East Central Kansas
Area Agency On Aging
Serving - Anderson - Coffey - Franklin - Linn - Miami - Osage

the CDDO of Coffey, Osage & Franklin Counties

117 South Main - Ottawa, Ks 66067 • (785) 242-7200 • (800) 633-5621 • www.eckaaa.org

SERVICE PROVIDER TRANSITION CHECKLIST

INSTRUCTIONS:

A Transition Meeting must occur before a consumer begins services with a chosen service provider. **The current TCM will facilitate the Transition Meeting and is the lead coordinator for any transition which includes**: transferring from one service provider to another, moving from an institutional placement to community services, transferring from another CDDO area, or initiating services due to approval of access to the I/DD waiver. The Transition meeting is to ensure any changes in service are planned for, implemented in a timely well thought out manner and that all pertinent information is shared with the new service provider(s). **For service transfers, both the current service provider and the new service provider must attend the meeting. ECKAAA-CDDO and the consumer's KanCare MCO must also be notified and invited to attend this meeting. Meetings are to take place within 14 calendar days of the referral.** A copy of the completed checklist must be sent to ECK CDDO after the transition meeting has taken place. **PCSP needs updated within 30 calendar days.**

Individual Served: _____

TRANSITION MEETING

Location: _____ Date: _____ Time: _____

Have I been involved in the decision to request a change of providers/services? Yes_____ NO_____

Will there be an address change? Yes____ NO____ N/A _____

Date and Time of Move to new address (if applicable): _____

Responsible Party for completing change of address at the post office: _____

Last day current provider to bill: _____ First day new provider to bill: _____

Billing for new Residential Provider starts the day the person served wakes up in the new Provider's services/new home

East Central Kansas
Area Agency On Aging
Serving - Anderson - Coffey - Franklin - Linn - Miami - Osage

the CDDO of Coffey, Osage & Franklin Counties

117 South Main - Ottawa, Ks 66067 • (785) 242-7200 • (800) 633-5621 • www.eckaaa.org

OTHER CONTACT INFORMATION

Designated Representative/Guardian: _____

Address: _____

Phone: _____ Email: _____

Payee Name: _____

Address: _____

Phone: _____ Email: _____

Please List all current and new providers

Provider	TCM Services	Day Services	Residential Svcs	In home supports	Other Svcs
Current Provider					
New Provider					

If changing Targeted Case Management Services: TCM Hrs used: _____ TCM Hrs remaining: _____

Last day current TCM to bill: _____ First day new TCM to bill: _____

LIST OF ITEMS TO EXCHANGE:

All documents to be shared must be brought to the transition meeting or submitted prior to the meeting

CARDS:

YES	NO	N/A	
☐	☐	☐	Vision Card
☐	☐	☐	Driver's License/Id Card
☐	☐	☐	Medicaid Card
☐	☐	☐	Social Security Card
☐	☐	☐	Other Cards

East Central Kansas
Area Agency On Aging
Serving - Anderson - Coffey - Franklin - Linn - Miami - Osage

the CDDO of Coffey, Osage & Franklin Counties

117 South Main - Ottawa, Ks 66067 • (785) 242-7200 • (800) 633-5621 • www.eckaaa.org

SUPPORT DOCUMENTATION:

YES	NO	N/A	
☐	☐	☐	Current PCSP and addendums
☐	☐	☐	Risk Assessments
☐	☐	☐	Behavior Tracking/Behavior Support Plan
☐	☐	☐	IEP
☐	☐	☐	12 past months of Incident reports
☐	☐	☐	3 months of TCM Logs * (not required but is considered a professional courtesy to share)
☐	☐	☐	Psychotropic Medication Consent Form
☐	☐	☐	BMC Documentation

LEGAL DOCUMENTS:

YES	NO	N/A	
☐	☐	☐	Guardianship Papers
☐	☐	☐	Durable Power of Attorney
☐	☐	☐	Conservatorship
☐	☐	☐	Probation Orders
☐	☐	☐	DCF Child in Custody Papers/Release from Custody/Transition Plan
☐	☐	☐	Birth Certificate
☐	☐	☐	Special Needs Trust/ABLE Account

MEDICAL:

YES	NO	N/A	
☐	☐	☐	MAR/Medication List
☐	☐	☐	Current Physical/Health Profile
☐	☐	☐	Prescribed Diet
☐	☐	☐	Seizure Tracking
☐	☐	☐	Copy of Dr's orders or Nurses notes for a currently monitored medical condition
☐	☐	☐	Listing of current Dr's names/phone number/address/specialty/upcoming appts.

