



Butler CDDO TCM Transfer Checklist

If a person wishes to transition TCM services, the current provider will always complete this form and send it to the new TCM provider with the documents noted below. The new provider will then decide if a PA request is necessary or in the case of a previously established PA, forward a request to KDADS.

Individual Transferring:	Social:
Medicaid Number:	Date of Birth:
Current TCM:	Current TCM Phone:

Current TCM Provider	New TCM Provider
Agency Name:	Agency Name:
TCM KMAP Provider Number:	TCM KMAP Provider Number:
Last Date of Service:	Start Date:
TCM Units Billed (or will be):	Number of TCM Units Remaining to Transfer (This includes any units from a PA):
Is there a current PA in place? (y/n)	

Case Transfer items

- | | |
|--|---|
| <input type="checkbox"/> I/DD Application
<input type="checkbox"/> Current PCSP and Addendums (within the last year)
<input type="checkbox"/> Current Behavior Support Plan (if applicable)
<input type="checkbox"/> Current Psychotropic Medication Plan (if applicable)
<input type="checkbox"/> Current IEP (If Applicable)
<input type="checkbox"/> Current BASIS and Tier Score
<input type="checkbox"/> Current Plan of Care (if applicable)
<input type="checkbox"/> Current MR-1
<input type="checkbox"/> Copy of Medicaid Card and/or other insurance
<input type="checkbox"/> Copy of Kansas ID or other form of ID
<input type="checkbox"/> Copy of Guardianship Papers (if applicable) | <input type="checkbox"/> Provider Change Form
<input type="checkbox"/> Current Physical or Health Assessment (within 2 years)
<input type="checkbox"/> Risk Assessments (if applicable)
<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Eligibility Determination Sheet (MR-9, DD checklist, ect)
<input type="checkbox"/> BASIS data collected since previous BASIS Assessment
<input type="checkbox"/> 3160 and/or Current 3161
<input type="checkbox"/> Current MR-4 and/or MR-5
<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Port Papers (if applicable)
<input type="checkbox"/> Current List of Medications (if applicable) |
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Please note why any info is missing or any additional comments:
