

Transition Planning Checklist

10.01.13

Current Contact Information			
Name:		Prime #:	
Address:		Phone #:	
Current Facility:		Facility Type:	
Contact Person:		D.C. Planner:	
Contact Email:		D.C. Phone #:	
Medical Contact Information			
Current MD:		CCO:	
New MD:		FFS Coord:	
Home Health:		Medicare:	
Mental Health:		Other Ins.:	
Other Medical:		Dental:	
APD Staff Contact Information			
TC Name:		TC Phone:	
TC Email:			
CM Name:		CM Phone:	
CM Email:			
ES Name:		ES Phone:	
ES Email:			
Discharge Orders & Move Details			
MD Orders RX:		RX (3 -Day):	
Orders Other:		Confirm All:	
Transport:		Unpacking:	
Individualized Services			
<p><i>List unique barriers or services that need to be addressed during transition:</i></p>			

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Internal Forms and Processes			
<ol style="list-style-type: none"> 1. MSC 0503 or MSC 0503D (VOTER REGISTRATION or DECLINATION) 2. 914 (SERVICE OPTION) 3. SDS 0494 (SPECIFIC NEED FACILITY - ADMISSION FORM) 4. D/T DATA BASE (DIVERSION/TRANSITION DATA BASE) 5. CAPS UPDATED 6. SDS 313 (BEHAVIORAL SUPPORT SERVICES FORM) 7. RISK COORDINATOR REFERRAL (CCO OR "APS HEALTHCARE" FOR FFS CONSUMERS) 8. INDIVIDUAL TO TOUR NEW HOME 9. VERIFY STRUCTURE IS ADEQUATE 10. DME/SUPPLIES NEEDED: 11. DME/SUPPLIES BIDS: 12. HOUSEHOLD ITEMS NEEDED: 			
Transition Planning			
Resident Interview:		Other Referrals:	
Care Conferences :		Other Meeting:	
Potential Provider Review:		Potential Provider Review:	
Move Date:		Follow Up Visit:	
In/Home Case:		I/H CG in Place:	
New Facility Name/Type:		Provider #:	
New Address:		Phone #:	
Exceptional Payment Rqst:		Transfer Staffing:	
New Branch Office:		New TC or CM:	