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Long-Term Services and Supports Referral & Process

November 2021 (5th and 19th)

NORTH
Dakota Be Legendary.™
Human Services

LTSS Referrals & Process

- **Referrals:**

- **All** referrals **must** be submitted utilizing the SFN 584.
- The SFN 584 can be located at:
 - <https://www.nd.gov/eforms?sfntitle=584#searchResults> (**must** use Internet Explorer)
 - <https://carechoice.nd.assistguide.net/>

The screenshot shows the top navigation bar of the ND ADRL website. On the left is the logo "ND ADRL AGING & DISABILITY RESOURCE LINK". On the right are utility links: "Tell a Friend", "Add to Favorites", "Site Map", and "Print this Page", followed by a search box. Below these is a main menu with "HOME", "CAREGIVER SUPPORT", "SERVICES", "QUICK LINKS", "CONTACT US", and "ASSESSMENT FORM". The "ASSESSMENT FORM" dropdown menu is open, showing "Assessment Form Questionnaire", "Web Intake Form", and "584 Skilled Care Referral", which is circled in red. Below the navigation is a banner with the text "THE AGING AND DISABILITY RESOURCE-LINK (ADRL) OF NORTH DAKOTA" and "Explore this site, or contact the free and confidential ADRL to guide you to services and supports available in your community." The background of the banner features a woman smiling.

LTSS Referral & Process

- Referrals can be generated either through:
 - LTCF
 - MDS Section Q – Information Only or Wants to go Home
 - Family
 - Friend
 - Consumer
 - Physician
 - Other
- Facilities – The individual responsible for submitting Referrals to Aging Services:
 - Email (carechoice@nd.gov);
 - Submit online; and/or
 - Fax (701.328.8744)
- Families, Friends, Consumers - Submitting Referrals to Aging Services:
 - **Must** call the Aging & Disability Resource Link (ADRL)

LTSS - Referral & Process continue

- **Submitted SFN 584's:**
 - Once the SFN 584 is submitted to Aging Services via the channels stated in the previous slide the ADRL Intake Specialist's log the referral in the web-base data collection site, review funding source, and then send the referral to the right Aging Staff individual.
- **Funding Source:**
 - If the individual that is being referred is on Medicaid the SFN 584 will be sent to Jake Reuter, who will then send it on to the Center of Independent Living (CIL) staff assigned to that area. The CIL will then connect with the HCBS case manger supervisor for that area to get a case manager assigned.
 - If the individual that is being referred is on Medicaid & Medicare the SFN 584 will be sent to Jake Reuter, who will then send it to the CIL staff assigned to that area. The CIL will connect with the HCBS case manger supervisor for that area to get a case manager assigned.
 - If the individual that is being referred is on Medicare **only** and the financial section of the SFN 584 is filled out and meets the language stated in that section. The SFN 584 will be sent to Jake Reuter, who will then send it to the CIL staff assigned to that area. The CIL will connect with the HCBS case manger supervisor for that area to get a case manager assigned.
 - If the individual that is being referred is on Medicare **only** and the financial section of the SFN 584 is either left blank or is filled out but does **not** meet the language in the financial section. The SFN 584 will be sent to the Community Service Coordinator's (CSC) based on where the individual would like to reside.
 - If the individual that is being referred is on Medicare **only**, but Medicaid is pending the SFN 584 will be sent to the CSC based on where the individual would like to reside.
 - If the individual that is being referred is private pay or any other type of insurance the SFN 584 will be sent to the CSC based on where the individual would like to reside.

LTSS - Referral & Process continue

- **Nursing Facility/Discharge Planner Role:**
 - Be part of the meetings when scheduled.
 - Assist in care planning.
 - Provide copies of the “Options Counseling (OC) Action Plan” to the individual along with anyone else they would like to have a copy.
- **CIL and/or CSC Role:**
 - Is responsible for responding to the facility.
 - Setting up dates and times for the meeting.
 - To complete the remainder of the SFN 584 to send back to the facility to provide to the individual that was seen.
 - In addition, the CSC will complete a “Options Counseling (OC) Action Plan” (SFN 1132) which will be sent back to the facility as the same time the SFN 584.

Aging Services Policy

- The CSC has five (5) business days to reach out to the facility for initial contact and to set up the visit.
- The CSC then has 10 business days to complete the visit. The visit can be done via telephone, virtual, and/or in-person. In-person visits would be the preferred method but due to the pandemic Aging Services has incorporated other means to connect and communicate. Please note that if there is communication between the facility and CSC the 10 days can be extended.
- Once the visit is complete the CSC then has five (5) business days to finish the SFN 584 and the “Options Counseling (OC) Action Plan” SFN 1132 along with sending it back to the facility.

LTSS - Referral Process continue

Referrals from LTCF, MDS Section Q, Family, Friend, Consumer, and/or a Physician can trigger a SFN 584.

The SFN 584 then is either submitted online, emailed, or faxed to Aging Services.

