HCBS CASE CLOSURE/PROVIDER TERMINATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 474 (3-2022)

Clear Fields

Individual Name	Individual Identification Number (ND Number)
County Name	Case Manager

WAIVER LOC SCREENING REOPEN/CLOSURE SECTION

PLEASE SELECT ACTION TO BE TAKEN. IF WAIVER CASE IS CLOSING, PLEASE SKIP THIS SECTION AND COMPLETE THE CASE CLOSURE/ DENIAL SECTION. BY COMPLETING THE CLOSURE/DENIAL SECTION FOR WAIVER, THE LOC WILL CLOSE WITH THE CASE.

☐ Re-open Current Screening

☐ Termination/Closure

Date Medicaid Waiver Services are to Begin	
Date of Closure	Closure Code *

*** Closure Codes:**

B - Transferred to Basic Care
C - Individual Discontinued/Refused Service
D - Death
DT - Disqualifying Transfer
I - Institutional Care
M - Moved
MW - Transferred to Medicaid Waiver
N - No longer eligible
O - Other (specify): _____

NM - No longer eligible for Medicaid
NF - No longer functionally eligible
NS - No services started/utilized
EP - Transferred to ExSPED
S - Transferred to SPED
TPA - Transferred to PACE
TPC - Transferred to Personal Care-State Medicaid Plan
U - Unable to reach/contact

CLOSURE/DENIAL SECTION

☐ SPED ☐ ExSPED ☐ Waiver ☐ MSP A ☐ MSP B ☐ MSP C

Date of Closure	Closure Code *

☐ Citation provided to individual

☐ Individual's signed statement on file

☐ NA- citation/ signature not required

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PROVIDER TERMINATION

Complete this section if the above case closure results in the closure of the provider's FHC/FPC status for the individual (even if they remain an individual QSP and/or serve other individuals) or if a provider's QSP status is to terminate completely (no longer working as a QSP).

Provider Name	Provider Number
Additional Comments	

Distribution: Original - Individual's Case File **Copy** - Aging Services/HCBS (within three business days)