TRANSMITTAL BETWEEN UNITS

DEPARTMENT OF HEALTH HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 21 (7-2024)

Clear Fields

Complete at time of application if the applicant/client meets the eligibility criteria when change in status occurs.

* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number is mandatory pursuant to North Dakota Century Code 43-50-02. In individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the social security number on their application will cause the application to not be processed.

SECTION I - Client Information

Name	Medicaid ID Number	Date of Birth	
Address	City	State	ZIP Code
Case Number	* Social Security Number		
Facility			
Facility Provider Number	Date of Admit		
Date	Date		
To	To		
From	From		

SECTION II - Functional Eligibility

Functional Eligibility for BCAP - Not severely impaired in the ADLs of toileting, transferring and eating; **and** impaired in 3 or 4 IADLs of meal preparation, housework laundry, medication assistance; **or** have a health, welfare, or safety need including requiring supervision or a structured environment.

Is the client severely impaired in toileting, transferring or eating? ☐ Yes ☐ No	Does the client need a supervised/structured environment? ☐ Yes ☐ No

IADL Scoring (enter the score in the following boxes) (an impairment is a 1 or 2) 0 = without help; 1 = with help; 2 = can't do at all

Housework	Meal Preparation	Laundry	Taking Medication

☐ Initial Functional Assessment Needed for BCAP/ExSPED Eligibility Requirements	Date Due	Date Completed	Date Effective
☐ Annual Functional Assessment Needed for **BCAP/ExSPED** Eligibility Requirements	Date Due	Date Completed	Date Effective
☐ Six Month Functional Reassessment Needed for **BCAP/ExSPED** Eligibility Requirements	Date Due	Date Completed	Date Effective
☐ Client Does Not Meet Functional Eligibility for **BCAP/ExSPED** Eligibility Requirements	Date Due	Date Completed	Date Effective
Case Manager Signtaure			
☐ MA Review Needed	Date Due	Date Completed	Date Effective
☐ Does Not Meet Financial/Medicaid Eligibility		Date Completed	Date Effective

Type of Placement
☐ Temporary ☐ Permanent