

Provider Forms Search General Information

The Forms Search will be the mechanism that the provider community will use to search for and retrieve various forms.

There are over 400 provider specific forms identified in addition to the provider enrollment applications that will be loaded in to the Enterprise Content Management system for storage and retrieval.

Providers will have the capability of searching for forms by any of the following:

- Title
- Name/Number
- Type
- Category

Any/all results that meet the search criteria entered will be displayed. The provider will then select the desired form using the Name/Number link associated with that form.

The form will be retrieved from the ECM and displayed in a separate/new window.

The portal will be modified to contain a link to the forms search functionality.

A portal page will be created mimicking the current DMAS Forms Search, with the exception of anything member related.

Data Elements

- Forms Search Type (PDE-0300)
- Forms Search Category (PDE-0301)
- Forms Search Number-Name (PDE-0302)
- Forms Search Title (PDE-0303)
- Forms Search Location (PDE-0304)

Forms Search Type (PDE-0300)

General Information

This is a drop down list of all valid form types. This information will be populated from a valid value table built from the valid form types. The user will be able to select an entry from this drop down. Only one entry is allowed. If the user changes a form type selection, any previous selection is lost and the new selection is displayed. If no selection is made, the default is to all types. The default selection will display as 'All Types'.

If a selection is made from the form type, then the form category drop down list is rebuilt using only the valid categories associated with the chosen form type.

This field is protected (no manual entry is allowed) but the user can make a selection from the list.

Page	Provider Forms – Search (FS-S-0001) Provider Forms – Results (FS-S-0002)
Portlet Name	Provider Forms – Search Provider Forms - Results
Element Type	Drop Down
Data Type	Numeric
Field Type	Selectable
Size	3

Business Rules

Rule ID	Business Rule
FS-BR-0001	This field is selectable but not required.
FS-BR-0002	If no selection is made, the default is to 'All Types'
FS-BR-0003	If a form type selection is made, the category drop down will only reflect categories associated to this form type.

Valid Values

Valid Value	Description
001	Baby Care
002	Claim

003	Cost Reporting
004	Drug Issues
005	EPSDT
006	KEPRO
007	Local Education Agency
008	Long Term Care-Facility and Home-Based Services
009	Long Term Care-Waivered Services
010	Managed Care
011	Member Eligibility Programs
012	Other Forms
013	Provider Enrollment
014	Taxpayer Identification
015	Third Party Liability
016	Pharmacy Services Authorization

Outputs

N/A

Screens

Screen ID	Screen Name
FS-S-0001	Provider Forms - Search
FS-S-0002	Provider Forms - Results

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Name
FS-T-0001	Provider Forms Table

Forms Search Category (PDE-0301)

General Information

This is a drop down list of all valid form categories. This information will be populated from a valid value table built from the pool of valid form categories.

The user will be able to select an entry from this drop down. Only one entry is allowed. If the user changes a form category selection, any previous selection is lost and the new selection is displayed. If no selection is made, the default is to all categories. The default selection will display as 'All Categories'.

If a selection is made from the form type, then the form category drop down list is rebuilt using only the valid categories associated with the chosen form type.

This field is protected (no manual entry is allowed) but the user can make a selection from the list.

Page	Provider Forms – Search (FS-S-0001) Provider Forms – Results (FS-S-0002)
Portlet Name	Provider Forms – Search Provider Forms - Results
Element Type	Drop Down
Data Type	Numeric
Field Type	Selectable
Size	3

Business Rules

Rule ID	Business Rule
FS-BR-0001	This field is selectable but not required.
FS-BR-0003	If a form type selection is made, the category drop down will only reflect categories associated to this form type.
FS-BR-0004	If no selection is made, the default is to 'All Categories'

Valid Values

Valid Value	Description	Associated Form Type
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001	Agency Wide	008 – Long Term Care-Facility and Home-Based Services 009 – Long Term Care – Waivered Services 012 – Other Forms
002	AIDS	008 – Long Term Care-Facility and Home-Based Services 009 – Long Term Care–Waivered Services
003	AIDS Case Management	009 – Long Term Care–Waivered Services
004	Alzheimer	009 – Long Term Care–Waivered Services
005	Applications	013 – Provider Enrollment
006	Assisted Living	008 – Long Term Care-Facility and Home-Based Services 009 – Long Term Care–Waivered Services
007	Child Health	011 - Member Eligibility Programs
008	Client Medical Management	012 – Other Forms
009	Consumer Directed Services Coordination	009 – Long Term Care–Waivered Services
010	Dental	002 - Claim
011	Durable Medical Equip- ment/Supplies	008 – Long Term Care-Facility and Home-Based Services
012	Early Intervention	012 – Other Forms
013	EDCD	008 – Long Term Care-Facility and Home-Based Services 009 – Long Term Care–Waivered Services
014	Education Services	007 – Local Education Agency
015	Electronic Billing	002 – Claim
016	EPSDT	005 - EPSDT
017	EPSDT Nursing	005 - EPSDT
018	EPSDT Personal Care	005 – EPSDT
019	EPSDT Specialized Services	005 - EPSDT
020	Hospice	008 – Long Term Care-Facility and Home-Based Services
021	Hospital	002 – Claim 003 – Cost Reporting 006 – KEPRO
022	ICF/MR	003 – Cost Reporting
023	IFDDS	008 – Long Term Care-Facility and Home-Based Services 009 – Long Term Care–Waivered Services
024	Inpatient Psychiatric Facility	006 - KEPRO
025	Laboratory	002 - Claim
026	Medicaid	011 – Member Eligibility Programs
027	Member Enrollment	010 – Managed Care
028	Mental Health Services	005 – EPSDT

		006 – KEPRO
029	Mental Retardation	008 – Long Term Care-Facility and Home-Based Services 009 – Long Term Care–Waivered Services
030	Mental Retardation Waiver	008 – Long Term Care-Facility and Home-Based Services 009 – Long Term Care–Waivered Services
031	MICC	001 – Baby Care
032	Misc	012 – Other Forms
033	None	001 – Baby Care 004 – Drug Issues 010 – Managed Care 012 – Other Forms 014 – Taxpayer Identification 015 – Third Party Liability
034	Nursing Facility	003 – Cost Reporting 008 – Long Term Care-Facility and Home-Based Services 009 – Long Term Care–Waivered Services
035	Nursing Home	002 – Claim 009 – Long Term Care–Waivered Services
036	Outpatient Hospital	002 - Claim
037	Outpatient Psychiatric Services	006 - KEPRO
038	PACE	008 – Long Term Care-Facility and Home-Based Services
039	Personal Care	002 – Claim 009 – Long Term Care–Waivered Services
040	Pharmacy	002 – Claim 004 – Drug Issues 012 – Other Forms 016 – Pharmacy Service Authorization
041	Physician	002 - Claim
042	Prior Authorization	006 – KEPRO 012 – Other Forms
043	Rehab Hospital	006 – KEPRO 008 – Long Term Care-Facility and Home-Based Services
044	Rehab Outpatient	006 - KEPRO
045	Rehabilitation Clinic/CORF	003 – Cost Reporting
046	Residential Treatment Facility	003 – Cost Reporting
047	Residential Treatment Services	002 - Claim
048	RHC/FQHC	003 – Cost Reporting
049	SLH	002 - Claim

050	Specialized Care	003 – Cost Reporting
051	Tech	008 – Long Term Care-Facility and Home-Based Services 009 – Long Term Care–Waivered Services
052	Title 18	002 - Claim
053	Transportation	002 - Claim
054	Waiver Services	006 – KEPRO 009 – Long Term Care–Waivered Services

Outputs

N/A

Screens

Screen ID	Screen Name
FS-S-0001	Provider Forms - Search
FS-S-0002	Provider Forms - Results

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Name
FS-T-0001	Provider Forms Table

Forms Search Number – Name (PDE-0302)

General Information

A form's number/name. The user would enter the form number/name up to a maximum of 20 characters. Any entry would be treated as a 'contains' search scenario.

This field is enterable.

Page	Provider Forms – Search (FS-S-0001) Provider Forms – Results (FS-S-0002)
Portlet Name	Provider Forms – Search Provider Forms - Results
Element Type	Text
Data Type	Alphanumeric
Field Type	Enterable
Size	Max size 20 (including spaces and special characters)

Business Rules

Rule ID	Business Rule
FS-BR-0005	This field can be entered, but is not required.
FS-BR-0006	Any entry in this field on the Provider Forms – Search screen will be used to search in a 'Contains' scenario
FS-BR-0007	Any selection of this field on the Provider Forms – Results screen will be used to retrieve that document from the ECM

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
FS-S-0001	Provider Forms - Search
FS-S-0002	Provider Forms - Results

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Name
FS-T-0001	Provider Forms Table

Forms Search Title (PDE-0303)

General Information

A form's title. The user would enter the form title up to a maximum of 125 characters. Any entry would be treated as a 'contains' search scenario.

This field is enterable.

Page	Provider Forms – Search (FS-S-0001) Provider Forms – Results (FS-S-0002)
Portlet Name	Provider Forms – Search Provider Forms - Results
Element Type	Text
Data Type	Alphanumeric
Field Type	Enterable
Size	Max size 125 (including spaces and special characters)

Business Rules

Rule ID	Business Rule
FS-BR-0005	This field can be entered, but is not required.
FS-BR-0006	Any entry in this field on the Provider Forms – Search screen will be used to search in a 'Contains' scenario

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
FS-S-0001	Provider Forms - Search
FS-S-0002	Provider Forms - Results

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Name
FS-T-0001	Provider Forms Table

Forms Search Location (PDE-0304)

General Information

The information associated to the location of the document in the ECM. This link will be used to retrieve the form once the document is selected from the results.

Page	N/A
Portlet Name	N/A
Element Type	Retrieval
Data Type	Link
Field Type	ECM Link
Size	100

Business Rules

Rule ID	Business Rule
FS-BR-0010	The associated document for this link needs to be loaded to the ECM in the 'Documents' folder.

