

471-000-28 Instructions for Completing Form ASD-100. "De-institutionalization Referral"

Use: Form ASD-100, "De-institutionalization Referral," is used by the medical review team to recommend that a client no longer requires nursing home care.

Number Prepared: Three copies of Form ASD-100 are completed.

Completion: The field nurse of the medical review team completes Part I of Form ASD-100 as follows:

Enter the client's name, Social Security number, county of residence, county of legal settlement, the name and address of the facility, the current level of care, and the date of admission.

Indicate the client's health problems and other appropriate information.
Check the appropriate boxes for placement recommendations and supportive service recommendations.

Signature: The field nurse and the medical social worker shall sign and date Part I, and include the name of their field offices and telephone numbers.

The field nurse sends all three copies of Form ASD-100 with Form DM-28, "Periodic Medical Review and Medical Inspection" (see 471-000-14) to the long term care supervisor in the Central Office. If de-institutionalization is approved, the long term care supervisor sends copies to the local office handling the case. If disapproved, no action is taken.

The IM worker completes Part II as follows:

Check the appropriate box and complete the comment section.

Signature: The IM worker shall sign and date Part II, and include the local office name and telephone number.

If the client accepts services, the IM worker sends copies of Form ASD-100 with Form DM-28 to the service unit in the client's county of residence. If the client refuses services, the IM worker sends copies of Form ASD-100 to the long term care supervisor and the local office handling the case.

Part III is completed by the services worker, IM worker, or generic worker as follows:

Check the appropriate box and enter all necessary information, including comments.

Signature: The worker shall sign and date Part III, and include the name and telephone number of his/her office.

Distribution: After completing Part III, the worker sends copies of Form ASD-100 to the long term care supervisor and the adult services administrator in the Central Office and to the local office administrator (or administrator of income maintenance) in the local office handling the case.

Filing Instructions: Form ASD-100 is filed in section 6 of the case record.

Retention: Form ASD-100 is retained for three years.

