Medicaid LTC Communication Form	**Individual Name:** **Medicaid ID#:** **SSN:**

Provider Name: **Address:**

Provider NPI#: **Provider Rep.:** **Title:**

Telephone: **Fax:** **Date: / /**

Patient Information: DMAS-96 ☐ attached ☐ unavailable

☐ Individual admitted to this facility/service on / / (date), from ☐Home ☐Hospital ☐ Other Facility

☐ Patient Pay determination requested ☐ Patient Funds Account balance $ as of / / (date).

☐ Individual discharged / / (date), to: ☐ Home ☐ Hospital ☐ Other Facility ☐ Deceased

☐ Change in income, deductions, health insurance or other: RUGS Score _____ (*NF individuals only*)

*Individual Residential Address:

Medicaid Per Diem Rate: $ *****Enrollee FIPS: (*Waiver Individuals Only*)

CBC Provider Hourly Rate: $ Hours received in the month of Discharge:

If discharging from services, please include all Service Authorization #(s):

LDSS: **FIPS Code:** **Eligibility Worker:**

Telephone: **Fax :** **Date: / /**

Eligibility Information:

☐ Eligible, full Medicaid services beginning / / (date) ☐ Eligible, QMB Medicaid only

☐ Eligible Medicare premium payment only

☐ Ineligible for Medicaid ☐ Ineligible for Medicaid payment of LTC services from / / to / /

☐ Medicare Part A insurance Other health insurance: LTC insurance:

☐ Change in deductions, health insurance or other:

Medicaid LTC Communication Form **DMAS-225**

PURPOSE OF FORM--To allow the local Department of Social Services (LDSS) and nursing facility (NF) or Community Based Care (CBC) Waiver Providers to exchange information regarding:

- The Medicaid eligibility status of an individual;
- A change in the individual's level of care;
- Admission or discharge of an individual to an institution or Medicaid CBC services, or death of an individual;
- Other information known to the provider that might cause a change in the eligibility status or patient pay amounts.

USE OF FORM--Initiated by either the LDSS or the provider of care. A new form must be prepared by the LDSS whenever there is any change in the individual's circumstances that results in a change in eligibility status or information needs to be given to the provider. The provider must use the form to document admission date, request Medicaid eligibility status, and notify the LDSS of changes in the individual's circumstances, discharge or death.

NUMBER OF COPIES--Original and one copy for NF individuals; original and two copies for waiver individuals.

DISTRIBUTION OF COPIES--For NF individuals, send the original to the nursing facility. For PACE individuals send the original to the PACE provider. For Medicaid CBC, send the original to the following individuals:

- Case Manager at DMAS for Tech Waiver, DMAS, Division of LTC, Waiver Unit, 600 E. Broad St., Richmond, VA 23219
- Case Manager at the Community Service Board for the ID and DS waivers
- Case Manager (Support Coordinator) at DBHDS for DD Waiver
- Service Facilitator for EDCD with consumer-directed service,
- Case Manager for any individual w/case management services which includes those receiving services through CCC or other managed Medicaid plans, and
- Personal Care Provider for EDCD-personal care services and other services.

Place a copy of this form in the eligibility case file.

INSTRUCTIONS FOR PREPARATION OF THE FORM--Complete either the Provider or LDSS section as appropriate. At the top of the form, enter the Individual's name, Social Security number and Medicaid identification number, if known.

Provider Section-Complete all data elements in the gray section. Check the appropriate boxes and complete all data elements as appropriate in the white section to the individual's circumstances. Providers should attach a copy of the DMAS-96 to this form when the individual is first admitted to care.
Waiver providers must advise the LDSS of the individual residential address when different from the address from which this form originates and provide the individual FIPS code.

Providers should ensure that the individual understands that they may have a patient pay, which is the amount of their income that must be paid to the provider every month for the cost of long-term care services they receive. The long-term care provider who is responsible for collection of any portion of the patient pay will directly bill the individual or your representative. A portion of patient pay may be paid to more than one provider when services are received from multiple providers.

LDSS Section-Complete all data elements of the gray section. Check the appropriate boxes and complete all data elements in the white section as appropriate to the individual's circumstances. Do not provide the source of an individual's income. If the individual is ineligible for Medicaid payment of long-term care due to imposition of a penalty period, send a copy of this memo to the DMAS, Long-Term Care Division, 600 E. Broad St., Suite 1300, Richmond, Va. 23219