Valid Values

N/A

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Name
FS-T-0001	Provider Forms Table

Outputs

N/A – There are no outputs resulting from the Provider Forms Search

Programs

- Provider Forms – Call to ECM (FS-P-0001).

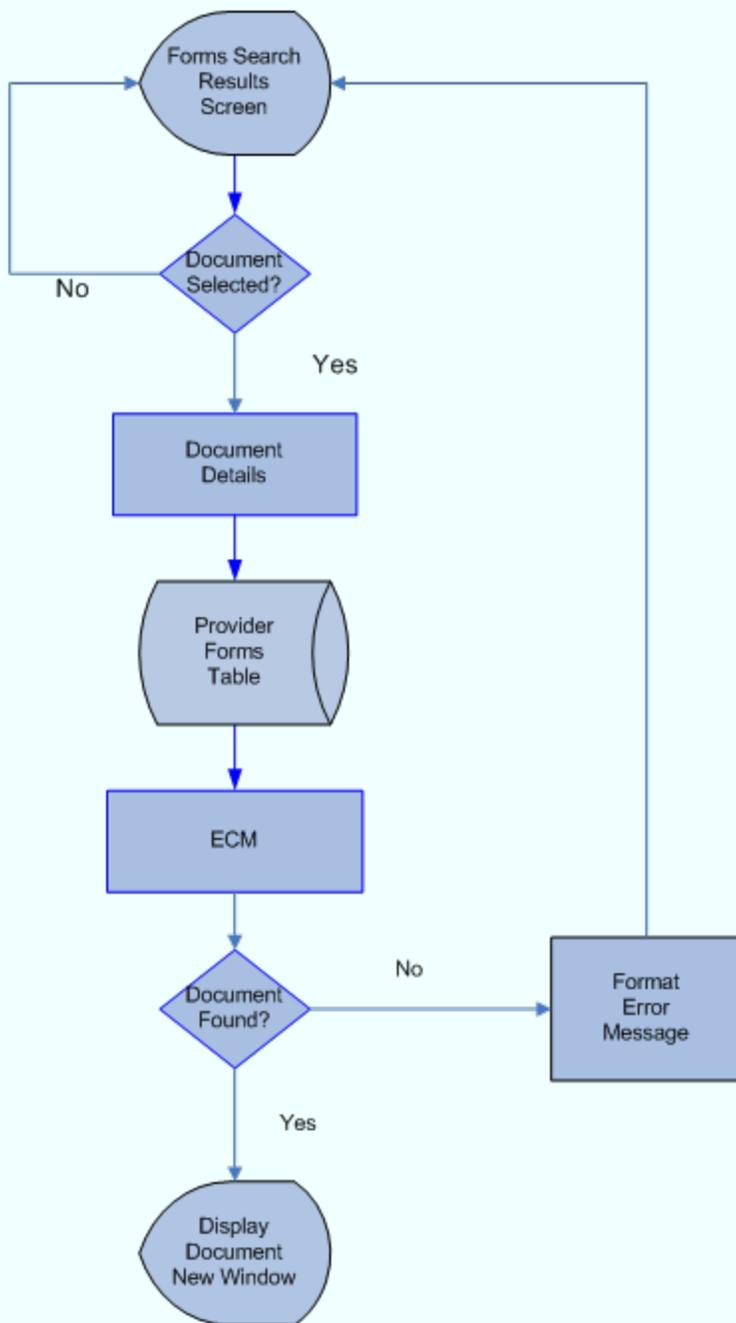
Forms Search – Call to ECM (FS-P-0001)

General Information

This program will take the selected document and retrieve its location from the Provider Forms Table (FS-T-0001). Using that location, the program will call the Enterprise Content Management (ECM) system to retrieve a selected document.

If the document is not found in the ECM, the ECM will return the standard 'No Document Found' error in a new window.

Processing



Screens

- Provider Forms – Search (FS-S-0001)
- Provider Forms – Results (FS-S-0002)

Provider Forms – Search (FS-S-0001)

General Information

This screen is used for entering search criteria with which to find a provider form. The user will have the option to search by form type, category, name/number or title.

The information supplied by the user (or the defaults) will be used to search the Provider Forms database and return any results to the Provider Forms – Results screen (FS-S-0002).

There are no required fields on this screen. If no criterion is entered, the defaults of 'All Types' and 'All Categories' will be used and when the provider clicks on 'Search', all forms will be displayed in the results screen.

Screen Name	Provider Forms - Search
Source/Originator	Portal
Usage	Inquiry

SAMPLE – FS-S-0001



Provider Forms Search

Important Forms Information

Instructions: If you know the form number, enter the number in the <Name/Number> box, E.G. if you are looking for form DMAS-100, enter 100 in the box and press the 'Search' button. For Title XVIII forms, you can simply type XVIII in the <Title> box or type 30 in the <Name/Number> box or select Category TITLE XVIII. Remember that the search will only look for provider specific forms.

To order printed copies of forms, please contact [Commonwealth Martin](#).

Type: +

Category: +

Number/Name:

Title:

To display and print PDFs, you will need to ensure the free Adobe Acrobat Reader is installed on your computer. [Click here to download the free reader from Adobe](#) then follow the installation instructions.

Data Elements

Data Element Name (ID)	Instructions
Forms SearchType (PDE-0300)	<p>This is a drop down list of all valid form types (see Data Element section for list). This information will be populated from a valid value table built from the valid form types. The user will be able to select an entry from this drop down. Only one entry is allowed. If the user changes a form type selection, any previous selection is lost and the new selection is displayed. If no selection is made, the default is to all types. The default selection will display as 'All Types'.</p> <p>If a selection is made from the form type, then the form category drop down list is rebuilt using only the valid categories associated with the chosen form type.</p>
Forms Search Category (PDE-0301)	<p>This is a drop down list of all valid form categories (see Data Element section for list). This information will be populated from a valid value table built from the valid form categories. The user will be able to select an entry from this drop down. Only one entry is allowed. If the user changes a form category selection, any previous selection is lost and the new selection is displayed. If no selection is made, the default is to all categories. The default selection will display as 'All Categories'.</p>

	<p>If a selection is made from the form type, then the form category drop down list is rebuilt using only the valid categories associated with the chosen form type.</p> <p>This field is protected (no manual entry is allowed) but the user can make a selection from the list.</p>
Forms Search Number-Name (PDE-0302)	<p>A form's number/name. The user would enter the form number/name up to a maximum of 20 characters. Any entry would be treated as a 'contains' search scenario.</p> <p>This field is enterable.</p>
Forms Search Title (PDE-0303)	<p>A form's title. The user would enter the form title up to a maximum of 125 characters. Any entry would be treated as a 'contains' search scenario.</p> <p>This field is enterable.</p>

Screen Navigation

Button/Link	Action	Link
Commonwealth Martin	Clicking on the 'Commonwealth Martin' link will take the user to the Commonwealth Martin website.	http://www.cms-mpc.com/dmas.html
Adobe Reader	Clicking on the 'Click here to download the free reader from Adobe' link will take the user to the Adobe website.	http://get.adobe.com/reader/
Search	Takes all the information entered in the screen and processes it. If the necessary information is entered successfully, the user will be navigated to the results screen.	FS-S-0002
Clear	Resets all the entered fields and stays on the same page	FS-S-0001
Enter	Short cut for 'Search' button.	FS-S-0002

Error Messages

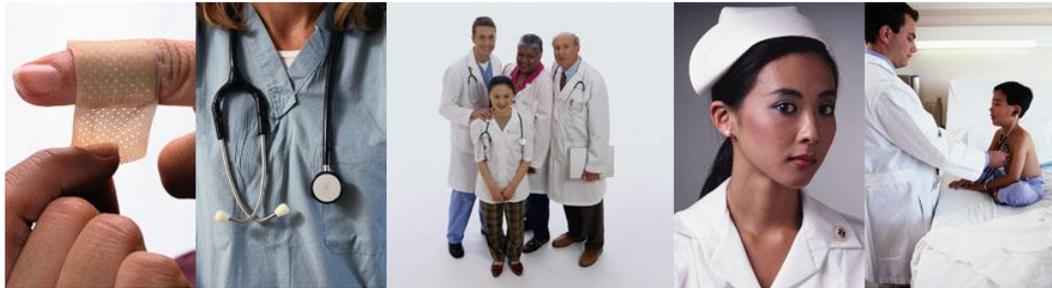
N/A

Screen Access

Access to the Forms Search can be gained from the Provider Services tab on the home page or the Provider Services link.

Within the Provider Services options, the 'Provider Forms Search' link will take the user to the Provider Forms Search screen (FS-S-0001).

In addition to the Provider Service tab, the 'Provider Forms Search' link has been added to the Quick Links



Welcome - □

Welcome to the Virginia Web Portal.
For log in or first time user registration, please go to the 'Login' section to the far right.

Virginia Medicaid Provider - □

Your Opinion Counts!
We are seeking your participation

Web Announcements - □

Instructions for existing First Health Services ARS users and administrators:

Select "Providers" in the login box on the right of this screen.
Go to "Existing User Login" box to the far right.
Enter the New User ID and Temporary Password that was furnished to you.
Hit submit and follow the directions for completing your access to the new Virginia Medicaid Web Portal.

If you need help you can reach us at 866-352-0496 Mon-Fri from 8am-5pm.

Quick Links - □

- ▶ Provider Services
- ▶ Provider Resources
- ▶ EDI Support
- ▶ Documentation
- ▶ FAQ
- ▶ Search for Providers
- ▶ **Provider Forms Search**
- ▶ Web Registration Reference Material
- ▶ DMAS Web Site

Login - □

Log in to the system or register by selecting your role below:

- ▶ Providers
- ▶ Internal Users

Provider Forms – Results (FS-S-0002)

General Information

This screen will display any forms that resulted from a search of the Provider Forms Table using the search criteria previously entered on the Provider Forms – Search screen (FS-S-0001).

