



ADD NEW RECORD TO MMIS ELIGIBILITY FILE-EXPANDED SPED

ND DEPARTMENT OF HUMAN SERVICES

Medical Services (HCBS)

SFN 677 (8-2006)

E 1 0 1

Base ID	Last Name	First Name	INT
5 5 0	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1	Address 2	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	ND	5 8

Race	Sex	Cash P. Reason	Case Number
<input type="text"/>	<input type="text"/>	2	5 5 0

M M D D C C Y Y M M D D C C Y Y

Social Security Number	Aid Categ	Legal County	Phy County	Match Code	Start Reason	Popu. Code	Head of Household
		5 5		0 4	9 9	2	1

M M D D C C Y Y

Diag. 1	Diag. 2	Diag. 3
0 0 0	0 0 0	0 0 0

This approval is good for 30 days from the "Medical Approval Date" shown on the SFN 677. If services are not started during that time, the process for approval must begin over; this approval is no longer valid.

All required HCBS Case Management and specific service documents must be in place in order to bill for services to new clients. If your county has utilized these procedures INCLUDING THE CLIENT SELECTING WHO HIS/HER PROVIDER IS, although using a different funding source, no additional action is required at this time.