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 **Cottonwood CDDO**

 Serving Douglas and Jefferson counties

2801 W. 31st Street ∙ Lawrence, Kansas 66047

785 ∙ 840 ∙ 1632 Revised: 8/22/2022

SERVICE PROVIDER TRANSITION CHECKLIST

This form is to generate directed conversation so that new providers are informed and prepared to provide services to new individuals. Facilitator and team should include relevant information even if not listed on this form.

NAME OF CONSUMER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF MEETING: \_\_\_\_\_\_\_\_\_\_\_\_\_

**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 services are planned for and 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. **Cottonwood CDDO and the consumer’s KanCare MCO must also be notified and invited to attend this meeting.** A copy of the completed form must be sent to Cottonwood CDDO after the Transition Meeting has taken place.

**FORMS TO BE UPLOADED TO BCI:**

EACH PERSON SHOULD HAVE THESE ITEMS AND THEY SHOULD BE UPLOADED TO BCI / SENT TO NEW PROVIDERS ONE WEEK PRIOR TO MEETING, IF POSSIBLE. CHECK BCI FIRST AS SOME MAY BE THERE ALREADY.

CURRENT BASIS DATA [ ]  KANSAS ID/OTHER ID [ ]  PHOTO [ ]

CURRENT PLAN OF CARE/ MCO ISP [ ]  MR1 AND CURRENT MR 4 AND/OR MR5 [ ]

SOCIAL SECURITY CARD [ ]  BIRTH CERTIFICATE [ ]

GUARDIANSHIP / CONSERVATORSHIP / DPOA [ ]

PSYCHOLOGICAL EVALUATION/ELIGIBILITY DOCUMENTATION [ ]

FUNDING GENERATED BY: HCBS FUNDING ONGOING [ ]  CRISIS [ ]  WAITLIST [ ]  SE [ ]

WAIVER OR INSTITUTIONAL TRANSFER [ ]

**TCM CHANGE:** FORMER PROVIDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NEW PROVIDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE OF CHANGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_REMAINING TCM UNITS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL:**

INCOME [ ]  SSI/SSDI [ ]  PAYEE [ ]  CONSERVATOR [ ]  PRE-PAID BURIAL ACCOUNTS [ ]

HCBS OBLIGATION/SPEND DOWN INFORMATION [ ]  VISION CARD [ ]

NAME OF PAYEE AND/OR CONSERVATOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHO REPORTS ANY EARNED INCOME TO SSA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEVEL OF SUPPORT NEEDED FOR PURCHASE OF SNACKS/VENDING MACHINE: \_\_\_\_­­­­\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEVEL OF SUPPORT FOR PURCHASE OF ESSENTIALS, FOOD, CLOTHING, ETC. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW MUCH SPENDING MONEY DO THEY HAVE WEEKLY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR ANY ITEM CHECKED, DISCUSS AND DOCUMENT HERE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL:**

BASIS Q3: RESPIRATORY [ ]  CARDIOVASCULAR [ ]  GASTRO-INTESTINAL [ ]  GENITO-URINARY

NEOPLASTIC DISEASE [ ]  NEUROLOGICAL DISEASE [ ]  OTHER [ ]

SEIZURES: TYPE \_\_\_\_\_\_\_\_\_\_\_\_\_ FREQUENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPECIAL PROTOCOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL NEEDS: (OT, PT, DIET, ETC)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATIONS/PHARMACY-WHO WILL FACILITATE A CHANGE IN PHARMACY IF NEEDED [ ]

DOCTORS GOING FORWARD-WHO GETS RECORDS TRANSFERRED IF THERE IS A CHANGE [ ]

UPCOMING APPOINTMENTS [ ]  ADAPTIVE EQUIPMENT [ ]  SPECIAL MEDICAL NEEDS [ ]

ALL MEDICAL ITEMS ARE DISCUSSED FULLY IN PCSP UPLOADED TO BCI [ ]