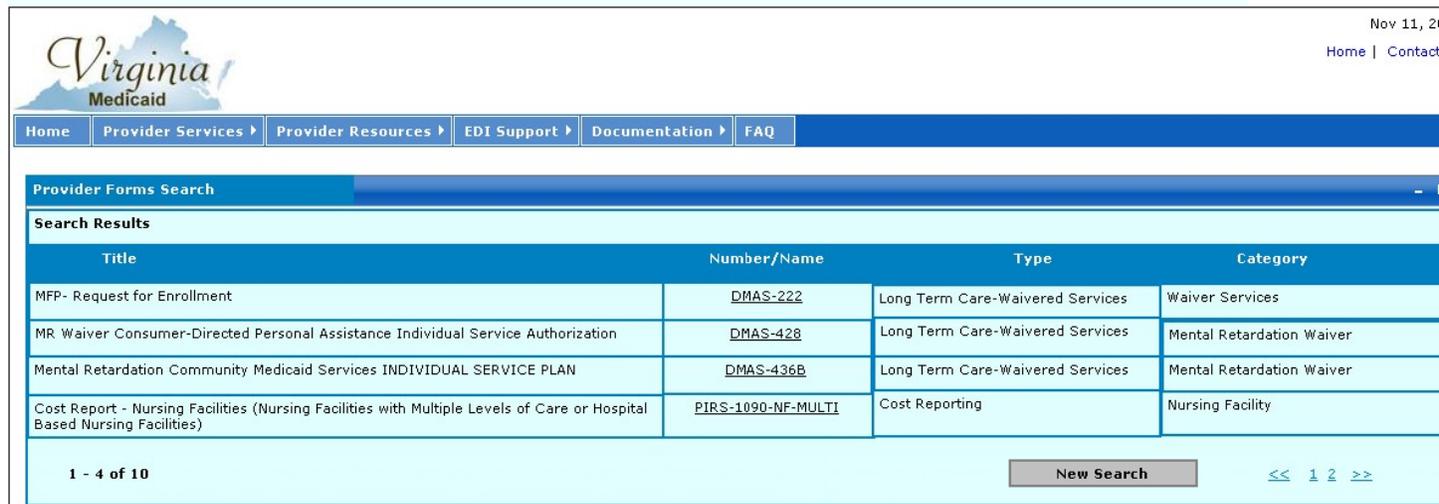
The portal program will use the criteria entered to retrieve any records within the Provider Forms Table that meet the user's request.

If more than one result exists, the results will be displayed in Form Title, ascending alphabetic order.

The user can then use the Number/Name link to retrieve a specific form. The program will call the ECM using the form information and return the selected form in a new window.

Screen Name	Provider Forms - Results
Source/Originator	Provider Forms Table
Usage	Display only

SAMPLE – PS-S-0002



Nov 11, 2011
Home | Contact Us

Home | Provider Services | Provider Resources | EDI Support | Documentation | FAQ

Provider Forms Search

Search Results

Title	Number/Name	Type	Category
MFP- Request for Enrollment	DMAS-222	Long Term Care-Waivered Services	Waiver Services
MR Waiver Consumer-Directed Personal Assistance Individual Service Authorization	DMAS-428	Long Term Care-Waivered Services	Mental Retardation Waiver
Mental Retardation Community Medicaid Services INDIVIDUAL SERVICE PLAN	DMAS-436B	Long Term Care-Waivered Services	Mental Retardation Waiver
Cost Report - Nursing Facilities (Nursing Facilities with Multiple Levels of Care or Hospital Based Nursing Facilities)	PIRS-1090-NF-MULTI	Cost Reporting	Nursing Facility

1 - 4 of 10

New Search

<< 1 2 >>

Note: This screen will be built with as many results as can be displayed on a page (not just the four shown in the sample). The 'average' results screen is built with 10 lines, but that assumes no text wrapping in any of the columns. Also results will be in Title, ascending alphabetic order (example is just for formatting display).

If there were no forms in the Provider Forms Table that met the search criteria previously entered, this screen will display with the message 'No Forms Found Matching the Search Criteria Entered.' in red behind the 'Search Results' title and all columns will be blank.

Data Elements

Data Element Name (ID)	Instructions
Forms Search Title (PDE-0303)	A form's title. This title can be up to a maximum of 125 characters. This field is display only.
Forms Search Number-Name (PDE-0302)	A form's number/name. This number/name up to a maximum of 20 characters. This field is a link and can be used to indicate the form to be retrieved from the ECM.
Forms Search Type (PDE-0300)	This is the form type associated to the particular form. This field is display only.
Forms Search Category (PDE-0301)	This is the category associated to this particular form. This field is display only.

Screen Navigation

Button/Link	Action	Link
Form Number-Name	Uses this field to retrieve document from the ECM	FS-P-0001
New Search	Returns the user to the Provider Forms – Search page for a new search entry.	FS-P-0001
Page Scrolling	If more than one page of results exists, this will allow the user to scroll to subsequent or previous pages.	N/A

Error Messages

Data Element Name (ID)	Error	Associated Error Message
Any	If there were no forms in the Provider Forms Table that met the search criteria previously entered on the Provider Forms – Search screen, this	No Forms Found Matching

	screen will display the error message in red behind the 'Search Results' title and all columns will be blank.	the Search Criteria Entered.
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Screen Access

No direct access to this screen. The user will only see this screen after successfully having entered search criteria from the Provider Forms – Search screen (FS-S-0001).

Tables – MMIS/DB2

N/A – There are no MMIS/DB2 Tables used in the Provider Forms Search

Tables – Portal

- Provider Forms Table (FS-T-0001)
- Valid Value Tables
- Form Type Description
- Form Category Description
- Form Type – Category Association

Provider Forms Table (FS-T-0001)

General Information

This table will contain all the information associated with a form. This information will be used for searching against as well as for determining the location of a form in the ECM for retrieval once a document is selected.

Table Name	Provider Forms Table (FS-T-0001)
Source/Originator	DMAS Provider Forms spreadsheet
Usage	Search/EMC Retrieval

Data Elements

Data Element Name (ID)	Instructions
Forms Search Title (PDE-0303)	A form's title up to a maximum of 125 characters. This field will be searched against with a 'contains' search scenario.
Forms Search Number-Name (PDE-0302)	A form's number/name up to a maximum of 20 characters. This field will be searched against with a 'contains' search scenario.
Forms Search Type (PDE-0300)	A form's associated type classification. The internal form type value is a maximum of 3 digits. This field will be searched against with an 'exact match' scenario as the selection will come from a drop down list.
Forms Search Category (PDE-0301)	A form's associated category classification. The internal form category value is a maximum of 3 digits. This field will be searched against with an 'exact match' scenario as the selection will come from a drop down list.
Forms Search Location (PDE-0304)	The information associated to the location of the document in the ECM. This link will be used to retrieve the form once the document is selected from the results.

Valid Value Tables

General Information

Valid value tables will be used primarily for the creation of the drop downs for the Provider Forms – Search screen (FS-S-0001). The valid values associated with that data element will be used to map to the appropriate description and ensure uniformity with selection.

Portal Field	Data Element Name (ID)	Description Source (Table and Data Element)
Forms Type	Forms Search Type (PDE-0300)	Valid Form Type descriptions (see 3. Data Elements section for complete list)
Forms Category	Forms Search Category (PDE-0301)	Valid Form Category descriptions (see 3. Data Elements section for complete list).
Type-Category	Forms Search Type (PDE-0300) Forms Search Category (PDE-0301)	This table will store the valid form categories associated to a form type. If a user selects an option from the type drop down list, the category list is modified to only reflect the valid categories associated with the selected form type. This table will store the valid combinations.

Provider Forms – ECM Load

The follow table contains the forms that will be loaded in to the ECM and utilized in the Provider Forms Search.

All documents are pdf format unless otherwise noted in the Number/ Name. Non-pdf documents will include the document type appended to the end (i.e. DMAS-114 (.doc), DMAS-367 (Link) or DMAS-49 (.xls).

In addition to this list, all the provider enrollment pdfs will be part of the searchable pool and retrievable.

Title	Number/ Name	Type	Category	File
				Type
ADA (Dental) 1994 Claim Form	ADA-1994	Claim	Dental	.pdf
ADA (Dental) 1999 Claim Form	ADA-1999	Claim	Dental	.pdf
ADA (Dental) 2002 Claim Form	ADA-2002	Claim	Dental	.pdf
AIDS Waiver Authorization Form	DMAS-114	Long Term Care-Waivered Services	AIDS	.pdf
AIDS Waiver Authorization Form	DMAS-114 (.doc)	Long Term Care-Waivered Services	AIDS	.doc
AIDS Waiver Services Plan	DMAS-113-B	Long Term Care-Facility and Home-Based Services	AIDS	.pdf
Abortion Certification	MAP-3006	Other Forms	None	.pdf
Acknowledgement of Receipt of Hysterectomy Information	MAP-3005	Other Forms	None	.pdf
Admission Authorization - Specialized Care Bed/Long Stay Acute Care Hospitals	DMAS-SPEC-100 (.doc)	Long Term Care-Facility and Home-Based Services	Nursing Facility	.doc
Admission Authorization - Specialized Care Bed/Long Stay Acute Care Hospitals	DMAS-SPEC-100	Long Term Care-Facility and Home-Based Services	Nursing Facility	.pdf

