



# Nursing Home LTSS Application



## Complete Application

- Include both *client & spouse's Full Name, DOB, SSN, assets and resources*
- 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](mailto:dhs.ltss@dhs.ri.gov)

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