LIST OF DOCTORS WITH PHONE NUMBERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR ANY ITEM CHECKED, DISCUSS AND DOCUMENT HERE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MEDICAL FORMS UPLOADED TO BCI: (Mark when completed)

PHYSICAL [ ]  MEDICATION LIST FROM DOCTOR OR PHARMACY [ ]  NEUROLOGY REPORTS IF NEEDED [ ]

SPECIALIST REPORTS [ ]

**BEHAVIORAL:**

RISK OF ANE [ ]  RISK ASSESSMENT [ ]  BSP [ ]  POSITIVE BEHAVIOR SUPPORTS NEEDED [ ]

NATURAL/PASSIVE SUPPORTS [ ]  ANY PARTICULAR FEARS (DOGS, DARK, ETC) [ ]

COUNSELING/THERAPY RECEIVED [ ]  BEHAVIOR OUTREACH RECEIVED [ ]

SUPPORTS NEEDED FOR RELATIONSHIPS/SEXUALITY/ABILITY TO CONSENT [ ]

ANY ITEMS CHECKED SHOULD BE UPLOADED TO BCI.

TARTGET BEHAVIORS LISTED ON BSP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR ANY ITEM CHECKED, DISCUSS AND DOCUMENT HERE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SOCIAL:**

FAMILY INVOLVEMENT [ ]  FRIENDS OUTSIDE OF SERVICE PROVIDER AREAS [ ]  NEEDS SUPPORT IN SOCIALIZING [ ]

PERSONS RESTRICTED FROM VISITING [ ]  PLACES RESTRICTED FROM GOING [ ]

SPECIAL INTERESTS/CLUBS/SPECIAL OLYMPICS [ ]  COORDINATION OF HOLIDAYS AND VISITS [ ]

FOR ANY ITEM CHECKED, DISCUSS AND DOCUMENT HERE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DAY AND RESIDENTIAL INFORMATION:**

WAS PERSON INVOLVED IN MAKING THIS CHOICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGAL PAPERS (PROBATION, PROTECTION FROM ABUSE ORDERS, COURT ORDERS, CINC PETITIONS) [ ]  UPLOAD TO BCI

LEVEL OF SUPPORT NEEDED FOR EVACUATION/TAKING COVER IN EMERGENCIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEVEL OF SUPPORT FOR MEDICATION ADMINISTRATION: (TAKEN AT DAY SERVICE? )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAN THEY/DO THEY USE PUBLIC TRANSPORTATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEVEL OF SUPPORT FOR HYGIENE (TOILETING, BRUSHING TEETH, BATHING)­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IS A CALENDAR USED FOR SCHDULE/APPOINTMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAY: PROVIDER (S)**

FORMER PROVIDER & LAST DAY TO BILL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW PROVIDER(S) & START DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION/SCHEDULE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME & NUMBER OF CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAN PERSON ACCESS COMMUNITY ALONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THERE A GOAL IN PLACE FOR DAY PROGRAM/JOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESIDENTIAL: PROVIDER(S)**

FORMER PROVIDER & LAST DAY TO BILL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW PROVIDER & START DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME & NUMBER OF CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAN PERSON STAY HOME ALONE, IF SO FOR HOW LONG:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAN PERSON KEEP ROOM/AREA CLEAN-LEVEL OF SUPPORT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEVEL OF SUPPORT FOR LAUNDRY/COOKING, ETC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STATUS ACTION FORM FOR CHANGE OF ADDRESS [ ]  (WHICH GENERATES 3161 COMPLETED BY CDDO)

WHO WILL CHANGE ADDRESS THROUGH POST OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS PERSON ON THE LEASE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS THERE A GOAL IN PLACE FOR RESIDENTIAL\_\_\_\_\_\_\_\_\_\_\_\_\_

NEED UPLOADED TO BCI:

PCSP [ ]  IEP [ ]  **ADD ADDITIONAL PAGES FOR NOTES AS NECESSARY**

**SIGNATURES OF PARTICIPANTS**

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| --- | --- | --- | --- |
|  **DATE** | **NAME** | **TITLE** | **SIGNATURE** |
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