The CIL or CSC will connect with the facility within five (5) business days

The CIL or CSC will visit with the individual being referred and any additional family, friends, etc. they request to be part of the meeting along with the discharge planner within 10 business days

The CSC will complete the remaining of the SFN 584 & Options Counseling (OC) Action Plan (SFN 1132). A copy will be sent to the facility within five (5) business days

Nicole Klefstad Johnson (701) 253-6396
(701) 595-6766 cell
nklefstad@nd.gov
South Central Human Service Center
415 2nd Ave NE - Ste 201
PO Box 726
Valley City, ND 58072

Katie Schafer (701) 328-8787
(701) 595-6574 cell
khschafer@nd.gov
West Central Human Service Center
1237 W Divide Avenue - Ste 5
Bismarck, ND 58501-1208

****Morton County only Katie will receive all referrals for FCSP and Skilled Facility OC (SFN 584's).****

Mary Benson (701) 857-8578
(701) 595-1596 cell
mbenson@nd.gov
North Central Human Service Center
1015 South Broadway - Ste 18
Minot, ND 58701

Karen Hillman: (701) 795-3017
(701) 595-3054 cell
khillman@nd.gov
Northeast Human Service Center
151 S 4th Street - Ste 401
Grand Forks, ND 58201-4735

Rene Schmidt (701) 227-7557
(701) 595-6430 cell
rschmidt@nd.gov

Badlands Human Service Center
1463 I-94 Business Loop East
Dickinson, ND 58601-4875

****Morton County only Rene will receive all referrals for OC that are NOT Skilled Facility (SFN 584's)****

Suzi Effertz (701) 298-4420
(701) 595-6672 cell
seffertz@nd.gov
Southeast Human Service Center
2624 9th Avenue South
Fargo, ND 58103-2350

CSC Contact Information

LTSS - Referral Form

Please note the SFN 584 is four (4) pages and must have (9-2021) behind the SFN 584.



SKILLED CARE REFERRAL FOR LONG-TERM SERVICES AND SUPPORTS (LTSS)

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION

SFN 584 (9-2021)

Clear Fields

SKILLED FACILITY/REFERRAL'S INFORMATION


Facility Name	Facility Telephone Number	Referral Date	
Discharge Planner Name	Email Address		
Address	City	State	ZIP Code
Type of Referral <input type="checkbox"/> Family <input type="checkbox"/> Section Q Request <input type="checkbox"/> Consumer <input type="checkbox"/> Friend <input type="checkbox"/> Information Only <input type="checkbox"/> Physician <input type="checkbox"/> LTCF <input type="checkbox"/> Wants to go Home <input type="checkbox"/> Other (specify): _____			
Referral(s) Telephone Numbers			

RESIDENT INFORMATION

Name of Individual (First, MI, Last)	Admission Date	Date of Interview	
Address	City	State	ZIP Code
Telephone Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Hospice Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Impairment <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Communication <input type="checkbox"/> Cognitive		
Payment Source (choose all that apply) <input type="checkbox"/> ND Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Friend <input type="checkbox"/> Private Pay <input type="checkbox"/> Long-Term Care Insurance			
Full Medicaid Number (if ND Medicaid)			
If the Payment Source is Medicare/Private Pay, Medicare only, or Private Pay only, complete the following three questions: 1. Is the individual looking for resources? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the individual looking to go home? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the individual's household assets over \$50,000.00? (include Checking, Savings, Money Markets, CDs, Bonds, Annuities, IRAs, Residence other than primary) <input type="checkbox"/> Yes <input type="checkbox"/> No-Specify Amount if under \$50,000: _____ 3. Is the individual's household income above \$2,000.00 per month? (include Social Security, Pension, Employment, VA benefits) <input type="checkbox"/> Yes <input type="checkbox"/> No-Specify Amount: _____			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Significant Other <input type="checkbox"/> Widow			Is resident a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Living Arrangements			
Does the Applicant have a Guardian/Legal Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Guardianship/Legal Representative <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Conservatorship	
Guardian's/Legal Representative Name (first and last name)			Telephone Number
Address	City	State	ZIP Code
Does the Applicant have a Durable Power of Attorney (D-POA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of D-POA <input type="checkbox"/> Health <input type="checkbox"/> Financial <input type="checkbox"/> Both	
Durable Power of Attorney Name (first and last name)			Telephone Number
Address	City	State	ZIP Code

Options Counseling (OC) Action Plan – SFN 1132

** Please note this replaced the
“Transition Plan” SFN 585.**

		OPTIONS COUNSELING (OC) ACTION PLAN		<input type="button" value="Clear Fields"/>	
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES					
AGING SERVICES DIVISION					
SFN 1132 (5-2021)					
Name of Individual			Date		
Name of Facility (optional)			Name of Discharge Planner (optional)		
I. Individuals Present at the Meeting					
Name			Relationship		
<input type="button" value="Add"/>					
II. Communities					
What community(ies) does the individual want to move to?					

