



CHECKLIST FOR TRANSITION TO THE COMMUNITY



(For Use with Participants Transitioning to CCSP/SOURCE or ICWP)
Rev_011513

Participant Name: _____ Medicaid ID #: _____ DOB: _____

Current Location: _____ Best Contract Phone #: _____

Current Address: _____ City: _____ Zip: _____

Step	Responsible	Action Step/Notes	Results
1. Referral is received and participant is identified as eligible for screening. Setup appointment for face to face (F2F) screening with inpatient/family.	<ul style="list-style-type: none"> Referral Source MFP Field Personnel 		
2. Begin F2F screening using <i>MFP Transition Screening Form</i> . Determine eligibility for MFP. Ensure participant has expressed a desire to leave the institution. Participant is eligible based on following criteria. <ul style="list-style-type: none"> Inpatient 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 MFP Field Personnel 		
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> 	<ul style="list-style-type: none"> MFP Field Personnel Participant 		
4. Complete screening and conduct review of facility records to verify information obtained during screening. Verification of guardianship obtained if applicable.	<ul style="list-style-type: none"> Participant MFP Field Personnel 		
5. Provide participant with copies of and review the <i>Home and Community Services: A Guide to Medicaid Waiver Programs in Georgia</i> , and the <i>MFP Brochure</i> .	<ul style="list-style-type: none"> Participant MFP Field Personnel 		



CHECKLIST FOR TRANSITION TO THE COMMUNITY



(For Use with Participants Transitioning to CCSP/SOURCE or ICWP)
Rev_011513

Participant Name: _____ Medicaid ID #: _____ DOB: _____

Step	Responsible	Action Step/Notes	Results
6. MFP Transition Screening Form and attachments are complete to determine appropriate waiver referral and then sent to assigned waiver program for pre-screen. If referred to a waiver, the participant accepts waiver referral recommendation.	<ul style="list-style-type: none"> MFP Field Personnel MFP Participant 		
7. Assist participant to recruit a transition team (to include the participant's circle-of-support, other identified stakeholders and inpatient facility discharge planners).	<ul style="list-style-type: none"> Participant MFP Field Personnel 		
8. Convene the transition team and complete pre-discharge transition planning and the <i>Pre-ITP</i> . Establish short and long-term goals. At a minimum, the team identifies and describes in the Pre-ITP the need for qualified residence type/living arrangements, health and nutrition goals, 24/7 emergency backup plans, a personal care physician or clinic and a pharmacy in the community.	<ul style="list-style-type: none"> Participant Circle of Support MFP Field Personnel 		
9. The transition team assists the participant/family in identifying and selecting appropriate MFP transition services (Pre-ITP Part A) and generic waiver services and other community service (Pre-ITP Part B). Assist the participant to begin a housing search using tools available including www.georgiahousingsearch.org	<ul style="list-style-type: none"> Participant Transition Team/Circle of Support MFP Field Personnel 		
10. Identify and list Pre-ITP Plan Assignments for the participant, family/friends and support/transition team. All persons participating in the development of the Pre-ITP sign the Pre-ITP Signature Page. Field personnel distribute copies to participant and all members of the transition team.	<ul style="list-style-type: none"> Participant Transition Team MFP Field Personnel Waiver CC/CM 		



CHECKLIST FOR TRANSITION TO THE COMMUNITY



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

(For Use with Participants Transitioning to CCSP/SOURCE or ICWP)
Rev_011513

Participant Name: _____ Medicaid ID #: _____ DOB: _____

Step	Responsible	Action Step/Notes	Results
11. Process <i>MFP Authorization for Transition Services</i> . Arrange for vendors to provide pre-transition services.	<ul style="list-style-type: none"> • MFP Field Personnel • Vendor • DCH/MFP 		
12. Initiate pre-transition services.	<ul style="list-style-type: none"> • MFP Field Personnel 		
13. 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 • MFP Field Personnel • Peer supporter • Waiver CC/CM 		
14. <i>Quality of Life</i> (QOL) survey completed 30 days prior to discharge but not later than 10 days post-discharge.	<ul style="list-style-type: none"> • Participant • MFP Field Personnel 		
15. Date established for participant discharge from institution. Review of Pre-ITP with transition team. Have all tasks been completed as identified in the Pre-ITP?	<ul style="list-style-type: none"> • Participant • MFP Field Personnel • Waiver CC/M 		
<p>16. Day of discharge:</p> <ul style="list-style-type: none"> • Supply change of address for social security benefits • Provide copy of discharge paperwork to DCH/MFP • Vendors submit <i>Request for Vendor Payment</i> to MFP field personnel with supporting documentation, after delivery to the participant in the community. <p>Field personnel must submit <i>Vendor Import File</i> to the Fiscal Intermediary (FI) and DCH/MFP office with supporting documentation.</p> <p>*Note: Will appear as needed throughout the billing process</p>	<ul style="list-style-type: none"> • Participant • MFP Field Personnel • DCH/MFP 		



CHECKLIST FOR TRANSITION TO THE COMMUNITY



(For Use with Participants Transitioning to CCSP/SOURCE or ICWP)
Rev_011513

Participant Name: _____ Medicaid ID #: _____ DOB: _____

Step	Responsible	Action Step/Notes	Results
17. <i>Discharge Day Checklist</i> is completed and submitted to DCH MFP.	<ul style="list-style-type: none"> MFP Field Personnel 		
18. Completed discharge documents / information forwarded to DCH MFP via FPT – <ul style="list-style-type: none"> DMA - 59 with the last date of institutional care indicated, DMA - 6 OR Level of Care document, <i>Communicator</i> indicating date for waiver admission (used only for non-SSI participants) 	<ul style="list-style-type: none"> MFP Field Personnel DCH/ MFP 		
19. DCH MFP enrolls participant into MFP assignment plan. Waiver services begin.	<ul style="list-style-type: none"> DCH /MFP Waiver CM/CC Waiver service providers 		
20. MFP field personnel conduct scheduled follow-up visit within 30 days of discharge to conduct post-discharge transition planning and complete the <i>Post-ITP</i> . Arrange for and initiate post-discharge MFP transition services.	<ul style="list-style-type: none"> Participant MFP Field Personnel Waiver CC/CM 		
21. Coordinate and/or arrange for the 2 nd Quality of Life (QoL) survey to be completed at 11 months post-discharge.	<ul style="list-style-type: none"> MFP Field Personnel QoL Surveyor Participant 		