

The Missouri Long-Term Care Ombudsman Program (LTCOP) recruits and trains volunteers that visit residents in all types of long-term care facilities. These volunteers may interact with residents in Skilled Nursing Facilities (SNF) that express a desire to return to the community. When that happens, the volunteer contacts the Regional Ombudsman Coordinator (ROC) and a Show-Me Home (SMH)/Money Follows the Person Demonstration (MFP) referral is made on the resident's behalf.

### INSTRUCTIONS

#### EMAIL

Completed by the ROC

- Name
- Email to [SMH@health.mo.gov](mailto:SMH@health.mo.gov)
- Date completed

#### REFERRAL SECTION

Completed by the ROC

- Facility name, address, and telephone number
- Resident's name, date of birth, SSN, and DCN
- Date resident entered the facility
- Resident's health conditions and other information that could impact the ability to return to a community setting
  - Additional pages may be attached if necessary.

#### DISPOSITION SECTION

Completed by the Show Me Home (SMH) Services Specialist **within 30 days** of the date of referral

- Indicate if the resident is eligible
- Indicate date of enrollment for SMH services
- Indicate if the resident is not enrolled in SMH and check all applicable reasons
- Indicate if the participant is approved for MFP **but does not meet** level of care (LOC) to receive Home and Community Based Services (HCBS)
- Enter the SMH Service Specialist's name and telephone number



### COMMENTS

Comments may be entered by the ROC and/or the SMH Services Specialist as necessary. Information could include details on the resident's community support network, needed resources, potential challenges to transition, etc. Additional pages may be attached if necessary.

### **DISTRIBUTION**

Upon completion by the ROC the following shall occur:

- The referral is faxed to SMH DSDS oversight staff
- SMH DSDS oversight staff forwards to the appropriate SMH Services Specialist

At disposition, the following shall occur:

- The SMH Services Specialist or DSDS staff shall fax a copy back to SMH DSDS oversight staff
- Ensure a copy is uploaded to the participant's electronic case record when applicable

SMH DSDS oversight staff shall:

- Provide a copy of the completed form to State LTCOP staff