East Central Kansas
Area Agency On Aging
Serving - Anderson - Coffey - Franklin - Linn - Miami - Osage

the CDDO of Coffey, Osage & Franklin Counties

117 South Main - Ottawa, Ks 66067 • (785) 242-7200 • (800) 633-5621 • www.eckaaa.org

FUNDING:

YES	NO	N/A	
☐	☐	☐	ISP
☐	☐	☐	Functional Assessment (BASIS)/IDD Eligibility Documents
☐	☐	☐	Benefit Information (SSI, SSDI, etc.)
☐	☐	☐	Medicaid Approved (Title 19) and or State Aid Approved
☐	☐	☐	Medicaid Client Obligation/Spend Down Information
☐	☐	☐	Notice of Action (MR 1 MR4 MR5)

OTHER:

YES	NO	N/A	
☐	☐	☐	Attach list of individual's Personal Property if moving

---

DISCUSSION ITEMS:

Medical/Medication/Adaptive Equipment/Special Needs:

1) Special medical needs/health protocols (i.e. seizures, diabetes, medical devices etc.):

_____

2) List adaptive equipment in place (walker, wheelchair, communication device, eating device etc.):

_____

IF YES: How was the equipment funded? _____

Is there a warranty on the equipment? _____

Date the equipment was transferred? _____

3) Medication administration (describe details of how meds need to be administered):

_____

_____

4) Current Pharmacy _____ New Pharmacy (if applicable) _____
Date medication to be transferred _____

5) Special dietary needs (prescribed diets?): _____

_____

6) Are there allergies of any kind?: _____

What I need to be successful:

1) What is my schedule for work/day service? If multiple day providers, indicate the schedule for each provider:

_____

_____

_____

2) Who is the contact person at my day/work service:? _____

3) What I need to have with me each day to be successful? _____
_____

4) Is activity money sent with me to a day service center or can I carry my own money? _____
_____

5) Does medication need administered to me during the day?_____

6) Can I stay home alone safely? _____

7) What supports do I need with personal hygiene? _____

8) What supports do I need with ADL's? _____

9) Do I use a person calendar for scheduled appointments and activities? _____

10) What activities do I like to be part of or attend? _____

11) Are there friends or family that Ilike to spend time with? How is that arranged and by whom?
_____

12) How frequently does my parent/guardian want to be communicated with by the team and what form of communication is best? _____

13) Do I participate in Special Olympics and if so, what is my preferred sport? _____

14) Do I use public transportation, agency transportation or both? _____

15) Am I receiving Section 8 for housing? _____

16) Am I renting? _____ Is there a copy of the lease? _____

17) Keys for apartment, house and/or mailbox (return and/or obtain new) _____

18) If I am moving who will be assisting and assuring that my Kansas ID card is up to date: _____

Money Management:

1) What benefits do I receive (SSI, SSDI, SNAP etc.): _____

2) Do I have an HCBS client obligation to spend-down? _____

3) Where do I bank and who is eligible to sign? _____

4) How much spending money do I get each week? _____

5) Who is responsible for reporting earnings to Social Security? _____

6) Who is designated to assist me with managing my income/benefits? _____

Social/Behavioral Supports:

1) Is routine important to me? _____

2) Do I need supports in the area of socializing? _____

3) Do I need supports in the area of positive behavioral modification? _____

4) Do I have any restrictions in the community due to court orders or probation? _____

5) Is there a behavior intervention plan/risk assessment in place? _____

6) Do I have any particular fears (snakes, dogs, dark etc.) _____

7) Do I receive counseling and/or therapy? _____

8) Supports needed with relationships/sexuality? _____

9) Do I receive behavioral outreach services? _____ If yes, from who? _____

10) If yes to above, who is responsible for informing the Outreach Services that I have moved or changed providers?

_____

ADDITIONAL COMMENTS (address other topics that would ensure continuity of care):

_____

_____

_____

_____

_____

_____

_____

East Central Kansas
Area Agency On Aging
Serving - Anderson - Coffey - Franklin - Linn - Miami - Osage

the CDDO of Coffey, Osage & Franklin Counties

117 South Main - Ottawa, Ks 66067 • (785) 242-7200 • (800) 633-5621 • www.eckaaa.org

DOCUMENTATION DELIVERY CONFIRMATION

****The current provider must supply copies of all relevant documentation to the new provider at/by the transition meeting****

Date delivered: _____

Delivery method (check one): _____ **Email** _____ **Fax** _____**Mail** _____ **At time of meeting**

PARTICIPANT SIGNATURES

Date:	Name:	Signature:	Agency:	Relationship:

Once transition is complete, TCM to email this form and PCSP within 30 calendar days from meeting to CDDO Coordinator, Vicki Seems at vickis@eckaaa.org