LCA - Referral Process continue

- LTSS Referral Form (SFN 584)
 - <https://www.nd.gov/eforms/Doc/sfn00584.pdf>
- Options Counseling (OC) Action Plan (SFN 1132)
 - <https://www.nd.gov/eforms/Doc/sfn01132.pdf>

****Please note all State SFN forms need to be opened in Internet Explorer****

Transition Services

Transition Services

- Money Follows the Person Grant (MFP)
- Aging & Disabilities Resource Link Transition Services (If they don't qualified for MFP)
- Community Transition Services (If they don't qualified for MFP)

Money Follows the Person Grant

Eligibility

- 60 days of continuous institutional stay (Hospital, Nursing Facility, Swing Bed)
- Medicaid has to pay for at least the last day of service.
- Plan to return to their own home/apartment in the community

Service

- Transition Coordination for a Center for Independent Living Center
- \$3,000 or more in moving expanses
- 24-hour backup nursing services
- Rental Assistance

ADRL Transition Services

Eligibility

- Individuals with a disability of any age living in a provider operated residential situation that is transitioning back to a community residence that do not otherwise qualify for the MFP Grant or Community Transition Wavier services
- There are no income requirements for this program.
- The residential situations can include nursing facilities, basic care facilities, assisted living facilities, homeless shelters, or other COVID-19 related group living environments.

Services

- Transition Coordination to assist with return to the community by a Center for Independent Living
- Up to \$1,500 in moving expenses
- Up to six months of rental assistance

Referral for Transition Services

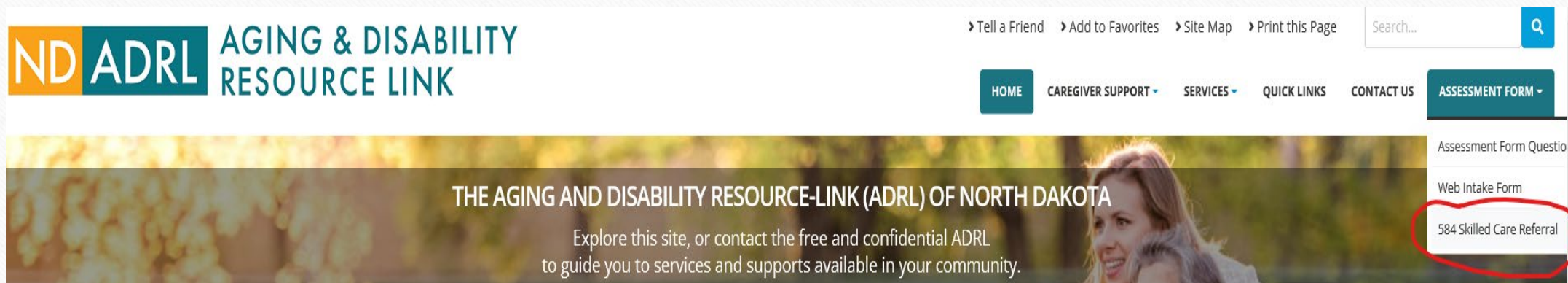
Referrals

- Complete the SFN 584 noting a request for MFP services in the “Type of Referral” section by selecting the “Other” (Specify) box – then write in the blank space “MFP or Transition Services”

SKILLED FACILITY/REFERRAL'S INFORMATION			
Facility Name	Facility Telephone Number	Referral Date	
Discharge Planner Name	Email Address		
Address	City	State	ZIP Code
Type of Referral			
<input type="checkbox"/> Family	<input type="checkbox"/> Section Q Request	<input type="checkbox"/> Consumer	
<input type="checkbox"/> Friend	<input type="checkbox"/> Information Only	<input type="checkbox"/> Physician	
<input type="checkbox"/> LTCF	<input type="checkbox"/> Wants to go Home	<input type="checkbox"/> Other (specify):	

Referral for Transition Services Continue

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The screenshot shows the website for the Aging & Disability Resource Link (ADRL) of North Dakota. The header includes the logo 'ND ADRL AGING & DISABILITY RESOURCE LINK' and navigation links: 'HOME', 'CAREGIVER SUPPORT', 'SERVICES', 'QUICK LINKS', 'CONTACT US', and 'ASSESSMENT FORM'. A search bar is located in the top right. Below the header, a banner features the text 'THE AGING AND DISABILITY RESOURCE-LINK (ADRL) OF NORTH DAKOTA' and 'Explore this site, or contact the free and confidential ADRL to guide you to services and supports available in your community.' The 'ASSESSMENT FORM' dropdown menu is open, showing options: 'Assessment Form Questionnaire', 'Web Intake Form', and '584 Skilled Care Referral', which is circled in red.

- The SFN 548 for MFP or Transition Services only can be emailed to Jake Reuter at jwteuter@nd.gov

State Office Contact Information

Aging & Disability Resource – LINK (ADRL)

855.462.5465

carechoice@nd.gov

701.328.8744 (Fax)

Jaclyn Seefeldt

Program Administrator

701.328.4645

jjseefeldt@nd.gov

Jake Reuter

MFP Grant Program Administrator

701-239-7133

jwreuter@nd.gov