

CAP-MR/DD
Case Manager Transition Process Check Sheet

INSTRUCTIONS

The Case managers must meet with the participant/family prior by 10/30/08 to complete this process.

1. The Case Manager will receive the Waiver Transition Letter from there respective LME's and will fill out contact information for the participant on the Waiver Transition Letter. The Case Manager will contact each participant/guardian or responsible person.
2. Between 10/6/08- 10/30/08 the case manager will send a copy of the transition letter to following:
 - a. The LME
 - b. The participant/ family/guardian

***NOTE:** It is **CRITICAL** that the transition letter be provided to the DSS contact person/office in the county from which the participant's Medicaid originates. The DSS **MUST** receive the letter by 10/30/08. This information can be found on the participants Medicaid card (County Number). The case manager will keep a copy of the transition letter for their records

3. The Case Manager and participant, guardian or responsible person will discuss:
 - a. the waiver in which the participant will receive services effective at the implementation of the new waivers.
 - b. the differences between the waivers
 - c. the current services needs in connection with the assigned waiver
 - d. identify issues with the transition and resolutions to those issues
4. The Case Manager will make the participant, guardian or responsible person aware of appeal rights for changes in amount, frequency, or duration of service
5. The Case Manager will document this discussion on the Case Manager Transition Process Check Sheet as well as in a Case Manager documentation note. The case manager will use the Case Manager Transition Process Check Sheet as a tool to assist them to review information with the participant/family/ guardian in regards to transition.
6. The Case Manager, participant, guardian, or responsible person will sign the Case Manager Transition Process Check Sheet.
7. The Case Manager Transition Process Check sheet will be filed in the participant's record with a copy given to the participant, guardian or responsible person, and a copy sent to the LME by 10/30/08.

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Participants Name: _____

MID: _____

- Identified Waiver
- Description of Waiver Identified
- Current Service Needs

Comments: _____

- Anticipated Changes (if any)

Comments: _____

- Issues Identified (if any)

Comments: _____

- Resolution to Issues (if any)

Comments: _____

- Notification of appeal rights for changes in amount, frequency, or duration of service

Participant/ Date

Parent of Minor or Guardian/ Date

Case Manager/Date

Distribution:

Original: Participant's Record
cc: Participant/Guardian/responsible Person
cc: LME