

NURSING HOME MDS 3.0 SECTION Q REFERRAL

- Completion of this form is required under federal regulation 42 CFR 483.20, which requires federally certified nursing homes to complete the Minimum Data Set (MDS) assessment for all residents. Nursing homes are required to make a referral to the local contact agency for any resident who, in response to the MDS Section Q questions, indicates that he/she wishes to talk with someone about returning to the community. Failure to comply with this requirement could result in regulatory enforcement action.
- Using the automated Nursing Home Referral Management System, send the information from this form within ten (10) business days of completing Section Q of the MDS to the local contact agency (ADRC, county health and human services department, tribal agency) serving the county or tribe where the nursing home is located.
- Keep a copy of the referral form in the resident's medical record.

Date of Referral

I. Nursing Home

Name - Facility

Address – Street

City

State

Zip Code

Name – Staff Person

Title

E-mail Address

Telephone Number

II. Resident Being Referred

Name - Resident

Room Number

Date of Birth

Sex

 Male Female

Date of Original Admission to NH

County of Preference for Relocation

Telephone Number to Reach Resident

 Yes No Does this resident have a **legal guardian**?

 Yes No Does this resident have an **activated Power of Attorney for Health Care (POAHC)**?

Name – Legal Guardian / Activated POAHC

Telephone Number

Current Payer for Nursing Home Stay (*Check all that apply.*) Medicaid Family Care / Partnership / PACE Private Insurance Department of Veterans Affairs Medicare Virtual PACE Private Pay Other

III. Resident's Designated Contact Person

Complete this section if the resident is competent and requests that another individual (e.g., family member, friend) be contacted.

Name – Designated Contact Person

Relationship to Resident

Mailing Address - Street

City

State

Zip Code

E-mail Address

Telephone Number

IV. Resident's Signature (*Optional*)

SIGNATURE – Resident (or Resident's Legal Guardian or Activated POAHC)

Date Signed