**Checklist for Residential Community Living Moves**

Name:       DMH #

Transitioning from:       to

(Natural Home/ Residential Name) (Residential Name)

Transitioning from:       to       Move Date

Regional Office Regional Office

New Address      New Phone Number

Initial Transition meeting date:       Post Move Transfer meeting date:

# Section A. Initial Planning and Provider Selection

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| Action Step | | Date Action Step Completed (or N/A) | | Comments | |
| Have checked the Medicaid (ME) code to verify that the individual has active, waiverable Medicaid? | |  | |  | |
| The individual’s waiver eligibility has been determined and Level of Care (LOC) completed. | |  | |  | |
| Responsible Person(s) has identified the counties they want to consider for a move. | |  | |  | |
| Has UR approved to proceed with placement? | |  | |  | |
| If an individual is moving from a Hab Center or Skilled Nursing Facility into the community, has a referral to Money Follows the Person been completed?  **\*Note: Talk to your Community Living Coordinator** | |  | |  | |
| Notify the receiving Area Behavior Analyst if the individual is moving from a Level II facility, nursing home, psychiatric hospital, or jail, or if the individual has been in a psychiatric hospital or jail within the past year. | |  | |  | |
| Individual’s referral has been placed on Consumer Referral Database. | |  | |  | |
| Individual and responsible parties have been made aware of all provider options and have been provided information and opportunities to visit providers before making informed choice. | |  | |  | |
| For Shared Living – has the individual and/or legally responsible party been made aware of their choice in relief staff? | |  | |  | |
|  | |  | |  | |
| Housemate Compatibility Tool has been completed, and the team has evaluated the level of risk any housemate would present to the other. | |  | |  | |
| Individual has chosen a provider and the selected provider has been informed. | |  | |  | |
| For Shared Living-Is there an up to date SIS report available? | |  | |  | |
| Medicaid Waiver, Provider, and Services Choice Statement completed. | |  | |  | |
| Individual has met housemates and has had a chance to become acquainted with the home through home visits, photos, videos or alternative methods. What attempts have been made? | |  | |  | |
| If the home is a new ISL, prior to the move, has the Support Coordinator inspected the proposed new home using the ISL Environmental Site Review form? | |  | |  | |
| Have verified that the individual has sufficient benefits to cover the room and board costs?  If not, have requested RO Business Office review the benefits? | |  | |  | |
| If moving from one Regional Office to another, have the sending & the receiving ROs, and CLCs been informed? | |  | |  | |

**Section B. Transition Plan:**

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| Action Step | Date Action Step Completed (or N/A) | Comments |
| The new TCM agency has been informed of the move and invited to transition meeting. |  |  |
| Receiving SC has entered their role into CIMOR. |  |  |
| Initial transition meeting with BOTH sending and receiving teams has been scheduled. |  |  |
| Document who participated in the initial transition meeting and date of the meeting. |  |  |
| The team is informed of any pending court actions. |  |  |
| Does the individual have overdue/unpaid bills? If so, is a plan in place to address the bills? |  |  |
| Have the sending & receiving business office staff been informed of status of payee? |  |  |
| Is the end of life plan for the individual documented in the ISP? |  |  |
| Has the sending SC documented who is going to notify current landlord, post office, Social Security Office/Medicaid Office, bank, etc. of the individual’s move/and new address? |  |  |
| Startup needs (rental/utility deposits, furniture, household set-up, etc.) have been identified and funding source identified prior to the move. |  |  |

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| All medical supports the individual needs are addressed in the ISP Amendment. |  |  |
| Receiving provider’s staff (and relief staff if applicable) is informed and aware of the individual’s medical needs. |  |  |
| Sending and Receiving RO Nurses have been informed of the individual’s move. |  |  |
| If individual has had a change in health status or this is first move to residential living, Health Inventory has been completed. |  |  |
| Prior to the move, Provider (and relief staff if applicable) staff has been trained on any specialized medical supports. |  |  |
| The individual has all needed durable medical equipment. The source and funding for needed equipment has been identified and obtained. |  |  |
| Prior to the move, Provider staff (and relief staff if applicable) has received a copy of the BSP and has been trained on any needed specialized behavioral supports. |  |  |
| All behavioral support needs are addressed in the ISP/ Amendment. |  |  |
| If involvement of the Behavioral Resource Team (BRT) in the transition is needed, the BRT has been made aware and will be involved. |  |  |
| If the individual has a Behavior Support Plan, has it been sent to the receiving Area Behavioral Analyst? |  |  |
| Is a psychiatrist needed? If so, has a referral been made? Has the need for a psychiatrist been documented in the ISP\amendment? |  |  |
| Staffing ratio needed has been identified and justified in the plan. |  |  |
| If the person’s rights are restricted, has the plan been reviewed by the Due Process Committee and documentation is in the file? |  |  |
| If the individual is a registered sexual offender or has been found NGRI (not guilty due to disability or mental illness) for a sexual offense, or was determined incompetent to stand trial for a sexual offense, has the SC notified the sending CLC of the move? Prior to the move, the CLC has sent out notification letters which are required by statute. |  |  |
| Has the need for Home Modifications been determined? |  |  |
| If the individual is planning to utilize Community Transition Services and/or Home Modification Services, has the team ensured that the home is not provider owned and/or controlled? |  |  |
| If utilizing remote supports, agency has been identified and back-up plan is in place. |  |  |

