NORTH DAKOTA TRANSITION AND DIVERSION SERVICES PILOT PROJECT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES
SFN 649 (1-2024)

Clear Fields

APPLICATION PROCESS

Referral/Application:
Send referrals/applications for TDPP Transition Service to Aging and Disabilities Resource Link at CareChoice@ND.gov or by calling 1-855-462-5465.

Incomplete applications may cause a delay in processing.

Type of Application

☐ **Transition Application - from a group living facility in the community (Complete Sections A and B)**

☐ **Diversion Application - Assistance to avoid institutionalization (Complete Sections A and C)**

SECTION A: APPLICANT INFORMATION

Name	Date of Birth	Gender ☐ Male ☐ Female	Telephone Number
Name of Person Completing Referral	Referring Agency		Referral Telephone Number

Race

☐ White ☐ Alaska Native ☐ Hispanic
☐ African American ☐ Native Hawaiian ☐ Asian
☐ American Indian ☐ Other Pacific Islander ☐ Other (specify): _____

Ethnicity/Hispanic Origin - Hispanic or Latino

☐ No ☐ Yes, specify Hispanic/Latino Origin: _____

Preferred Language

☐ English ☐ Spanish ☐ English Second Language ☐ German ☐ Arabic ☐ Other (specify): _____

Is the applicant currently enrolled in one of the following state services?

	Yes	No		Yes	No
Community Connect Provider *	☐	☐	Developmental Disabilities Program Manager (DDPM)	☐	☐
Free Through Recovery Provider *	☐	☐	HCBS Case Manager	☐	☐
1915i Provider *	☐	☐	Children's Waiver Services	☐	☐
Regional Human Service Center	☐	☐	Other (specify):		

* **If the person is receiving services from a Community Connect, Free Through Recovery, or 1915(i) provider, attach a completed SFN 970 Multi-Party Authorization to Disclose information to this SFN 649 application.**

Name of Service Provider Agency	Name of Case Manager	Case Manager Telephone Number

Insurance Type

☐ Medicaid ☐ Medicaid Expansion Medicaid/MA Expansion Number _____

Income Type

☐ No Income ☐ Employment
☐ Social Security Income ☐ Supplemental Security Income
☐ Social Security Disability Insurance Income ☐ Other (specify):

Current Monthly Income

Household Size

Number of Adults: Number of Children Under 18:

Does this person have a significant disability?

☐ Yes ☐ No

Type of Disability/Diagnosis

What major life activities are limited by the disability?

- ☐ Breathing
- ☐ Hearing
- ☐ Caring for Oneself
- ☐ Other (specify): _____
- ☐ Walking
- ☐ Seeing
- ☐ Performing Manual Tasks
- ☐ None
- ☐ Talking
- ☐ Sleeping
- ☐ Working

Does this person have a Legal Decision Maker (LDM) ☐ No ☐ Yes - Name of LDM:	Telephone Number
Address of LDM	

LDM Type

- ☐ Guardianship
- ☐ Durable Power of Attorney
- ☐ Durable Power of Attorney for Healthcare
- ☐ Supported Decision Maker
- ☐ Durable Power of Attorney for Finance
- ☐ Other (specify): _____

Additional Information

SECTION B: TRANSITION FROM A GROUP LIVING LOCATION TO THE COMMUNITY

Specify if you are currently living in one of the following group living residential facilities:
Homeless shelters and jails do not qualify for Transition.

- ☐ Nursing Facility
- ☐ Youth Facility
- ☐ Substance Use Disorder Treatment Facility
- ☐ Basic Care Facility
- ☐ Mental Health Treatment Facility
- ☐ Other (specify): _____
- ☐ Assisted Living Facility
- ☐ Domestic Violence Shelter

Name of Group Living Facility			
Address	City	State	ZIP Code
Date of Admission	Anticipated Discharge Date	Planned Discharge Location	
Type of Transition Assistance needed (needs furniture, etc.)			

SECTION C: ASSISTANCE TO AVOID INSTITUTIONALIZATION

Specify if you are in direct threat of being placed in one of the following long term institutional settings:
Homelessness does not qualify for Diversion.

- ☐ Nursing Facility
- ☐ Basic Care
- ☐ ICF/ID
- ☐ Assisted Living
- ☐ Living environment is found to be inhabitable based on an inspection from a local housing office or inspector, and their continued habitation at the residence would be dangerous
- ☐ A change in physical health or physical disability resulting in the need for an accessible housing unit
- ☐ Individual with a DDPM moving from a family home into the community
- ☐ Individual identified by HCBS CM as a target population member

Current Community Address	City	State	ZIP Code
Type of Assistance Needed (examples: assistive device, home modification, assistance moving to new living situation, etc.)			

FOR INTERNAL USE ONLY

Date Application Received	Date Application was Approved	Type of TDPP Service Approved ☐ Transition ☐ Diversion
Date Referral Sent to the Assigned Agency	Agency Assigned to Provide TDPP Service	

Date Application was Denied	Type of TDPP Service Denied ☐ Transition ☐ Diversion

Reason(s) for Denial of **Transition** Service

- ☐ Applicant did not meet financial eligibility requirements (Medicaid, Medicaid Expansion, with income at or below 138% of the federal poverty level)
- ☐ Applicant did not meet one of the following program eligibility requirements:
  - ☐ Is not transitioning from a Qualified Group Setting
  - ☐ Does not plan to transition to a Qualified Community Setting
  - ☐ Does not have a Significant Disability identified
  - ☐ Moving out of North Dakota
  - ☐ Incomplete Application

Reason(s) for Denial of **Diversion** Service

- ☐ Applicant did not meet financial eligibility requirements (Medicaid, Medicaid Expansion, with income at or below 138% of the federal poverty level)
- ☐ Applicant did not meet one of the following program eligibility requirements:
  Is not currently Living in a community setting (Apartment, Home, Mobile Home, Agency Foster Care etc.)
- ☐ Does not have a Significant Disability identified
- ☐ Did not meet one of the following requirements:
  - Direct Threat for admission to a nursing home, intermediate care facility, Assisted Living, or Basic Care facility.
  - Individual's living environment is found to be inhabitable based on an inspection from a local housing office or inspector, and their continued habitation at the residence would be dangerous.
  - Change in physical health or physical disability results in the need for an accessible housing unit.
  - Individual identified by HCBS CM as a target population member.
- ☐ Moving out of North Dakota
- ☐ Incomplete Application

Comments