Admission Authorization-Specialized Care Bed/Long Stay Acute Care Hospitals Cover Sheet - Spec 100	DMAS-304	Long Term Care-Facility and Home-Based Services	Nursing Facility	.pdf
Adult Day Health Care Daily Log	DMAS-302	Long Term Care-Waivered Services	EDCD	.pdf
Adult Day Health Care Daily Log	DMAS-302 (.doc)	Long Term Care-Waivered Services	EDCD	.doc
Adult Day Health Care Service Plan	DMAS-301	Long Term Care-Facility and Home-Based Services	EDCD	.pdf
Adult Day Health Care Service Plan	DMAS-301 (.doc)	Long Term Care-Facility and Home-Based Services	EDCD	.doc
Agency or Consumer Direction Provider Plan of Care	DMAS-97AB	Long Term Care-Waivered Services	AIDS	.pdf
Agency or Consumer Direction Provider Plan of Care	DMAS-97AB	Long Term Care-Waivered Services	EDCD	.pdf
Agency or Consumer Direction Provider Plan of Care	DMAS-97AB	Long Term Care-Waivered Services	IFDDS	.pdf
Agency or Consumer Direction Provider Plan of Care	DMAS-97AB (.doc)	Long Term Care-Waivered Services	AIDS	.doc
Agency or Consumer Direction Provider Plan of Care	DMAS-97AB (.doc)	Long Term Care-Waivered Services	EDCD	.doc
Agency or Consumer Direction Provider Plan of Care	DMAS-97AB (.doc)	Long Term Care-Waivered	IFDDS	.doc

		Services		
Agency-Directed Companion ISAR	DMAS-815	EPSDT	Mental Health Services	.pdf
Agency-Directed Companion ISP	DMAS-816	EPSDT	Mental Health Services	.pdf
Agency-Directed Companion Services Individual Service Authorization Request	DMAS-413	Long Term Care-Waivered Services	EDCD	.pdf
Agency-Directed Companion Services Individual Service Authorization Request	DMAS-413	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Agency-Directed Companion Services Individual Service Plan	DMAS-413B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Agency-Directed Respite ISAR	DMAS-813	EPSDT	Mental Health Services	.pdf
Agency-Directed Respite ISP	DMAS-814	EPSDT	Mental Health Services	.pdf
Alzheimer's Assisted Living Placement Notice	DMAS-480 (.doc)	Long Term Care-Waivered Services	Assisted Living	.doc
Anti-Obesity Drugs Prior Authorization Request	DMAS-172	Other Forms	Pharmacy	.pdf
Application for Alzheimer Waiver Recipient	DMAS-481 (.doc)	Long Term Care-Waivered Services	Assisted Living	.doc
Application for Children and Pregnant Women in Spanish	CH-002	Member Eligibility Programs	Child Health	.pdf
Audiology Progress Notes	DMAS-41 (.doc)	Local Education Agency	Education Services	.doc
Authorization for Release of Information	DMAS-219	Long Term Care-Waivered Services	IFDDS	.pdf
Behavioral Health Risk Screening Instrument	DMAS-16_P (.doc)	Baby Care	MICC	.doc
CD-PAS Addendum	DMAS-95-Addendum	Long Term Care-Facility and Home-	EDCD	.pdf

		Based Ser- vices		
CD-PAS Addendum	DMAS-95- Addendum (.doc)	Long Term Care-Facility and Home- Based Ser- vices	EDCD	.doc
CMS 1500 Claim Form	CMS-1500	Claim	Laboratory	.pdf
CMS 1500 Claim Form	CMS-1500	Claim	Personal Care	.pdf
CMS 1500 Claim Form	CMS-1500	Claim	Physician	.pdf
CMS 1500 Claim Form	CMS-1500	Claim	Transportation	.pdf
CSA Locality Reimbursement Request to DMAS for Transition Coordination Services	DMAS-601	EPSDT	Mental Health Ser- vices	.pdf
CSA Reimbursement Rate Cer- tification	DMAS-600	Claim	Residential Treat- ment Services	.pdf
Case Management ISP	DMAS-805	EPSDT	Mental Health Ser- vices	.pdf
Certificate of Medical Necessity Dur- able Medical Equipment and Supplies	DMAS-352	Long Term Care-Facility and Home- Based Ser- vices	Durable Medical Equipment/Supplies	.pdf
Certificate of Medical Necessity Dur- able Medical Equipment and Supplies	DMAS-352 (.doc)	Long Term Care-Facility and Home- Based Ser- vices	Durable Medical Equipment/Supplies	.doc
Certificate of Patient Status (City/County)	DMAS-121	Long Term Care-Facility and Home- Based Ser- vices	Nursing Facility	.pdf
Certificate of Patient Status (Rehab- ilitative Service Intermediate Care Facility)	MAP-121A	Long Term Care-Facility and Home- Based Ser- vices	Nursing Facility	.pdf
Checklist for Receipt of a CDC/VDH Screening Packet	DMAS-471	Long Term Care- Waivered Services	IFDDS	.pdf
Children's Mental Health Program Enrollment Form	DMAS-800	EPSDT	Mental Health Ser- vices	.pdf
Claim Attachment Form	DMAS-3	Claim	Electronic Billing	.pdf

Community Based Care Prior Authorization Request for Services	DMAS-98 (Link)	KEPRO	Prior Authorization	Link
Community Based Care Prior Authorization Request for Services	DMAS-98 (Link)	KEPRO	Waiver Services	Link
Community Mental Health Rehab Services PA Request Form	DMAS-367 (Link)	KEPRO	Mental Health Services	Link
Community Mental Health Rehab Services PA Request Form	DMAS-367 (Link)	KEPRO	Prior Authorization	Link
Community-Based Care Recipient Assessment Report	DMAS-99 (.doc)	Long Term Care-Waivered Services	EDCD	.doc
Community-Based Care Recipient Assessment Report	DMAS-99 (.doc)	Long Term Care-Waivered Services	IFDDS	.doc
Community-Based Care Recipient Assessment Report	DMAS-99	Long Term Care-Waivered Services	EDCD	.pdf
Community-Based Care Recipient Assessment Report	DMAS-99	Long Term Care-Waivered Services	IFDDS	.pdf
Compound Pharmacy Claim Form	CMS-1500	Claim	Pharmacy	.pdf
Comprehensive Service Plan with Appendix	DMAS-802	EPSDT	Mental Health Services	.pdf
Consent To Exchange Information	DMAS-20	EPSDT	Mental Health Services	.pdf
Consent To Exchange Information	DMAS-20	Long Term Care-Facility and Home-Based Services	Agency Wide	.pdf
Consent To Exchange Information	DMAS-20	Long Term Care-Waivered Services	Agency Wide	.pdf
Consent To Exchange Information	DMAS-20	Other Forms	Agency Wide	.pdf
Consumer Directed Services Attendant Application	DMAS-92	Long Term Care-Waivered Services	AIDS	.pdf
Consumer Directed Services Attendant Application	DMAS-92	Long Term Care-Waivered	EDCD	.pdf

		Services		
Consumer Directed Services Attendant Application	DMAS-92	Long Term Care-Waivered Services	IFDDS	.pdf
Consumer Directed Services Attendant Application	DMAS-92	Long Term Care-Waivered Services	Mental Retardation	.pdf
Consumer Directed Services Delivery Form	DMAS-487	Long Term Care-Waivered Services	Consumer Directed Services Coordination	.pdf
Consumer Directed Services Delivery Form	DMAS-487 (.doc)	Long Term Care-Waivered Services	Consumer Directed Services Coordination	.doc
Consumer Directed Services Timesheet	DMAS-91	Long Term Care-Waivered Services	AIDS	.pdf
Consumer Directed Services Timesheet	DMAS-91	Long Term Care-Waivered Services	EDCD	.pdf
Consumer Directed Services Timesheet	DMAS-91	Long Term Care-Waivered Services	IFDDS	.pdf
Consumer Directed Services Timesheet	DMAS-91	Long Term Care-Waivered Services	Mental Retardation	.pdf
Consumer Directed Training Form	DMAS-488	Long Term Care-Waivered Services	Consumer Directed Services Coordination	.pdf
Consumer Directed Training Form	DMAS-488 (.doc)	Long Term Care-Waivered Services	Consumer Directed Services Coordination	.doc
Consumer-Directed Companion ISAR	DMAS-819	EPSDT	Mental Health Services	.pdf
Consumer-Directed Companion ISP	DMAS-820	EPSDT	Mental Health Services	.pdf
Consumer-Directed Companion Ser-	DMAS-424A	Long Term	Mental Retardation	.pdf

vices Individual Service Plan		Care-Waivered Services	Waiver	
Consumer-Directed Companion Services Individual Service Plan	DMAS-424B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Consumer-Directed Personal Assistance Individual Service Plan	DMAS-422A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Consumer-Directed Personal Assistance Individual Service Plan	DMAS-422B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Consumer-Directed Respite ISAR	DMAS-817	EPSDT	Mental Health Services	.pdf
Consumer-Directed Respite ISP	DMAS-818	EPSDT	Mental Health Services	.pdf
Consumer-Directed Respite Services Individual Service Plan	DMAS-425A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Consumer-Directed Respite Services Individual Service Plan	DMAS-425B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Continence Assessment Form	DMAS-414	Long Term Care-Facility and Home-Based Services	Durable Medical Equipment/Supplies	.pdf
Cost Report - Adult Specialized Care	PIRS-1090-ASC	Cost Reporting	Hospital	.pdf
Cost Report - Adult Specialized Care	PIRS-1090-ASC	Cost Reporting	Specialized Care	.pdf
Cost Report - Hospitals	HCFA-2552 - Medicare (Link)	Cost Reporting	Hospital	Link
Cost Report - Intermediate Care/Mental Retardation Facilities	MAP-128	Cost Reporting	ICF/MR	.pdf
Cost Report - Nursing Facilities	HCFA-2540 - Medicare (Link)	Cost Reporting	Nursing Facility	Link
Cost Report - Nursing Facilities (Nursing Facilities with Multiple Levels of Care or Hospital Based Nursing Facilities)	PIRS-1090-NF-MULTI (.xls)	Cost Reporting	Hospital	.xls

