New Jersey Department of Human Services

**NURSING FACILITY TRANSITION TO THE COMMUNITY (NON-MFP)**

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| --- | --- |
| Date Faxed | Name of Person/ Title Completing Form |
| To: Alisa Mead Assistant MFP Director (732) 509-2052 (Phone)(732) 777-3617 (FAX)Alisa.mead@dhs.nj.gov |   |
| Phone Number |

|  |  |
| --- | --- |
| Participant Name | Social Security Number |
| Date of Birth | Age | SSI Recipient[ ]  Yes [ ]  No |
| Medicaid Number | Effective Date |
| Medicare Number |  [ ]  Met MLTSS eligibility and did not transition due to meeting the Cost Effectiveness Threshold. |
| Discharge Services: [ ]  State Plan Services [ ]  Private Pay[ ]  MLTSS [ ]  Medicare Services[ ]  Case Conference Initiated |  [ ]  Cost Effective IDT requested Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_ |
| Discharge Facility Name | Facility Type[ ]  NF: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  SCNF:Type: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Discharge Facility Address |
| Date of Admission to NF/SCNF | IDT Done[ ]  Yes [ ]  No | Date  |
| Date of Discharge from NF/SCNF | Discharge To[ ]  Private Home/Apartment [ ]  ALR/CPCH [ ]  AFC [ ]  RHCF |
| Phone | Address |
| Name of Care Manager | Phone |
| Email of Care Manager |

**What constitutes a transition?**

To be considered a discharge or transition from a NF to the community and reported to OCCO, contact must be made at the facility through a NJ Choice Assessment, follow-up, Options Counseling, and/or a Section Q referral. Options Counseling and any assistance given to the client needs to be documented in the IPOC section of the NJ Choice Assessment and your monitoring notes. **NOTE: IF TRANSITION IS A MFP, USE MFP 75**