**Harvey-Marion County CDDO TCM Transfer Checklist and Cover Sheet**

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| **Consumer:** |  |
| **Current TCM Provider:** |  |
| **New TCM Provider:** |  |
| **Deliver to CDDO Date:** |  |

***List of Items to send with each transfer:***

Yes No N/A

Current PCSP and Addendums (completed within the last year)

Current Behavior Support Plan (if applicable)

Current Psychotropic Medication Plan (if applicable)

Risk Assessments (if applicable)

Current IEP (If Applicable)

Current Functional Assessment and Tier Score

All Functional Assessment behavior data since the last Assessment

Current Plan of Care (if applicable)

3160 and/or Current 3161

Current Needs Assessment and MR-10 (SHC Schedule) \*if applicable\*

Current MR-1

Current MR-4 and/or MR-5

Current Physical or Health Assessment (completed within 2 years)

Psychological Evaluation

Initial HMCDDO Records (application, eligibility, releases, TCM/Provider Choice forms)

Copy of Social Security Card

Copy of Medicaid Card and/or other insurance

Copy of Birth Certificate

Yes No N/A

Copy of Kansas ID or other form of ID

Port/Transfer Papers (if applicable)

Copy of Guardianship Papers (if applicable)

Current List of Medications (if applicable)

Any Legal Papers (Probation, Protection from Abuse, Court orders, CINC Petitions, etc.)

Cab Card or application/approval letters (if applicable)

Funding Award Letters/Funding Requests

Accident/Incident/Seizure Reports (if applicable) (past year)

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***Please note here why documents were not sent and anything else new provider needs to know***

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***TCM Provider Transition Form:***

*Instructions: In the case of a person transitioning services, the current provider will* ***always*** *complete this form and send it to the new TCM provider.*

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| **Medicaid #:** |  | |
| **Current TCM Provider** | | **New TCM Provider** |

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| --- | --- | --- | --- |
| **Agency Name:** |  | **Agency Name:** |  |
| **TCM KMAP #:** |  | **TCM KMAP #:** |  |
| **TCM Units Billed (or will be):** |  | **Start Date:** |  |
| **Last Date of Service:** |  |  |  |