

New Jersey Department of Human Services
NURSING FACILITY TRANSITION TO THE COMMUNITY (NON-MFP)

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 <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid Number	Effective Date	
Medicare Number	<input type="checkbox"/> Met MLTSS eligibility and did not transition due to meeting the Cost Effectiveness Threshold.	
Discharge Services: <input type="checkbox"/> State Plan Services <input type="checkbox"/> Private Pay <input type="checkbox"/> MLTSS <input type="checkbox"/> Medicare Services		<input type="checkbox"/> Cost Effective IDT requested Date: ____/____/____
Discharge Facility Name		Facility Type <input type="checkbox"/> NF: _____ <input type="checkbox"/> SCNF: Type: _____
Discharge Facility Address		
Date of Admission to NF/SCNF	IDT Done <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Date of Discharge from NF/SCNF	Discharge To <input type="checkbox"/> Private Home/Apartment <input type="checkbox"/> ALR/CPCH <input type="checkbox"/> AFC <input type="checkbox"/> 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**