.

Answer all LTSS related questions. All questions answered 'Yes' are required to provide verification.

Incomplete Application

Submit blank and/or unsigned applications. These will be sent back to the address provided with request to fill out and sign.

Submit just the first two pages of the application to reserve an application date.

Fax or Email applications. All applications are scanned into our system, faxing distorts the quality of the application.

Forms and Information

Medicals, DHS 25, DHS 25M, and CP-

12 are signed and sent in with the application (a new DHS 25 & DHS 25M submitted with all new LTSS admissions.)

Intended **pick-up date** (including co-payments) is clearly written on the application.

If **retro-months** are needed, question 39 of the DHS-2 application is answered 'Yes'.

Forms and Information

Submit another variation of the DHS-2 application unless explicitly recommended by DHS_LTSS

Use the Change Form as an application.

It can be submitted with the application but should not be used in replace of the application

Submit 6 months of bank statements.

Bank information is obtained through an electronic verification system.

Slips

Enter the slip in conjunction with submitting the complete application.

Enter all slips for Medicaid admissions and discharges at the time of the event.

Slips

Enter slip if client is private pay or is on managed care (MCO) and stay is less than 30 days.

Enter more than one slip for any single segment or to communicate billing issues.

LTSS Contact Information

Submit all forms to: Long Term Support and Services

P.O Box 8709

Cranston, RI 02920

For Questions or Status Inquiries: 401-415-8455 | dhs.ltss@dhs.ri.gov

LTSS Fax Numbers: 401-415-8421 | 401-415-8422