



Transition of TCM Service Form

After the transition meeting **and** the Transition of TCM Services Form has been completed, the current Targeted Case Manager will be responsible for submitting this form to the CDDO within 2 business days of the meeting.

Individual Transferring:	Social:
Current TCM:	Current TCM Phone:
Care Coordinator:	CC Phone:
Individuals Guardian:	Guardian Phone:
Current Day Provider:	Current Residential Provider:
Current SHC/PAS Provider:	Other Providers:

Is the Person Centered Plan current? YES NO

If no, when will it be updated _____

Is there a Behavior Support Plan/Risk Assessment in place? YES NO

Is the Behavior Support Plan current? YES NO N/A

If no, when will it be updated _____

How many units of TCM will be billed by current TCM provider thus far? _____

Is there a current Prior Authorization in Place? YES NO

What will the last day of billing be for the current TCM agency? _____

When will the client file be transferred from the current TCM agency to the new agency? _____

Please check all information which will be included in the client record to the new agency:

- | | |
|--|--|
| <input type="checkbox"/> Current Person Centered Plan | <input type="checkbox"/> Current Medical Exam |
| <input type="checkbox"/> Current Behavior Support Plan | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Risk Assessment | <input type="checkbox"/> Copy of Social Security |
| <input type="checkbox"/> Current Psychotropic Medication Plan | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Current IEP | <input type="checkbox"/> Copy of Medicaid/Insurance Card |
| <input type="checkbox"/> Copy of BASIS | <input type="checkbox"/> Copy of Guardianship Papers |
| <input type="checkbox"/> Accumulated Behavior Data for current year from provider(s) | <input type="checkbox"/> Accident/Incident/Seizure Reports |
| <input type="checkbox"/> Current Needs Assessment | <input type="checkbox"/> Funding Information/Minutes |
| <input type="checkbox"/> Current MR-10 | <input type="checkbox"/> Copy of ID |
| <input type="checkbox"/> I/DD Application for Services | <input type="checkbox"/> Any Legal/Court Documents |
| <input type="checkbox"/> Current MR-1 | |

Delivered by: Email Fax Mail Hand Delivered

Date Delivered: _____

Delivered by: _____

Received by: _____