

Section Q and Nursing Home Transition Follow Up Form: Final October 2013

Instructions: Local Contact Agencies must use this form to communicate follow up with the nursing home after Options Counseling is completed. Please email via SECURE email, or if no secure email, via fax, to the nursing home contact person listed on the Section Q/Nursing Home Transition Referral Form for the individual you are serving.

Follow Up Status: (All fields are required.)

Date Options

Counseling Provided:

Local Contact Agency Conducting Follow Up: Please select from list below.

Local Contact Agency Informed Nursing Home of Options Counseling Follow Up:

Yes

No

Method of Options Counseling: Please select from list below.

First Name of Staff Person Providing Options Counseling:

Last Name of Staff Person Providing Options Counseling:

Email Address of Staff Person Providing Options Counseling:

Phone Number of Staff Person Providing Options Counseling:

Individual's/Resident's First Name:

Individual's/Resident's Last Name:

Individual's Date of Birth:

Nursing Home Where Individual Resides: Please select from the list below.

Town Individual Would Like to Transition To:: Please select from the list below.

Outcome of Options Counseling: Please select from list below.

Individual continuing with plan to transition out of the nursing home.

Individual explored options, but transition out of nursing home not possible.

Other

If individual continuing with transition planning, the next steps include: Please check all that apply.

Referral to MFP Transition Coordinator for MFP eligibility

Referral to LTCCC for Choices for Care eligibility

Schedule team meeting with NH staff and other necessary parties to discuss transition plans/needs

Continue working with Options Counselor to explore transition options/choice

Other

If individual explored options for transitioning out of nursing home but transition is not possible, please check all reasons that apply:

Individual made decision to remain in the nursing home after exploring options

Family/guardian made decision for individual to remain in nursing home after exploring options

Barriers encountered

Other

If barriers to transition were encountered that prevent transitioning, please check all that apply below:

No accessible housing

No affordable housing

Necessary services not available

Ineligible for necessary services

Cannot afford necessary services

No informal support available

MFP transition funds not sufficient

Disagreements encountered regarding "safety" or "appropriateness" of transition

Other

Important Notes for Nursing Home: