

TRANSITION CHECKLIST

(THE TRANSITION PLAN IS THE SUPPORT COORDINATOR'S (FORMALLY SERVICE COORDINATOR) RESPONSIBILITY TO COMPLETE)

Financial

Updated means test on file with RO

Payee of benefits-

1. Who will be the payee of benefits, document who will become payee and how Room and Board will be paid to the agency each month if the payee is not DMH. Explain this to the family in detail. You need to get a letter from the family stating they will pay the agency directly for all Room and Board and Spend down cost if the family chooses to remain payee of benefits.
2. Explain at the meeting that room and board cost cannot be more than the benefits amount unless the family is willing to pay the extra. If this is the case you must get a letter from the family stating this. DMH will not supplement Room and Board. If the individual does not have benefits at this time family will need to agree to pay the entire R&B until benefits are obtained. Once benefits are obtained they will still have to pay any R&B amount over the benefit amount.

Benefit amount- Document the benefit amount in the transition plan. If the individual does not have benefits then the family needs to apply or the family needs to pay the cost of Room and Board directly to the provider. The family needs to provide a letter stating they will do this and a copy forwarded to residential UR with the transition plan. If the individual moving is under 18 the family must apply for SSI/SSA the day of the move. This needs to be documented that it will occur in the transition plan and the Support Coordinator must follow up the day of the move to ensure it has occurred.

Checking account and/or Savings account- explain at plan that this cannot exceed \$999.00 to maintain Medicaid. At this time ask if there are any other assets in the individual's name that would prevent him/her from getting Medicaid. If so then the family needs to take care of this before we can proceed with placement. Individual must have active Medicaid to be in the waiver.

Medicaid code: If the Medicaid is not straight Medicaid (ME code 13) Support Coordinator must verify that the ME code is one that can be used in the Medicaid waiver program. This needs to be documented in the transition plan. If it is not a correct ME code then the Support Coordinator must document who will be responsible to get this changed. Individual must have active Medicaid with a Waiver billable code prior to placement. . If the individual moving is under 18 the family must apply for Medicaid the day of the move. This needs to be documented that it will occur in the transition plan and the Support Coordinator must follow up the day of the move to ensure it has occurred.

Personal spending amount- \$30 if working, \$60 if not working, or any amount in between as long as the amount is within the individuals means. Room & Board amount and Personal Spending cannot exceed the individual's benefits amount.

Additional personal expenses (ex., medications, bills, cable) document any other expenses the individual has and how it will be paid. DMH will not pay for cable (unless it is a rural area and basic cable is required to receive reception)

Medical

Doctor(s)/ Dentist/ Specialist(s) -list all doctors and if they will continue upon move. If they will not continue how will new doctors be obtained and who will be responsible for this to occur.

Medication(s) - document all medications and how the agency will get the initial 30 days worth of medication prior to the move and who will be responsible.

Doctor's orders- the agency needs a copy of prescriptions or orders for all medication. Document how the doctor's orders will be obtained and who will be responsible for this to occur.

Medical condition(s) list in plan and outline how the agency will ensure health and safety.

Allergies- document any allergies in the transition plan

Responsible party for medical actions: Sometimes the family wants to continue to take the individual to all doctor's appointments. The agency needs to accompany as they are ultimately responsible for medical needs being met.

Upcoming appointment(s) - are there any upcoming appointments scheduled and if so when and with whom.

Hepatitis B screening/immunization records- the waiver requires agencies to have both of these prior to placement. Document who will obtain this information. If the agency says they don't need it, document it in the plan and the signatures on the plan from the agency will verify this is correct. If no Hep B series has occurred the first shot must be obtained prior to the move date. Document who will be responsible for this to occur.

Physical- the agency will need a copy of a current physical (with n the last year) prior to the move. The will also need a copy of a negative TB test. Document how this will occur in the transition plan and who will be responsible.

Therapy (ies) needed- Does the individual currently receive therapy or are they in need of any additional therapies. If so why and are you asking for it via Medicaid Waiver funding. If so document in transition plan just like you would any other request.

Adaptive equipment and needed upkeep/care- Does the individual have any adaptive equipment. If so document how it is used in the plan and what additional support does the individual need to use it properly. Who is responsible for staff to be trained on the equipment, document in plan?

Level of Support needed: Describe the type of support the person will need in his home and in the community. For example- Line of sight, within arm's length, can be alone in his/her room or any other room in their house for a certain amount of time, etc. If so document how often checks are needed, do these checks need to be visual, etc. The levels of supervision need to be clearly documented in the transition plan.

Types of Communication- How does the individual communicate?

Daily Routine- what is the individuals daily routine at home and how will that transfer to the new living arrangement.

Work/Day Program/Transportation- what does the individual do during the day , what are the hours he/she attends work or day program and how will he/she get there when the move occurs. If the individual is school age will there be a change in school. If so who will enroll the individual in the new school and who will arrange transportation. This needs to be documented in the transition plan.

Moving: Document the particulars about who, when, time the actual move will occur and who will be responsible for moving the furniture, items, bringing the individual, etc. What is the tentative date for the move? **No actual move date can be set without Regional Office director approval on the UR approval page.**

Family

Guardianship status/documentation- document who is guardian in the transition plan. Make sure St. Louis Regional Center has a copy of the guardianship paperwork in the individual's records if he/she has a guardian.

Frequency of family visits/Visitors permitted- have a discussion of how often the family wants to visit and have the agency go over what they expect a family to do to set up a visit. Have the family provide the agency with a list of who can visit and who can take the person out in the community.

Any restriction(s) - are there any restriction on who can visit. If so document in the plan.

Sexuality- this is a touchy subject. Support Coordinator should briefly discuss the possibility of dating and sexual relationships. The agency should help with the discussion and the family should think about what supports /restrictions the individual may need.

Time frame for contact regarding incidents- incidents will occur document in the plan when the family wants to be notified of: Emergency or Routine (cut or scrape, headache)

Important Personal Items

Furniture: St. Louis Regional Center does not fund for startup cost for individuals coming from their natural home. The family needs to provide a list of what the individual will bring to the new living arrangement. If the family does not have anything the agency and Support Coordinator can assist with finding donations to furnish the home.

Documentation of personal items: It is recommended that the family make a list to give to the provider of what personal items the individual will be bringing to the new living arrangement. The Support Coordinator and family should also keep a copy of this list.

Likes and Dislikes

Support Needs- Safety Issues

Document in the plan how the agency will support the individual in the following areas:

Strangers	Tooth Brushing	Behavior	Mobility	Water temperature
Knives	Medication administration		Walking in community	
Traditions	Money	Bathing	Doctor visits	Adaptive equipment
Time alone	Socialization	Appliances	Communication	Cleaning products

Make sure you have all the signatures of all participants.

Outcomes: Ensure that anything that is needed prior to the move or within the first 30 days that is not documented in the body of the plan a long with the responsible party and completion date (this can be an actual date, prior to move, within 3 days of move, etc) is addressed under outcomes.