



CHECKLIST FOR TRANSITION TO THE COMMUNITY

(For Use with Participants Transitioning to CCSP/SOURCE or ICWP)

Rev_071212



Resident Name: _____ Medicaid #: _____ DOB: _____

Current Location: _____ Best Contract Phone #: _____

Current Address: _____ City: _____ Zip: _____

Step	Responsible Person	Action Step/Notes	Results
1. Participant is identified as eligible for screening.	<ul style="list-style-type: none"> Referral Source Options Counselor-OC/ Transition Coordinator-TC 		
2. Ensure participant has expressed a desire to leave the institution.	<ul style="list-style-type: none"> Participant OC/TC 		
3. All applicable consent and release forms obtained and signed. <ul style="list-style-type: none"> <i>MFP Consent For Participation</i> <i>Authorization for Use or Disclosure of Health Information</i> Verification of guardianship obtained if applicable.	<ul style="list-style-type: none"> Participant OC/TC 		
4. Initial face-to-face screening form completed using <ul style="list-style-type: none"> <i>MFP Screening Form</i> Participant is eligible based on eligibility criteria. <ul style="list-style-type: none"> Has lived in a nursing facility for at least 90 consecutive days At least one day of stay was paid by Medicaid Meets institutional level of care Will resettle into qualified housing 	<ul style="list-style-type: none"> Participant OC/TC 		
5. Provide participant with copies of the <i>Home and Community Services: A Guide to Medicaid Waiver Programs in Georgia</i> , and a <i>MFP Brochure</i> .	<ul style="list-style-type: none"> Participant OC/TC 		



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6. If referred to a waiver, <i>MFP Transition Screening Form</i> and attachments are complete to determine appropriate waiver referral and then sent to assigned waiver program for pre-screen.	<ul style="list-style-type: none"> • OC/TC 		
7. The participant accepts waiver recommendation.	<ul style="list-style-type: none"> • Participant • OC/TC 		
8. Establish and convene the transition team (includes the participant's circle-of-support/friends) and identified current stakeholders with the participant to complete person-centered planning using MAP, PATH or similar to establish long and short-term goals. At a minimum, the team should identify individualized support needs for qualified residence type/living arrangements, personal assistance, DME/AT, transportation, community integration and a personal care physician (PCP) and pharmacy.	<ul style="list-style-type: none"> • Participant • Circle of Support • OC/TC 		
9. The support network assists the participant/family in choosing and verifying services from a list of MFP transitional services and providers, if applicable. Conduct a housing search using tools available including www.georgiahousingsearch.org	<ul style="list-style-type: none"> • Participant • Transition Team/Circle of Support • OC/TC • Waiver CC/CM 		
10. Once determined eligible for a waiver, continue person-centered planning meetings with participant, family/friends and support/transition team to develop <i>Individualized Transition Plan (ITP)</i> Part A MFP Services, Part B waiver services and Part C State Plan Services (if applicable).	<ul style="list-style-type: none"> • Participant • Transition Team • OC/TC • Waiver CC/CM 		



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11. Arrange pre-transition visit of participant to community setting. Review potential qualified residences and identify community transportation options.	<ul style="list-style-type: none"> • Participant • OC/TC • Waiver CC/CM 		
12. Process <i>MFP Authorization for Transition Services</i> . Arrange for vendors to provide pre-transition services. *Note: Will appear as needed throughout the billing process	<ul style="list-style-type: none"> • OC/TC • Vendor • DCH/MFP 		
13. Initiate pre-transition services. Vendors submit <i>Request for Vendor Payment</i> along with documentation of delivery of goods/services to OC/TC. OC/TC must submit <i>Vendor Import File</i> monthly to the Fiscal Intermediary (FI) and DCH/MFP office with all documentation. *Note: Will appear as needed throughout the billing process	<ul style="list-style-type: none"> • OC/TC 		
14. <i>Quality of Life (QOL)</i> survey completed 30 days to two weeks prior to discharge.	<ul style="list-style-type: none"> • Participant • OC/TC 		
15. Date established for participant discharge from institution.	<ul style="list-style-type: none"> • Participant • OC/TC • Waiver CC/M 		



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16. When discharge date established: A) Terminate institution enrollment and change Medicaid eligibility. B) Supply change of address for social security benefits C) Provide copy of discharge paperwork to DCH/MFP D) DCH/MFP forwards discharge documents to DCH/Member Services for changes to SUCCESS	<ul style="list-style-type: none"> Participant OC/TC DCH/MFP DCH/ Member Services 		
17. <i>Discharge Day Checklist</i> is complete.	<ul style="list-style-type: none"> OC/TC 		
18. OC/TC contacts DCH/ MFP office via secure e-mail with completed discharge documents / information – <ul style="list-style-type: none"> DMA - 59 with the last date of institutional care indicated, DMA - 6 OR Level of Care document, Communicator indicated slot date for waiver admission (used only for non-SSI participants) 	<ul style="list-style-type: none"> OC/TC DCH/ Member Services DCH/ MFP 		
19. DCH/MFP enrolls participant into MFP assignment plan and enters waiver.	<ul style="list-style-type: none"> DCH /MFP MMIS 		
20. Waiver services begin. OC/TC follow-up visits scheduled.	<ul style="list-style-type: none"> Participant Waiver CC/CM Waiver Service Providers OC/TC 		
21. Coordinate and/or arrange for the 2 nd Quality of Life (QoL) survey to be completed between 11 and 12 months post-discharge (resettlement).	<ul style="list-style-type: none"> OC/TC QoL Surveyor Participant 		