**Checklist for Residential Community Living Moves**

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| **Name**:       | **DMH** #:       | **Sending** **RO**/ **TCM**:       |
| **Transitioning** **From**: (agency name/ service)      | **Transitioning** **To**: (agency name/ service)      | **Receiving** **RO**/**TCM**:       |
| **New** **Address**:       | **New** **Phone** #:       | **Tentative** **Move** **Date**:       |
| **Initial** **Transition** **Meeting** **Date**:       | **Post** **Move** **Transfer** **Meeting** **Date**       | **Actual** **Move** **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. |       |       |
| Has the team utilized a process for ensuring the individual has been involved in the choices regarding where to live, who to live with, how they want their services to be delivered, and by which service provider?<http://www.lifecoursetools.com/planning/> |       |       |
| Has the individual and/or their supported decision making representative, or legally responsible person 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. |       |       |
| Has the Housemate Compatibility Tool been completed? Has the individual and/or their supported decision making representative, or legally responsible person identified who they wish to live with based on the tool? Has the team evaluated the level of risk any housemates would present to one another? |       |       |
| Has the individual and/or their supported decision making representative, or legally responsible person 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 their supported decision making representative, or legally responsible party been made aware of their choice in relief staff? |       |       |
| 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. |       |       |
| Has the individual and/or their supported decision making representative, or legally responsible person expressed their feelings, expectations, hopes, dreams, and/or goals of the move and transition? |       |       |
| 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. |       |       |
| Has the team discussed employment options, day programs, community activities, and/or school? |       |       |
| 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. |       |       |
| Has the receiving provider submitted the Help Ticket to be added as the DD Provider Rep? |       |       |
| 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 Agency Tiered Support Consultants (formerly BRT Team) in the transition is needed, the Agency Tiered Support Consultants 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 applicable, would the rights restrictions that are in place affect any of the housemates? If so, has this been reviewed by the Due Process Committee?  |       |       |
| 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. |       |       |
| Has a Tentative move date been discussed? If so, what date? |       |       |
| Arrangements have been made for transporting the individual and belongings on the move date. |       |       |
| Determine which SC will do Service Monitoring during the first 30 days after the move. |       |       |
| Transfer of personal funds has been arrangedSpending money in the individual’s possession is sent WITH the 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). |       |       |

# Section C. Prior to the Move

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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. |       |       |
| If applicable, has the Receiving RO opened up a second Episode of Care?  |       |       |
| 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. |       |       |
| 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
 |       |       |
| The following have been 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
 |       |       |
| 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 Integrated Quality Functions Database 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.  |       |       |
| Remind the Residential Provider to schedule the Initial SIS Assessment |       |       |
| Post move transition meeting including sending and receiving support coordinators, CLC’s, provider’s, and any other staff necessary has been scheduled. |       |       |
| Has the individual and/or their supported decision making representative, or legally responsible person, expressed their thoughts on how the transition and move went? Have they discussed the need for any additional services or support? Does the individual and/or their supported decision making representative, or legally responsible person, wish to make any changes to the home, services or support, staff, or housemates? |       |       |
| 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. |       |       |
| If applicable, the sending SC has ended authorizations one day prior to the date of transfer. |       |       |
| 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:**

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**Sending SC completing form (Printed Name)**

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

CC:

* Entire Planning Team
* Consumer file

10/22/2019