



## Transition of TCM Service Form

The current TCM Provider will be responsible for completing this form and submitting it along with the case transfer to the new TCM Provider.

Please CC the CDDO (Rikki) on the email transferring the case to the new provider.

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

Is the Person Centered Plan current?    YES       NO

Expiration Date: \_\_\_\_\_

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

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

Expiration Date: \_\_\_\_\_

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

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

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

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

Current TCM: \_\_\_\_\_ Date: \_\_\_\_\_