Cost Report - Nursing Facilities (Nursing Facilities with Multiple Levels of Care or Hospital Based Nursing Facilities)	PIRS-1090-NF-MULTI (.xls)	Cost Reporting	Nursing Facility	.xls
Cost Report - Nursing Facilities with (Single Level of Care)	PIRS-1090-NF-SINGLE (.xls)	Cost Reporting	Nursing Facility	.xls
Cost Report - Nursing Facilities with Other Long Term Care Services	HCFA-2540-96 - Medicare (Link)	Cost Reporting	Nursing Facility	Link
Cost Report - Pediatric Specialized Care	PIRS-1090-PSC	Cost Reporting	Hospital	.pdf
Cost Report - Pediatric Specialized Care	PIRS-1090-PSC	Cost Reporting	Specialized Care	.pdf
Cost Report - Rehabs	HCFA-2088 - Medicare (Link)	Cost Reporting	Rehabilitation Clinic/CORF	Link
Cost Report - Rehabs	VMAP-888	Cost Reporting	Hospital	.pdf
Cost Report - Rehabs	VMAP-888	Cost Reporting	Rehabilitation Clinic/CORF	.pdf
Cost Report - Rural Health Clinic	MAP-222	Cost Reporting	Hospital	.pdf
Cost Report - Rural Health Clinic	MAP-222	Cost Reporting	RHC/FQHC	.pdf
Cost Report - Rural Health Clinic and Federally Qualified Health Centers	HCFA-222-92 (Link)	Cost Reporting	Hospital	Link
Cost Report - Rural Health Clinic and Federally Qualified Health Centers	HCFA-222-92 (Link)	Cost Reporting	RHC/FQHC	Link
DD Medicaid Waiver Level Of Functioning Survey Summary Sheet	DMAS-458	Long Term Care-Waivered Services	IFDDS	.pdf
DD Waiver Individual Choice of Providers Form	DMAS-459A	Long Term Care-Waivered Services	IFDDS	.pdf
DD Waiver Request for More Information	DMAS-454	Long Term Care-Waivered Services	IFDDS	.pdf
DD Waiver Supporting Documentation	DMAS-457	Long Term Care-Waivered Services	IFDDS	.pdf
DMAS Request - Extension of Psychiatric Treatment	DMAS-412	Other Forms	None	.pdf
DMAS-95B Consumer_Direction Ser	DMAS-95B	Long Term	EDCD	.pdf

vices Management Questionnaire		Care-Waivered Services		
DRG 796 Hospital Cost Report	DRG 796 Hospital Cost Report (.xls)	Cost Reporting	Hospital	.xls
DRG 796 Instructions	DRG 796 Instructions	Cost Reporting	Hospital	.pdf
DRG 796 UVA and MCV Cost Report	DRG 796 UVA and MCV Cost Report (.xls)	Cost Reporting	Hospital	.xls
Daily Pharmacy Drug Claim Ledger	DMAS-173	Claim	Pharmacy	.pdf
Day Support Individual Service Authorization Request	DMAS-461	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Day Support Waiver 60-Day Assessment Individual Service Authorization Request	DMAS-470	Long Term Care-Facility and Home-Based Services	Mental Retardation Waiver	.pdf
Day Support Waiver Prevocational Services Individual Service Authorization Request	DMAS-462	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Deceased Recipient Information Request Form	ESTVRFORM	Third Party Liability	None	.pdf
Department of Mental Health, Mental Retardation and Substance Abuse Services MR Waiver Enrollment Request	DMAS-437	Long Term Care-Waivered Services	Mental Retardation	.pdf
Department of Mental Health, Mental Retardation and Substance Abuse Services MR Waiver Enrollment Request	DMAS-437	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Department of Mental Health, Mental Retardation and Substance Abuse Services MR Waiver Plan of Care Summary	DMAS-438	Long Term Care-Waivered Services	Mental Retardation	.pdf
Department of Mental Health, Mental Retardation and Substance Abuse Services MR Waiver Plan of Care Summary	DMAS-438	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Discharge Form	DMAS-484 (.doc)	Long Term Care-Waivered	Alzheimer	.doc

		Services		
Dispute Resolution Request	DMAS-176	Drug Issues	Pharmacy	.pdf
Documentation of Individual Choice Between Institutional Care or Home and Community-Based Services	DMAS-459	Long Term Care-Waivered Services	IFDDS	.pdf
Documentation of Recipient choice between Institutional Care or Home and Community-Based Services	DMAS-459C	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Dose Optimization	DMAS-171	Drug Issues	Pharmacy	.pdf
EPSDT Medical History Form	DMAS-353	Baby Care	None	.pdf
EPSDT Medical Needs Assessment	DMAS-62	EPSDT	EPSDT Nursing	.pdf
EPSDT Personal Care Program Agency and Consumer Directed Plan of Care	DMAS-7-A	EPSDT	EPSDT Personal Care	.pdf
EPSDT Personal Care Services Functional Status Assessment	DMAS-7	EPSDT	EPSDT Personal Care	.pdf
EPSDT Screening Documentation Form	DMAS-353A	Baby Care	None	.pdf
EPSDT Treatment Referral Form	DMAS-355	EPSDT	EPSDT	.pdf
Electronic Claims Submission	Electronic Claims Submission	Provider Enrollment	Applications	.pdf
Electronic Funds Transfer (EFT)	EFT	Provider Enrollment	Applications	.pdf
Environmental Modifications ISAR	DMAS-806	EPSDT	Mental Health Services	.pdf
Family Caregiver Training Services	DMAS-808	EPSDT	Mental Health Services	.pdf
Family Caregiver Training Services ISAR	DMAS-807	EPSDT	Mental Health Services	.pdf
General Consent for Release of Information	DMAS-21	Other Forms	None	.pdf
GoFileRoom Instructions for Electronic Cost Report Filing	PIRS-1090 GoFileRoom Instructions	Cost Reporting	Hospital	.pdf
GoFileRoom Instructions for Electronic Cost Report Filing	PIRS-1090 GoFileRoom Instructions	Cost Reporting	Nursing Facility	.pdf
HIV/AIDS Waiver Enteral Nutrition Evaluation Form	DMAS-111	Long Term Care-Waivered Services	AIDS	.pdf
HIV/AIDS Waiver Enteral Nutrition Evaluation Form	DMAS-111	Long Term Care-	Waiver Services	.pdf

		Waivered Services		
HIV/AIDS Waiver Enteral Nutrition Evaluation Form	DMAS-111 (.doc)	Long Term Care-Waivered Services	AIDS	.doc
HIV/AIDS Waiver Enteral Nutrition Evaluation Form	DMAS-111 (.doc)	Long Term Care-Waivered Services	Waiver Services	.doc
Home Health Certification and Plan of Care	CMS-485	EPSDT	EPSDT Nursing	.pdf
Hospice Benefits Revocation/ Change Statement	DMAS-421	Long Term Care-Facility and Home-Based Services	Hospice	.pdf
Hospice Benefits Revocation/ Change Statement	DMAS-421 (.doc)	Long Term Care-Facility and Home-Based Services	Hospice	.doc
Hospice Enrollment Authorization Request	DMAS-421A	Long Term Care-Facility and Home-Based Services	Hospice	.pdf
Hospice Enrollment Authorization Request	DMAS-421A (.doc)	Long Term Care-Facility and Home-Based Services	Hospice	.doc
I.V. Therapy Implementation Form	DMAS-354	Long Term Care-Facility and Home-Based Services	Durable Medical Equipment/Supplies	.pdf
IFDDS Waiver Plan of Care	DMAS-456	Long Term Care-Waivered Services	IFDDS	.pdf
IFDDS Waiver Plan of Care	DMAS-456 (.doc)	Long Term Care-Waivered Services	IFDDS	.doc
IIH Prior Authorization Request	DMAS-366 (Link)	KEPRO	Mental Health Ser-	Link

			vices	
IIH Prior Authorization Request	DMAS-366 (Link)	KEPRO	Prior Authorization	Link
ISAR - MR Waiver Transition Services	DMAS-417	Long Term Care-Waivered Services	Waiver Services	.pdf
In-Home Residential Services ISAR	DMAS-809	EPSDT	Mental Health Services	.pdf
In-Home Residential Services ISP	DMAS-810	EPSDT	Mental Health Services	.pdf
Individual Selection of Consumer Directed Services	DMAS-489	Long Term Care-Waivered Services	Consumer Directed Services Coordination	.pdf
Individual Selection of Consumer Directed Services	DMAS-489 (.doc)	Long Term Care-Waivered Services	Consumer Directed Services Coordination	.doc
Individual Service Plan	DMAS-431A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan	DMAS-431B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan	DMAS-432A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan (Revised 07/05)	DMAS-432B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan 60-Day Assessment	DMAS-434A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan 60-Day Assessment	DMAS-434B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan Crisis Stabilization	DMAS-414B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf

Individual Service Plan MR Case Management	DMAS-452A	Long Term Care-Waivered Services	Mental Retardation	.pdf
Individual Service Plan MR Case Management	DMAS-452A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan MR Case Management	DMAS-452B	Long Term Care-Waivered Services	Mental Retardation	.pdf
Individual Service Plan MR Case Management	DMAS-452B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan MR Case Management - 90 Day Screening	DMAS-451A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan MR Case Management - 90 Day Screening	DMAS-451B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan Respite Care (ISP-Respite Plan)	DMAS-435	Long Term Care-Facility and Home-Based Services	Mental Retardation	.pdf
Individual Service Plan-Agency Directed Companion Plan	DMAS-413A	Long Term Care-Waivered Services	EDCD	.pdf
Individual Service Plan-Agency Directed Companion Plan	DMAS-413A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual Service Plan-Crisis Stabilization	DMAS-414A	Long Term Care-Waivered Services	EDCD	.pdf
Individual Service Plan-Crisis Stabilization	DMAS-414A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Individual and Family with Devel-	DMAS-463	Long Term	IFDDS	.pdf

