

STAR+PLUS Nursing Facility Diversion Slot Screening

Individual's Name (Last, First, MI)

1. Is the individual in jeopardy of moving from his home to a facility to get the care he needs?

Yes No

Comments:

2. Has the individual had or will the individual have a major life event causing the crisis situation?

Yes No

Comments:

3. In the MCO service coordinator's opinion, if help could be provided in the home, such as skilled nursing or medication administration, would the individual be able to stay in the home and would HCBS STAR+PLUS Waiver services meet the individual's needs?

Yes No

Comments:

4. Does the individual have temporary arrangements for care in the home?

Yes No

Comments:

5. Will this arrangement be ending? Yes No If Yes, how soon will it end? _____

Comments:

Signature – MCO Service Coordinator

Date