



**NORTH DAKOTA TRANSITION AND DIVERSION SERVICES**  
**PILOT PROJECT SERVICE AUTHORIZATION**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADULT AND AGING SERVICES  
SFN 715 (8-2024)

**SECTION I: CLIENT IDENTIFICATION**

Name (Last, First, Middle)		Client identification Number (ND Number) ND	
Physical Address	City	State	ZIP Code
County of Residence			

**SECTION II: AUTHORIZATION OF SERVICES**

TDPP Community Based Service Funding	Service Provider	Provider Number	Services Start Date	Services End Date	Unit Rate	Units per Month	Cost per Month
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**Partial Service Month (if needed)**

TDPP Community Based Service							
Nurse Education and/or Extended Personal Care-Nurse							

**Full Service Month**

TDPP Community Based Service							
Nurse Education and/or Extended Personal Care-Nurse							

**Full Service Month**

TDPP Community Based Service							
Nurse Education and/or Extended Personal Care-Nurse							

**Full Service Month**

TDPP Community Based Service							
Nurse Education and/or Extended Personal Care-Nurse							

**Partial Service Month (if needed)**

TDPP Community Based Service							
Nurse Education and/or Extended Personal Care-Nurse							

## RATES

TDPP Community Based Service uses one rate for personal care, supervision, homemaker, non-medical transportation, respite care etc.

TDPP Nurse Education and Extended Personal Care-Nurse, and Extended Personal Care-Non-Nurse services are paid at the normal rate established for each of these services.

The Rural Differential Rate can be utilized for all services if applicable.

## Length of Authorization:

Total authorization request should not exceed three full months of service including both a partial 1<sup>st</sup> month and a partial 4<sup>th</sup> month. If additional months are needed a new authorization will be required to be submitted.

If more then more QSP is involved, the HCBS CM will submit an authorization for each QSP with the number of units that QSP would provide under this service.

## Signatures

I certify this individual would reasonably meet nursing facility level of care screening, and the individual is pursuing Medicaid with the expectation of approval.

Case Manager Signature	Date
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TDPP Transition and Diversion Program Staff Approval Signature	Date Approved
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## Qualified Service Provider Information

By accepting this authorization to provide TDPP funded Community-Based Services and/or TDPP funded Nurse Education/ Extended Personal Care-Nurse, the Provider agrees to provide services in accordance with standards and conditions agreed to in signing the Medical Assistance Program Provider Agreement as a designated Qualified Services Provider. If an authorization is for multiple providers, the 31-day total authorized units for a consumer may not be exceed by the combined providers. This authorization is time limited and is not a guarantee of payment of services. The Provider is responsible for maintaining the required task documentation supporting services provided. HCBS Extended Personal Care Service 525-05-30-27 Policy Manual must be followed for any EPCS authorized.

## Documentation Requirements and Options

QSPs must keep service records for 42 months from the date the services were delivered.

Records must include:

- Name and ID Number of the client
- Name and ID Number of the provider
- Full date of the service MM/DD/YYYY
- Location of the service
- Start time and end time (including a.m. and p.m.)
- Number of units of service (service name is either: TDPP Community Based Service Funding or Nurse Education and/ or Extended Personal Care-Nurse)
- Brief description of the service provided

## Payment of Service

Requests for payment of the TDPP Transition or Diversion funded Community-Based Services/Nursing Education/Extended Personal Care-Nurse will be made utilizing the TDPP Transition and Diversion Community-Based Service Billing Worksheet (SFN 717).

The Billing worksheet will be emailed to: [mfpbilling@nd.gov](mailto:mfpbilling@nd.gov)

or mailed to:

MFP Program Staff  
520 3rd Ave NW  
Jamestown, ND 58401

## Distribution:

Original: Qualified Services Provider

Copy: HCBS Case Manager and ADRL Transition and Diversion Program Staff

Case Managers will send the authorization request to email to: [hsmfpreferences@nd.gov](mailto:hsmfpreferences@nd.gov)