**Department of Health & Human Services**

**Division of State Operated Healthcare Facilities**

**Neuro-Medical Treatment Centers**

**Referral Consent**

*The referring agency should review this document with the Individual and/or the Legally Responsible Person (LRP) prior to submitting a referral to the Neuro-Medical Treatment Centers (NTC). Signature indicates each component of this form has been reviewed and accepted and the Individual or LRP is providing consent for referral consideration.*

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| --- | --- | --- | --- |
| **Applicant Name:** |        | **Date of Birth:** |       |

The applicant indicated above is being referred for admission consideration to the state-operated Neuro-Medical Treatment Centers (NTCs). Each of the three NTCs is certified as a Skilled Nursing Facility (SNF) providing specialized nursing care. If criteria are met, applicant will be considered for admission to all three NTCs, unless indicated otherwise within this consent.

**Individual/Legally Responsible Person (LRP) acknowledges:**

[ ]  State operated facilities are potentially indicated for people whose needs cannot be met in an alternative setting

[ ]  This referral is a request for admission consideration, and not a guarantee of acceptance

[ ]  All referrals are reviewed by a multidisciplinary team and determinations for admission are made by an admission review committee based on bed availability and meeting the following admission criteria:

* Clinical treatment needs that meet Skilled Nursing Facility (SNF) level of care; AND
* A neurocognitive disorder, neurodevelopmental disorder, or severe and persistent mental illness with primary nursing needs; AND
* Chronic and complex medical and/or behavioral support needs that limit community-based support options that can provide for the treatment needs of the person

I understand that providing consent for this referral does not indicate an available offer of admission. If it is determined that criteria are met, applicant may be placed on a waitlist. In order to ensure that we are offering services in the timeliest manner, any referral to the NTCs is evaluated for appropriateness in all three NTCs, unless otherwise indicated below. While every effort is made to prioritize admission to the facility closest to the applicant’s home community, specialized treatment needs and bed availability are considered for all admissions. Selecting all three NTCs will ensure the greatest likelihood that the applicant’s treatment needs will be best matched to the appropriate NTC.

My signature below is providing consent to refer to the following NTC(s):

[ ]  Black Mountain Neuro-Medical Treatment Center (BMNTC) – Black Mountain, NC

[ ]  O’Berry Neuro-Medical Treatment Center (OBNTC) – Goldsboro, NC

[ ]  Longleaf Neuro-Medical Treatment Center (LLNTC) – Wilson, NC

 Individual/Legally Responsible Person Date

 Referring Agency Representative Date