opmental Disabilities Support		Care-Waivered Services		
Infant High Risk Case Management Services Authorization	DMAS-50-I	Baby Care	MICC	.pdf
Infant High Risk Case Management Services Authorization	DMAS-50-I (.doc)	Baby Care	MICC	.doc
Inpatient Prior Authorization Request Form	DMAS-362 (Link)	KEPRO	Hospital	Link
Inpatient Prior Authorization Request Form	DMAS-362 (Link)	KEPRO	Inpatient Psychiatric Facility	Link
Inpatient Prior Authorization Request Form	DMAS-362 (Link)	KEPRO	Prior Authorization	Link
Inpatient Prior Authorization Request Form	DMAS-362 (Link)	KEPRO	Rehab Hospital	Link
Inpatient Psychiatric Continued Stay Review	DMAS-362-A (Link)	KEPRO	Hospital	Link
Inpatient Psychiatric Continued Stay Review	DMAS-362-A (Link)	KEPRO	Inpatient Psychiatric Facility	Link
Inpatient Psychiatric Continued Stay Review	DMAS-362-A (Link)	KEPRO	Prior Authorization	Link
Intensive Rehabilitation 60-Day Recertification	DMAS-128	Long Term Care-Facility and Home-Based Services	Rehab Hospital	.pdf
Intensive Rehabilitation Admission Certification	DMAS-127	Long Term Care-Facility and Home-Based Services	Rehab Hospital	.pdf
Intensive Rehabilitation Physician Plan of Care Review	DMAS-126	Long Term Care-Facility and Home-Based Services	Rehab Hospital	.pdf
Ketek PA Request Form	DMAS-172B	Other Forms	Pharmacy	.pdf
Letter of Agreement	DMAS-55	Baby Care	MICC	.pdf
Letter of Agreement in Spanish	DMAS-55-S	Baby Care	MICC	.pdf
Level of Care Review Instrument	DMAS-99C (.doc)	Long Term Care-Waivered Services	AIDS	.doc
Level of Care Review Instrument	DMAS-99C (.doc)	Long Term Care-	AIDS Case Management	.doc

		Waivered Services		
Level of Care Review Instrument	DMAS-99C (.doc)	Long Term Care-Waivered Services	Alzheimer	.doc
Level of Care Review Instrument	DMAS-99C (.doc)	Long Term Care-Waivered Services	EDCD	.doc
Level of Care Review Instrument	DMAS-99T	Long Term Care-Waivered Services	Tech	.pdf
MFP - Transition Coordination Service Plan	DMAS-220	Long Term Care-Waivered Services	Waiver Services	.pdf
MFP - Transition Coordination Service Plan	DMAS-220 (.doc)	Long Term Care-Waivered Services	Waiver Services	.doc
MFP Quality of Life Survey	DMAS-416	Long Term Care-Waivered Services	Waiver Services	.pdf
MFP- Informed Consent	DMAS-221	Long Term Care-Waivered Services	Waiver Services	.pdf
MFP- Request for Enrollment	DMAS-222	Long Term Care-Waivered Services	Waiver Services	.pdf
MFP- Request to Withdraw	DMAS-223	Long Term Care-Waivered Services	Waiver Services	.pdf
MI/MR Level I Supplement for Elderly and Disabled Waiver	DMAS-101A	Long Term Care-Facility and Home-Based Services	EDCD	.pdf
MMIS Coverage Correction Request Form	DMAS-9 (.doc)	Member Eligibility Programs	Medicaid	.doc

MR Waiver 60-Day Assessment Individual Service Authorization Request	DMAS-439	Long Term Care-Waivered Services	Mental Retardation	.pdf
MR Waiver 60-Day Assessment Individual Service Authorization Request	DMAS-439	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Agency-Directed Personal Assistance Individual Service Authorization Request	DMAS-443	Long Term Care-Waivered Services	Mental Retardation	.pdf
MR Waiver Agency-Directed Personal Assistance Individual Service Authorization Request	DMAS-443	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Assistive Technology Individual Service Authorization Request	DMAS-447A	Long Term Care-Waivered Services	Mental Retardation	.pdf
MR Waiver Assistive Technology Individual Service Authorization Request	DMAS-447A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Consumer-Directed Companion Services Individual Service Authorization Request	DMAS-427	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Consumer-Directed Personal Assistance Individual Service Authorization Request	DMAS-428	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Consumer-Directed Respite Individual Service Authorization Request	DMAS-419	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Crisis Stabilization Individual Service Authorization Request (NEWMRCrisis Stabilization ISAR)	DMAS-430	Long Term Care-Waivered Services	Mental Retardation	.pdf
MR Waiver Crisis Stabilization Individual Service Authorization Request (NEWMRCrisis Stabilization ISAR)	DMAS-430	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Day Support Individual Service Authorization Request	DMAS-442	Long Term Care-	Mental Retardation	.pdf

		Waivered Services		
MR Waiver Day Support Individual Service Authorization Request	DMAS-442	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Day Support Individual Service Authorization Request	DMAS-442A	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Environmental Modification Individual Service Authorization Request	DMAS-446	Long Term Care-Waivered Services	Mental Retardation	.pdf
MR Waiver Environmental Modification Individual Service Authorization Request	DMAS-446	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Nursing Services Individual Service Authorization Request	DMAS-448	Long Term Care-Waivered Services	Mental Retardation	.pdf
MR Waiver Nursing Services Individual Service Authorization Request	DMAS-448	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Personal Emergency Response System Individual Service Authorization Request	DMAS-447B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Prevocational Services Individual Service Authorization Request	DMAS-442B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Residential Support Individual Service Authorization Request	DMAS-440	Long Term Care-Waivered Services	Mental Retardation	.pdf
MR Waiver Residential Support Individual Service Authorization Request	DMAS-440	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Respite Individual Service Authorization Request	DMAS-444	Long Term Care-Waivered Services	Mental Retardation	.pdf

MR Waiver Supported Employment Individual Service Authorization Request	DMAS-441	Long Term Care-Waivered Services	Mental Retardation	.pdf
MR Waiver Supported Employment Individual Service Authorization Request	DMAS-441	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
MR Waiver Therapeutic Consultation Individual Service Authorization Request	DMAS-445	Long Term Care-Waivered Services	Mental Retardation	.pdf
MR Waiver Therapeutic Consultation Individual Service Authorization Request	DMAS-445	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Maternal High Risk Case Management Service Authorization	DMAS-50-M	Baby Care	MICC	.pdf
Maternal High Risk Case Management Service Authorization	DMAS-50-M (.doc)	Baby Care	MICC	.doc
Medicaid Credit Balance Report	MEDCBR	Third Party Liability	None	.pdf
Medicaid Credit Balance Report Certification	MEDCBRCERT	Third Party Liability	None	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Facility and Home-Based Services	AIDS	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Facility and Home-Based Services	Assisted Living	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Facility and Home-Based Services	EDCD	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Facility and Home-Based Services	IFDDS	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Facility	Nursing Facility	.pdf

		and Home-Based Services		
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Waivered Services	AIDS	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Waivered Services	Assisted Living	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Waivered Services	EDCD	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Waivered Services	IFDDS	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96	Long Term Care-Waivered Services	Nursing Facility	.pdf
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Facility and Home-Based Services	AIDS	.doc
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Facility and Home-Based Services	Assisted Living	.doc
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Facility and Home-Based Services	EDCD	.doc
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Facility and Home-Based Services	IFDDS	.doc
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Facility and Home-	Nursing Facility	.doc

		Based Ser- vices		
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Waivered Services	AIDS	.doc
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Waivered Services	Assisted Living	.doc
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Waivered Services	EDCD	.doc
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Waivered Services	IFDDS	.doc
Medicaid Funded Long-Term Care Service Authorization Form	DMAS-96 (.doc)	Long Term Care-Waivered Services	Nursing Facility	.doc
Medicaid HIV Waiver Services Pre-Screening Assessment	DMAS-113-A	Long Term Care-Waivered Services	AIDS	.pdf
Medicaid LTC Comm form-fax version	DMAS-225	Long Term Care-Facility and Home-Based Services	Nursing Facility	.pdf
Medicaid LTC Communication Form	DMAS-225 (.doc)	Long Term Care-Facility and Home-Based Services	Nursing Facility	.doc
Mental Retardation Community Medicaid Services Individual Service Plan	DMAS-433	Long Term Care-Waivered Services	Mental Retardation	.pdf
Mental Retardation Community Medicaid Services INDIVIDUAL SERVICE PLAN	DMAS-436A	Long Term Care-Waivered Services	Mental Retardation	.pdf
Mental Retardation Community Medicaid Services INDIVIDUAL	DMAS-436A	Long Term Care-	Mental Retardation Waiver	.pdf

SERVICE PLAN		Waivered Services		
Mental Retardation Community Medicaid Services INDIVIDUAL SERVICE PLAN	DMAS-436B	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Monthly Nursing Status Report	DMAS-103	Long Term Care-Waivered Services	Tech	.pdf
Newborn Eligibility Notification	DMAS-213 (.doc)	Managed Care	Member Enrollment	.doc
Newborn Eligibility Notification	DMAS-213 (.doc)	Member Eligibility Programs	Child Health	.doc
Notice of Need for Level II Assessment	DMAS-303	Long Term Care-Waivered Services	EDCD	.pdf
Notification of Medicaid Transportation Denial	DMAS-201	Other Forms	None	.pdf
Nurses Monthly Summary	DMAS-483 (.doc)	Long Term Care-Waivered Services	Assisted Living	.doc
Nursing Service Plan of Care	DMAS-39 (.doc)	Local Education Agency	Education Services	.doc
Nursing Service Student Log	DMAS-40 (.doc)	Local Education Agency	Education Services	.doc
Nutritional Status Evaluation Form	DMAS-115	Long Term Care-Facility and Home-Based Services	AIDS	.pdf
Nutritional Status Evaluation Form	DMAS-115	Long Term Care-Facility and Home-Based Services	Durable Medical Equipment/Supplies	.pdf
Occupational Therapy Progress Notes	DMAS-48 (.doc)	Local Education Agency	Education Services	.doc
Outpatient Prior Authorization Request	DMAS-363 (Link)	KEPRO	Outpatient Psychiatric Services	Link

