

DEPARTMENT OF HEALTH SERVICES

Division of Long Term Care
F-22678 (07/2008)

**COMMUNITY RELOCATION INITIATIVE
INITIAL INFORMATION AND FUNDING ESTIMATE**

Completion of this form is voluntary. If not completed, the request cannot be processed. The personally identifiable information is being collected to process **potential** program eligibility. Completed forms will only be accessed by staff processing the request.

Name – Applicant		County Applying	
Date of Birth / /	Medicaid Number	Name of Nursing Home	
Date of Admission to Nursing Home / /	Date of Planned Relocation/Discharge / /	Is the Nursing Home Closing or Downsizing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Document why this person's nursing home stay is expected to be long term			

Proposed New Living Arrangement		Estimate of the person's daily waiver cost (Do not include room and board, cost share or one time waiver costs.)	
This cost includes the following estimated daily amounts:			
Supportive Home Care	CBRF Service Per diem	Transportation	
Adult Day Care	Care management	Other	

One time waiver costs:		
Adaptive Aids	Waiver Allowable Home Modifications	Room and board costs in substitute care setting

Estimate of the daily Medicaid card services person will need (hours/day; times/week):	
MA Personal Care	Home Health (RN / Therapies)
Other Known, e.g., Transportation., DME, DMS	

Will this person receive SSI upon return to the community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this person access the SSI Exceptional Expense (SSI-E) benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will one time funding be needed for start-up costs (clothing, groceries) not covered by CIP II SPC 106.03 or 604.04?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain cost and items		

Amount of person's income:

SIGNATURE – Care Manager		Name – Care Manager (Print)	Date Signed / /
Telephone Number	Fax Number	E-Mail Address	

Fax completed form to Bureau of Long-Term Support/Community Relocation Initiative at 608-267-2913

For Bureau of Long-Term Support use

Estimate not able to be approved: no Medicaid data available BLTS will hold as pending

Estimate approved. Develop and submit waiver application packet to TMG for **FINAL** approval of CRI plan and funding.

Estimate approved by BLTS on: / /	Total Estimate Amount Approved:	Estimate approval faxed to county on: / /
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