

St. Clair County Community Mental Health Authority
Program Placement/Transfer Meeting Checklist

Attachment to #0041/#0041-B

Individual: _____ Case #: _____ Date: _____

REFERRING CASE HOLDER

TREATMENT PLAN IMPLICATIONS (Check if applicable):

Personal Care: New Plan Review

FUTURE TIMEFRAMES (Fill in due dates or indicate N/A)

<u>Activity</u>	<u>Due Date</u>
Periodic Review	_____
Person-Centered Plan	_____
Assessment	_____
Medication Review	_____
Injection- Yes No	_____
AIMS	_____
Consents	_____
Financial Information	_____
OLD Program Close Case (CMS) Effective:	_____

OTHER:

Case Record Transmittal

Known Missing Documents:

Consumer Satisfaction/Transfer

Referring Case Holder Signature/Credentials Date

Print Name

Receiving Case Holder Signature/Credentials Date

Print Name

RECEIVING CASE HOLDER

OTHER FORMS/MICELLANEOUS ITEMS (check all those needed):

Update Client Intake Forms (Facesheet)

Treatment Authorization

Model Payment Processing

Level of Care Determination (DSS 3471)

(Required when entering **and** exiting licensed settings)

Consents Needed (list all those needed):

Financial/Insurance Information (list all new financial forms needed):

Benefit Application Needed

Spendedown from Medicaid Yes No
Amount: _____

Transportation Arrangements: _____

Address Change

Staff Training Needed: _____

Court Processing Needed: _____

Service Provider Enrollment: _____

Provider Contract Needed

Notification Required to:

Administration

School District

FIA

Other: _____

RECEIVING CASE HOLDER cont.

Level of Functioning Needed

7 Day Interim Plan

Assessments Ordered:

CSM	RN	OT
Clinical	Other	

PCP Amendment

PCP Attachment A

H/SW Changes Notification

Evacuation Assistance Score

EDI Update

Foster Care per Diem Determination

FUTURE TIMEFRAMES (Fill in due dates or indicate N/A):

<u>Activity</u>	<u>Due Date</u>
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NEW Program(s) Open Case (CMS), Effective: _____

Individual/Family Contact Required Within: _____

TRANSFER CHECKLIST INSTRUCTIONS

The current and new primary Case Holder have concurrent responsibility for completion of the checklist document and all checklist tasks (new primary Case Holder fills out the form).

- * This form may be attached to the Case Consultation Form (CMH Form #1034), which details the placement meeting or the Program Placement/Transfer Meeting Form Children's version (CMH Form #0041B).

Staff should check all items/tasks requiring action. Use the key at the bottom of the page to assist in determining whether an item requires action. Indicate all dates as requested. Both Case Holders should sign the checklist form.

Below is a list of forms (alphabetically) with policy references:

<u>FORM NAME</u>	<u>FORM #</u>	<u>POLICY REFERENCE</u> <i>(reference only; it is possible the form may not be an actual exhibit, but only mentioned in the listed policy)</i>
AIMS Scale	046	Psychotropic Medications and Informed Consent
Consents Form (App. for Tx/ Notif. of Rights)	001	Consent Forms
Case Record Transmittal Form	098	Transfer of Cases
Client Intake Form	069	Client Intake Form (Face Sheet)
Consents (all)	---	Consent Forms
DSS/SSA Referral Form	DSS-3471	(not in a policy)
Financial Information and Payment Agreement (FIPA)	003A	Non-Residential Fee Policy Residential Fee Policy
Fire Safety Assessment (Types 1,2,3)	---	Fire Safety
Foster Care Per Diem Determination	---	Foster Care Per Diem Determination
Goals	025-E	Behavioral Treatment Assessment and Plan
History of Mental Health Tx	023-A	Case Record Format and Removal Process; Case Record Forms: PD/Residential
PCP Amendment	026	01-020-0001 Case Record Format and Removal Process; Case Record Forms: PD/Residential
Model Payment Authorization	MPS-2355X	06-050-0105 Model Payment System
PD/Res PCP Attachment A	025-D	01-020-0001 Case Record Format and Removal Process
Personal Care Assessment	097	01-025-0055 Personal Care Services
Children's Program Placement/Transfer Mtg. Form	041-A	02-005-0040 Transfer of Cases
Provider Enrollment Form	082	09-010-0050 Provider Enrollment