Outpatient Prior Authorization Request	DMAS-363 (Link)	KEPRO	Prior Authorization	Link
Outpatient Prior Authorization Request	DMAS-363 (Link)	KEPRO	Rehab Outpatient	Link
Overnight Hospital	DMAS-MC-01	Managed Care	None	.pdf
PACE Enrollment-Assessment Instrument Form	DMAS-99P	Long Term Care-Facility and Home-Based Services	PACE	.pdf
PIRS 1090 ECR Multy - User Guide	PIRS 1090 Multy - User Guide	Cost Reporting	Hospital	.pdf
PIRS 1090 ECR Multy - User Guide	PIRS 1090 Multy - User Guide	Cost Reporting	Nursing Facility	.pdf
Paper Claim Submission Addresses	ClaimsAddresses	Claim	Physician	.pdf
Patient Intensity Rating System Review (PIRSR)	DMAS-80	Long Term Care-Facility and Home-Based Services	Nursing Facility	.pdf
Personal Assistant Companion Timesheet	DMAS-91	Long Term Care-Waivered Services	AIDS Case Management	.pdf
Personal Assistant Companion Timesheet	DMAS-91	Long Term Care-Waivered Services	EDCD	.pdf
Personal Assistant Companion Timesheet	DMAS-91	Long Term Care-Waivered Services	IFDDS	.pdf
Personal Care Assistant Service Log	DMAS-37 (.doc)	Local Education Agency	Education Services	.doc
Personal Care Service Plan of Care	DMAS-46 (.doc)	Local Education Agency	Education Services	.doc
Physical Therapy Progress Notes	DMAS-36 (.doc)	Local Education Agency	Education Services	.doc
Physician Certification of Need	DMAS-4001	Other Forms	None	.pdf
Practitioner Referral Form	DMAS-70	Other Forms	Client Medical Management	.pdf

Pregnancy Verification Form	DMAS-38(Spanish)	Other Forms	None	.pdf
Pregnancy Verification Form	DMAS-47	Other Forms	None	.pdf
Prior Review and Authorization Request	DMAS-351	Other Forms	Prior Authorization	.pdf
Prior Review and Authorization Request Supporting Documentation	DMAS-361	Other Forms	Prior Authorization	.pdf
Prosthetic Device Preauthorization Request Form	DMAS-4000	Other Forms	None	.pdf
Proton Pump Inhibitors PA Request Form	DMAS-172A	Other Forms	Pharmacy	.pdf
Provider Aide Record	DMAS-90	Long Term Care-Waivered Services	EDCD	.pdf
Provider Aide Record	DMAS-90 (.doc)	Long Term Care-Waivered Services	EDCD	.doc
Provider Application	DMAS-482 (.doc)	Long Term Care-Waivered Services	Assisted Living	.doc
Provider Enrollment Application-AIDS Case Management	AIDS Case Management	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Adult Day Health Care	Adult Day Health Care	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Alzheimer's Assisted Living Waiver	Alzheimer's Assisted Living Waiver	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Ambulance	Ambulance	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Ambulatory Surgical Center	Ambulatory Surgical Center	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Audiologist	Audiologist	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Baby Care	Baby Care	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-CMHP Transition Coordinator,	CMHP Transition Coordinator	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Case Management DD Waiver	Case Management DD Waiver	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Certified Professional Midwife	Certified Professional Midwife	Provider Enrollment	Applications	.pdf

Provider Enrollment Application-Chiropractor	Chiropractor	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Christian Science SNF	Christian Science SNF	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Clinical Nurse Specialist - Psychiatric Only	Clinical Nurse Specialist - Psychiatric Only	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Clinical Psychologist	Clinical Psychologist	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Comprehensive Outpatient Rehab Facility (CORF)	Comprehensive Outpatient Rehab Facility (CORF)	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Consumer Directed Service Coordination	Consumer Directed Service Coordination	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-DME	DME	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Developmental Disability Waiver	Developmental Disability Waiver	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Early Intervention	Early Intervention	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Elderly Case Management Waiver	Elderly Case Management Waiver	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Emergency Air Ambulance	Emergency Air Ambulance	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Family Caregiver Training	Family Caregiver Training	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Federally Qualified Health Center	Federally Qualified Health Center	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Group Enrollment Packet	Group Enrollment Packet	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Health Department Clinic	Health Department Clinic	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Hearing Aid	Hearing Aid	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Home Health Agency	Home Health Agency	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Hospice	Hospice	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Hospital	Hospital	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Hospital Medical Surgery Mental Health and Mental Retarded	Hospital Medical Surgery Mental Health and	Provider Enrollment	Applications	.pdf

	Mental Retarded			
Provider Enrollment Application-Hospital Medical Surgery Mental Retarded	Hospital Medical Surgery Mental Retarded	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Hospital TB	Hospital TB	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-ICF-MR Community Owned	ICF-MR Community Owned	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-ICF-MR State Owned	ICF-MR State Owned	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-ICF-Mental Health	ICF-Mental Health	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-ICF-State	ICF-State	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Independent Laboratory	Independent Laboratory	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Intensive Care Facility	Intensive Care Facility	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Licensed Clinical Social Worker	Licensed Clinical Social Worker	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Licensed Marriage and Family Therapist	Licensed Marriage and Family Therapist	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Licensed Professional Counselor	Licensed Professional Counselor	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Licensed School Psychologist	Licensed School Psychologist	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Local Education Agency	Local Education Agency	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Long Stay Hospital	Long Stay Hospital	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Long Stay Inpatient Hospital	Long Stay Inpatient Hospital	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Medicare Crossover(QMB)	Medicare Crossover(QMB)	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Mental Health Services	Mental Health Services	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Mental Retardation Waiver	Mental Retardation Waiver	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Nurse Practitioner	Nurse Practitioner	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Optician	Optician	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Optometrist	Optometrist	Provider	Applications	.pdf

metrist		Enrollment		
Provider Enrollment Application-Ordering, Referring or Prescribing	Ordering, Referring or Prescribing (ORP)	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-PACE	PACE	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Personal Care	Personal Care	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Personal Emergency Response System	Personal Emergency Response System	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Pharmacy	Pharmacy	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Physician	Physician	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Physician Medallion	Physician Medallion	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Podiatrist	Podiatrist	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Private Duty Nursing	Private Duty Nursing	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Private Mental Hospital(inpatient psych)	Private Mental Hospital(inpatient psych)	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Prosthetic Services	Prosthetic Services	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Psych Residential Inpatient Facility	Psych Residential Inpatient Facility	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Psychiatrist	Psychiatrist	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Rehab Outpatient	Rehab Outpatient	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Rehabilitation Hospital	Rehabilitation Hospital	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Renal Unit	Renal Unit	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Respite Care	Respite Care	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Rural Health Clinic	Rural Health Clinic	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-SNF-MR	SNF-MR	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Skilled Nursing Home	Skilled Nursing Home	Provider Enrollment	Applications	.pdf

Provider Enrollment Application-SNF-Mental Health	SNF-Mental Health	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-SNF-State	SNF-State	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-State Mental Hospital(Aged)	State Mental Hospital(Aged)	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-State Mental Hospital(less than age 21)	State Mental Hospital(less than age 21)	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-State Mental Hospital(Med-Surg)	State Mental Hospital(Med-Surg)	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Substance Abuse Practitioner	Substance Abuse Practitioner	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Transition Coordinator	Transition Coordinator	Provider Enrollment	Applications	.pdf
Provider Enrollment Application-Treatment Foster Care Program	Treatment Foster Care Program	Provider Enrollment	Applications	.pdf
Provider RN Initial Home	DMAS-116	Long Term Care-Waivered Services	Tech	.pdf
Provider Request To Obtain a Duplicate Copy Of Remittances	DMAS-129	Other Forms	Misc	.pdf
Psychiatric, Psychological & Mental Health Service Diagnostic Interview	DMAS-45 (.doc)	Local Education Agency	Education Services	.doc
Psychiatric, Psychological & Mental Health Service Log	DMAS-44 (.doc)	Local Education Agency	Education Services	.doc
Psychiatric, Psychological & Mental Health Service Psychological Testing	DMAS-35 (.doc)	Local Education Agency	Education Services	.doc
Psychiatric, Psychological & Mental Health Service Therapy Progress Note	DMAS-43 (.doc)	Local Education Agency	Education Services	.doc
Questionnaire Assessment for Consumer-Directed Services	DMAS-95-A	EPSDT	Mental Health Services	.pdf
RTF Cost Report	RTF-608 (.xls)	Cost Reporting	Residential Treatment Facility	.xls
Reassignment of Benefits Form	Reassignment of Benefits Form	Other Forms	Misc	.pdf
Recipient Choice Form	DMAS-801	EPSDT	Mental Health Services	.pdf
Recipient Request for the Alzheimer's Assisted Living Waiver	DMAS-478 (.doc)	Long Term Care-	Assisted Living	.doc

		Waivered Services		
Request for Authorization	DMAS-260	Long Term Care-Waivered Services	Personal Care	.pdf
Request for Drug Prior Authorization	DMAS-178	Other Forms	Pharmacy	.pdf
Request for Hospice Benefits	DMAS-420	Long Term Care-Facility and Home-Based Services	Hospice	.pdf
Request for Hospice Benefits	DMAS-420 (.doc)	Long Term Care-Facility and Home-Based Services	Hospice	.doc
Request for Information	DMAS-104	Long Term Care-Facility and Home-Based Services	Nursing Facility	.pdf
Request For PERS	DMAS-100A	Long Term Care-Facility and Home-Based Services	EDCD	.pdf
Request For PERS	DMAS-100A (.doc)	Long Term Care-Facility and Home-Based Services	EDCD	.doc
Request For Screening - IFDDS	DMAS-305	Long Term Care-Facility and Home-Based Services	IFDDS	.pdf
Request for Service Authorization for Atypical Antipsychotics in Children less than 6 years	DMAS-170	Pharmacy Service Authorization	Pharmacy	.pdf
Request for Supervision	DMAS-100 (.doc)	Long Term Care-Facility and Home-Based Services	EDCD	.doc
Request for Supervision	DMAS-100	Long Term	EDCD	.pdf

