

**STATE OF MISSOURI**

**DMH – DIVISION OF DD – REGIONAL OFFICES**

**TRANSFER FORM**

**Transfer Requested:** Click or tap to enter a date.

**Transfer Type:** Services

Case Management Only

Non-Residential

Residential

Informational Specialist

**Name**:       **DMH ID Number:** **Date of Birth:**

**Medicaid Number:****Principle Diagnosis w/ code:** **ISP date:**

**Individual’s New Address** (Include City, State, Zip Code)**:****Telephone Number** (include area code)**:**

**Guardian Commitment:** Choose an item. **Contact Relationship:** Choose an item.

**Contact Person:** **Address** (Include City/ State/ Zip Code/ Phone Number)**:**

**Transferring From  Ended Authorizations  RO FTP#**

**County:** **TCM:** **Regional Office:** Choose an item.

**Transferring To Yes No Does a Regional Office Payee need notified/assigned?**

**Yes No Does a Regional RN need notified/assigned?**

**County:** **TCM:** **County FTP#       Regional Office:** Choose an item. **RO FTP#**

**Services Needed:** **Funding Source:** Choose an item. **If Other or Multiple Please List:**

**Medicaid Waiver Slot #:**

**Does individual need on the Waiting List:** Choose an item.

**Placement Agency Name:**      

**Brief Update** (ie. Reason for moving, concerns/issues receiving area should know about):

**File Audit Checklist:**

Admission Documents  Waiver Choice Statement

Legal Documents  Provider Choice Statements

Diagnosis Information (including ICD-0 codes and collateral)  Budgetary Documents (approved UR/ISL budgets given to new TCM to enter for billing)

All available Assessments (including MOCABI/Vineland)  PON and UR Recommendation form

Current Individual Support Plan  Last 6 months of monthly/quarterly reviews

**File Audit Completed by:** **Date File Audit Completed:****Date Authorization was closed**

**Team requests transfer Meeting?**  Yes  No **Transition Meeting Date:** **Transfer Acceptance Date:**

**Authorization of Transfer**

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Sending TCM Signature Receiving TCM Signature

**Agreed Transfer Acceptance Date**: **Click or tap to enter a date.**

*For questions, concerns, or guidance please contact send email to* [*transfers@dmh.mo.gov*](mailto:transfers@dmh.mo.gov) *or* [*transitions@dmh.mo.gov*](mailto:transitions@dmh.mo.gov)

*Once the transfer/transition is agreed upon, submit completed form to Regional Office Contacts on Contact Brochure*