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| Arrangements have been made for transporting the individual and belongings on the move date. |  |  |
| Transfer of personal funds has been arranged   * Spending money in the individual’s possession is sent WITH individual or responsible person. * Personal spending money in accounts is returned by the provider to the Regional Office. (If RO is not payee, RO will direct provider to whom to return the funds). |  |  |
| Has a Tentative move date been discussed? If so, what date? |  |  |
| Determine which SC will do Service Monitoring during the first 30 days after the move. |  |  |

# Section C. After Transition Meeting

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| Action Step | Date Action Step Completed (or N/A) | Comments |
| Budget submitted by the agency provider. |  |  |
| Authorizations have been approved by the sending UR and the sending RO Director prior to the move. |  |  |
| Authorizations have been sent to the new TCM to be entered into the system for billing at the new Regional Office. |  |  |
| If the move will result in an ISL rate increase, has the ISL budget been approved by sending Regional Office Director prior to the move? |  |  |
| Sending TCM entity has provided the receiving TCM entity and provider with an approved copy of the budget. |  |  |
| If applicable, interdivisional or interdepartmental agreement has been completed and signed. |  |  |
| If home modifications are needed for health and safety, were they approved and completed prior to the move? |  |  |
| Final UR approval has been received for all services. Has the waiver slot been assigned? |  |  |
| Upon the move, an inventory of the individual’s belongings has been documented during the first 30 days and the inventory is maintained by the Provider Agency. |  |  |
| The following have provided to the receiving provider at least one week before the individual’s move:   * Current Individual Support Plan, including any addendums and budget/funding authorizations * Behavior Support Plan * Current specialized medical information * Information regarding diet and allergies |  |  |

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| At a minimum, the following must be provided to the receiving provider no later than the day of the move:   * Current Physician’s orders * A minimum of a 7 day supply of current medications, with plan in place for renewal * Current physical, vision and dental exams * Medicaid, Medicare, ID card and Social Security cards * Current immunization record * Adaptive equipment * Clothing * Personal care items * Personal property inventory * Documentation of guardianship and payee |  |  |
| Sending Business Office has been informed of the move. |  |  |
| If the home is a new ISL and repairs/changes were necessary based on the initial ISL Environmental Site Review form, did the proposed new ISL home pass inspection prior to the move? |  |  |
| The sending SC will ensure that CIMOR is updated (i.e address, phone number, etc). |  |  |

# Section D. Follow Up

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| Action Step | Date Action Step Completed (or N/A) | Comments |
| The receiving provider has scheduled doctor appointments to ensure continuity of care. |  |  |
| All APTS entries which occurred prior to the move, including issues noted in the Nursing Review & Health Inventory, have been discussed and resolved or a remediation plan has been developed. |  |  |
| Post move transition meeting including sending and receiving support coordinators, CLC’s, provider’s, and any other staff necessary has been scheduled. |  |  |
| Has the sending SC ensured that his/her role has ended in CIMOR one day prior to transfer? |  |  |
| Sending SC prints last 6 months’ worth of log notes and puts in the master file. |  |  |
| Upon the move, the personal inventory form is reviewed and signed off by both the sending and receiving home manager or agency provider. |  |  |
| Community Moves Checklist sent to entire planning team. |  |  |
| Transfer date finalized. Provider and receiving TCM agency have been notified. |  |  |
| Transfer Form is completed if moving outside the region/county. |  |  |
| Has the File Audit Checklist been completed by the SCS prior to the transfer? |  |  |
| Consumer File sent within 5 business days of the effective transfer date. |  |  |

**Additional Comments:**

**Signature of sending SC completing form and date (Required)**

CC: Entire Planning Team

Consumer file 6/28/2018