		Care-Facility and Home-Based Services		
Request for Taxpayer Identification Number(s) and Certification-Substitute	Substitute Form W-9	Taxpayer Identification	None	.pdf
Request for Therapy Assessment Evaluation	DMAS-51 (.doc)	Local Education Agency	Education Services	.doc
Residential Services for Children & Adolescents Level A/B Prior Authorization Request	DMAS-365AB (Link)	KEPRO	Mental Health Services	Link
Residential Services for Children & Adolescents Level A/B Prior Authorization Request	DMAS-365AB (Link)	KEPRO	Prior Authorization	Link
Residential Treatment Care Prior Authorization Request	DMAS-365 (Link)	KEPRO	Mental Health Services	Link
Residential Treatment Care Prior Authorization Request	DMAS-365 (Link)	KEPRO	Prior Authorization	Link
Respite Care Needs Assessment and Plan of Care	DMAS-300	Long Term Care-Facility and Home-Based Services	AIDS	.pdf
Respite Care Needs Assessment and Plan of Care	DMAS-300	Long Term Care-Facility and Home-Based Services	EDCD	.pdf
Respite Care Needs Assessment and Plan of Care	DMAS-300 (.doc)	Long Term Care-Facility and Home-Based Services	AIDS	.doc
Respite Care Needs Assessment and Plan of Care	DMAS-300 (.doc)	Long Term Care-Facility and Home-Based Services	EDCD	.doc
Screening Team Service Plan	DMAS-97	Long Term Care-Waivered Services	EDCD	.pdf
Screening Team Service Plan	DMAS-97	Long Term Care-	IFDDS	.pdf

		Waivered Services		
Screening Team Service Plan	DMAS-97	Long Term Care-Waivered Services	Nursing Home	.pdf
Screening Team Service Plan	DMAS-97 (.doc)	Long Term Care-Waivered Services	EDCD	.doc
Screening Team Service Plan	DMAS-97 (.doc)	Long Term Care-Waivered Services	IFDDS	.doc
Screening Team Service Plan	DMAS-97 (.doc)	Long Term Care-Waivered Services	Nursing Home	.doc
Screening for MI/MR/ID/RC for AAL Waiver	DMAS-415	Long Term Care-Waivered Services	Alzheimer	.pdf
Screening for MI/MR/ID/RC for AAL Waiver	DMAS-415 (.doc)	Long Term Care-Waivered Services	Alzheimer	.doc
Section III: Physician Certification/Re-Certification (Continued)	DMAS-420A	Long Term Care-Facility and Home-Based Services	Hospice	.pdf
Section III: Physician Certification/Re-Certification (Continued)	DMAS-420A (.doc)	Long Term Care-Facility and Home-Based Services	Hospice	.doc
Service Agreement Consumer Directed Services	DMAS-486	Long Term Care-Waivered Services	Consumer Directed Services Coordination	.pdf
Service Agreement Consumer Directed Services	DMAS-486 (.doc)	Long Term Care-Waivered Services	Consumer Directed Services Coordination	.doc
Service Plan	DMAS-52	Baby Care	MICC	.pdf
Skilled Respite Record	DMAS-90A	Long Term	EDCD	.pdf

		Care-Waivered Services		
Skilled Respite Record	DMAS-90A (.doc)	Long Term Care-Waivered Services	EDCD	.doc
Social History Form	MAP-119	Long Term Care-Facility and Home-Based Services	Nursing Facility	.pdf
Specialized Services Request Form	DMAS-63 (.doc)	EPSDT	EPSDT Specialized Services	.doc
Specialized Treatment Bed Pre-Authorization	DMAS-258	Long Term Care-Facility and Home-Based Services	Nursing Facility	.pdf
Speech Language Therapy Progress Notes	DMAS-34 (.doc)	Local Education Agency	Education Services	.doc
Sterilization Consent Form	DMAS-3004	Other Forms	None	.pdf
Sterilization Consent Form - Spanish	DMAS-3004-S	Other Forms	None	.pdf
Substance Abuse Services Prior Authorization Request Form	DMAS-363-A (Link)	KEPRO	Mental Health Services	Link
Substance Abuse Services Prior Authorization Request Form	DMAS-363-A (Link)	KEPRO	Prior Authorization	Link
Supplemental Assessment Process Form Level 1& 2	DMAS-95-MI/MR	Long Term Care-Facility and Home-Based Services	Nursing Facility	.pdf
Supplemental Assessment Process Form Level 1& 2	DMAS-95-MI/MR (.doc)	Long Term Care-Facility and Home-Based Services	Nursing Facility	.doc
Targeted Case Management Provider Information	DMAS-57 (.doc)	Other Forms	Early Intervention	.doc
Tech Waiver Adult Referral	DMAS-108	Long Term Care-Waivered Services	Tech	.pdf
Tech Waiver Pediatric Referral	DMAS-109	Long Term Care-	Tech	.pdf

		Waivered Services		
Technology Assisted Waiver Adult Aide	DMAS-97T	Long Term Care-Waivered Services	Tech	.pdf
Therapeutic Consultation ISAR	DMAS-811	EPSDT	Mental Health Services	.pdf
Therapeutic Consultation ISP	DMAS-812	EPSDT	Mental Health Services	.pdf
Therapy Plan of Care Addendum	DMAS-33 (.doc)	Local Education Agency	Education Services	.doc
Therapy Plan of Care Authorization for Service	DMAS-42 (.doc)	Local Education Agency	Education Services	.doc
Third Party Liability Information	DMAS-999	Third Party Liability	None	.pdf
Third Party Reporting Form	DMAS-1001	Third Party Liability	None	.pdf
Title XVIII (Medicare) Adjustment Form	DMAS-31	Claim	Title 18	.pdf
Title XVIII (Medicare) Deductible and Coinsurance Invoice	DMAS-30	Claim	Title 18	.pdf
Transition Coordination Services ISAR	DMAS-803	EPSDT	Mental Health Services	.pdf
Transition Coordination Services ISP	DMAS-804	EPSDT	Mental Health Services	.pdf
Treatment Foster Care Prior Authorization Request	DMAS-364 (Link)	KEPRO	Mental Health Services	Link
Treatment Foster Care Prior Authorization Request	DMAS-364 (Link)	KEPRO	Prior Authorization	Link
Trip Log for Medicaid and FAMIS Transportation Reimbursement	DMAS-49 (.xls)	Local Education Agency	Education Services	.xls
UB-04 Claim Form	UB-04	Claim	Hospital	.pdf
UB-04 Claim Form	UB-04	Claim	Nursing Home	.pdf
UB-04 Claim Form	UB-04	Claim	Outpatient Hospital	.pdf
UB-04 Claim Form	UB-04	Claim	SLH	.pdf
Virginia Home and Community Based Waiver Choice of Providers	DMAS-460	Long Term Care-Waivered Services	Mental Retardation Waiver	.pdf
Virginia Medicaid --- Patient Counseling Log	DMAS-177	Drug Issues	None	.pdf

Virginia Medicaid Pharmacist Intervention Report Form	DMAS-175	Drug Issues	None	.pdf
Virginia Medicaid Reimbursement Request for Dual Eligibles	DMAS-179	Other Forms	Pharmacy	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Facility and Home-Based Services	AIDS	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Facility and Home-Based Services	Assisted Living	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Facility and Home-Based Services	EDCD	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Facility and Home-Based Services	IFDDS	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Facility and Home-Based Services	Mental Retardation	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Facility and Home-Based Services	Nursing Facility	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Facility and Home-Based Services	Tech	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Waivered Services	AIDS	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Waivered	Assisted Living	.pdf

		Services		
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Waivered Services	EDCD	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Waivered Services	IFDDS	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Waivered Services	Mental Retardation	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Waivered Services	Nursing Facility	.pdf
Virginia Uniform Assessment Process (UAI)	UAI	Long Term Care-Waivered Services	Tech	.pdf
Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Facility and Home-Based Services	AIDS	.doc
Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Facility and Home-Based Services	Assisted Living	.doc
Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Facility and Home-Based Services	EDCD	.doc
Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Facility and Home-Based Services	IFDDS	.doc
Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Facility and Home-Based Services	Mental Retardation	.doc

Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Waivered Services	AIDS	.doc
Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Waivered Services	Assisted Living	.doc
Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Waivered Services	EDCD	.doc
Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Waivered Services	IFDDS	.doc
Virginia Uniform Assessment Process (UAI)	UAI (.doc)	Long Term Care-Waivered Services	Mental Retardation	.doc
Virginia Medicaid Request for Service Authorization for AMPYRA	DMAS-158	Pharmacy Service Authorization	Pharmacy	.pdf
Virginia Medicaid Request for Drug Service Authorization	DMAS-159	Pharmacy Service Authorization	Pharmacy	.pdf
Virginia Medicaid Request for Service Authorization for Ketek	DMAS-160	Pharmacy Service Authorization	Pharmacy	.pdf
Virginia Medicaid Request for Service Authorization for Synagis	DMAS-163	Pharmacy Service Authorization	Pharmacy	.pdf
Virginia Medicaid Request for Service Authorization for Forteo	DMAS-164	Pharmacy Service Authorization	Pharmacy	.pdf
Virginia Medicaid Request for Service Authorization For Narcotic Lozenge	DMAS-165	Pharmacy Service Authorization	Pharmacy	.pdf
Virginia Medicaid Request for Service Authorization Proton Pump Inhibitors (PPI)	DMAS-166	Pharmacy Service Authorization	Pharmacy	.pdf
Virginia Medicaid Request for Service Authorization For Cialis	DMAS-167	Pharmacy Service Authorization	Pharmacy	.pdf
Virginia Medicaid Request for Service Authorization for Long Acting Nar-	DMAS-168	Pharmacy Service	Pharmacy	.pdf

cotics		Authorization		
Virginia Medicaid Request for Service Authorization Pradaxa	DMAS-169	Pharmacy Service Authorization	Pharmacy	.pdf