

LTSS Change Form

Instructions: Please complete this form to report all LTSS Changes. **Please submit a signed CP-12, DHS-25 and DHS-25M**
 Please submit all documents to: Long Term Support and Services P.O Box 8709 Cranston, RI 02920. Fax:401-415-8421/8422.
 Coverage email: DHS.LTSS@dhs.ri.gov. Coverage Line: 401-415-8455

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 <i>Out of State Address</i>]		
<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