

RI Department of Human Services

LTSS Change Communication Form



Process Name: Directions for LTSS Change Form
Effective Date: September 24, 2021
Audience: DHS, Interagency Partners Agency, NH, Stakeholders

Purpose: The purpose of the LTSS Change Form is to facilitate the communication of changes to a customer's LTSS financial, program, setting and other demographic information. This will allow DHS to update the customer's LTSS record and eligibility to reflect their current status.

Process: Stakeholders, customers, interagency partners, attorneys, and Nursing Homes will complete the LTSS change form to indicate a change of program, setting, finances or demographics.

1. LTSS change form should include the customer's demographic information including name, DOB and or Social security number or Medicaid Identification number
2. LTSS change form should include Name and contact for the person submitting the document under "Power of Attorney/Referring Agency" to enable DHS staff to follow up with questions and get clarification on the change request.
3. LTSS change form should include supporting documentation
 - a. Financial change-updated financial, income and resource information
 - b. Program change/Setting change: updated medicals, PM1, DHS25, DHS25M, CP12, etc.
 - i. For program changes, enter client's current program and new program
 - c. Demographic change: supporting documentation to support the change-name, address, etc.
4. Please utilize comment section to provide additional clarifying information to facilitate DHS's staff ability to quickly process change request.
5. DHS should process change requests within 30 days of receipt. Once processed, DHS will send via fax or email the HCBS-2 turn-around form confirming the change and associated shares/COC, etc. A Benefit Decision Notice is also sent to the address on file reporting changes to the case.

LTSS Change Form

Instructions: Please complete this form to report all LTSS Changes. For all Program Changes **please submit a signed CP-12, DHS-25 and DHS-25M (medicals and assessment if applicable); for Nursing Homes please also submit PM-1, AP 70.1 and MA-PASSR.** Send all documents to: Long Term Support and Services P.O Box 8709 Cranston, RI 02920 or Fax:401-415-8421/8422 or Coverage email: DHS.LTSS@dhs.ri.gov.

Client's Information [Fill out completely]

Date: _____

Name:		D.O.B	SSN / MID (circle)
		Case #:	
Address:			
Phone #	Alternate Phone #	Comment:	
Power of Attorney or Referring Agency (circle)			
Power of Attorney / Referring Agency Name:			
Power of Attorney / Referring Agency Address:			
Power of Attorney / Referring Agency Telephone/ Email:			

Change / Status [Check all that apply]

<input type="radio"/> Medicaid to LTSS <i>Be sure to attach completed Application</i>	<input type="radio"/> Financial / Resource Change <i>Add details in comment box. Be sure to submit verification documentation</i>	<input type="radio"/> Program Change <i>Add details in comment box.</i> Date:
<input type="radio"/> Admitted to Nursing Home <i>Add details in the comment box</i>	<input type="radio"/> Money Follows the Person Date:	<input type="radio"/> NH Transition <i>Add details in the comment box</i> Date:
<input type="radio"/> Change of Address [(Provide new address) including an Out of State Address]		
<input type="radio"/> Closing Date:	<input type="radio"/> Close: Deceased Date:	<input type="radio"/> Close: Out of State <i>Provide new address above</i> Date:
<input type="radio"/> Withdrawal Date:		

LTSS Currently Enrolled in: Client currently **does not** have LTSS Client has/had Neighborhood

HCBS <input type="radio"/> Preventive <input type="radio"/> DHS Core Community Date:	Self-Directed Care <input type="radio"/> Independent Provider <input type="radio"/> Personal Choice <input type="radio"/> Shared Living	OHA <input type="radio"/> OHA Core Community
Nursing Home Facility Name: Admission /Start Date: Discharge Date:	Assisted Living Facility Name: <input type="radio"/> OHA <input type="radio"/> RIH Intended Start date: Room & Board \$ _____ Personal Needs Allowance\$ _____	
<input type="radio"/> Eleanor Slater <input type="radio"/> FATIMA (LTBHU)	Habilitation <input type="radio"/> Group Home <input type="radio"/> Community	BHDDH <input type="radio"/> Group Home <input type="radio"/> Community

