

**Community Care Intake Nursing Facility Diversion Slot Screening**

Individual's Name (Last,First, MI)	Intake No.
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**Nursing Facility Diversion Slot Questions**

1. Has the individual had or will the individual have one of the following major life events?

**Yes**  **No**

Loss of caregiver/caregiver no longer able to provide care

Discharging from hospital and no caregiver

Experiencing a sudden occurrence of a major illness/physical trauma and no caregiver

Other (Describe): \_\_\_\_\_

2. 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?

**Yes**  **No**

**Criteria Decision**

3. Does the individual meet the criteria for a diversion slot?  **Yes**  **No**

If the answers to questions 1-2 are "Yes," the individual meets the criteria.

**Additional Screening Information (Do not screen out based on this criteria)**

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

**Yes**  **No** (If No, make appropriate referrals including to Adult Protective Services, if necessary.)

5. Will this arrangement be ending?  **Yes**  **No**

If Yes, how soon will it end? \_\_\_\_\_

**If the individual meets the criteria for a diversion slot, contact the Community Services Interest List (CSIL) Unit staff at 1-877-438-5658 to place the individual in the NF Diversion Slot queue.**

**Updates and Case Manager Comments**

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

Comments:

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

Comments:

3. In the case manager'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 CBA services meet the individual's needs?

Comments:

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

Comments:

5. Will this arrangement be ending? If Yes, how soon will it end?

Comments:

\_\_\_\_\_  
Signature – HHSC Case Manager

\_\_\_\_\_  
Date