

## TCM AGENCY TRANSFER OF CONSUMERS RECEIVING AGENCY CHECKLIST

- \_\_\_\_\_ 1. Date received word that consumer wishes to transfer to another TCM Agency:  
\_\_\_\_\_.
- \_\_\_\_\_ 2. Sent TCM agency choice form, release of information, and self-addressed, stamped envelope to consumer. Date postmarked: \_\_\_\_\_.
- \_\_\_\_\_ 3. Signed TCM agency choice form and release of information received from consumer. Date of receipt: \_\_\_\_\_.
- \_\_\_\_\_ 4. Transfer date negotiated with consumer and receiving agency. Negotiated date of transfer: \_\_\_\_\_.
- \_\_\_\_\_ 5. Contact made with receiving TCM agency. Date of contact:  
\_\_\_\_\_.
- \_\_\_\_\_ 6. Faxed to receiving TCM agency within 72 hours (3 working days) copies of the current Plan of Care (POC) and Attendant Care Worksheet (ACW); the consumer-signed TCM agency choice form and release of information. Date these forms faxed: \_\_\_\_\_.
- \_\_\_\_\_ 7. 3161 sent to Medicaid eligibility worker, \_\_\_\_\_, at \_\_\_\_\_ SRS Office with TCM AGENCY TRANSFER ONLY” written on the form. Date 3161 submitted: \_\_\_\_\_.
- \_\_\_\_\_ 8. SRS Plan of Care Approver notified by email. Date of email: \_\_\_\_\_.
- \_\_\_\_\_ 9. MMIS Plan of Care Submitted. End date: \_\_\_\_\_.  
Date MMIS POC submitted: \_\_\_\_\_.
- \_\_\_\_\_ 10. Notice of Action opening case sent to the consumer. Date : \_\_\_\_\_.
- \_\_\_\_\_ 11. All case information for *at least* the past year from the date the consumer signed the agency choice form indicating the choice to transfer were forwarded to the receiving agency within 10 business days, (two business weeks). Case information forwarded:
  - \_\_\_ a. all Plans of Care (POC)
  - \_\_\_ b. Uniform Assessment Instrument(s ) (UAI)s
  - \_\_\_ c. Threshold Guides
  - \_\_\_ d. Attendant Care Worksheet(s) (ACW)s
  - \_\_\_ e. choice forms (agency choice, Consumer Choice, Age 65 Choice)
  - \_\_\_ f. releases of information
  - \_\_\_ g. any HCBS/PD Waiver QA Summary information
  - \_\_\_ h. Physician/RN Statement(s) (if applicable)
  - \_\_\_ i. any Cost Cap/Assistive Services Request(s)
  - \_\_\_ j. DPOA/Guardianship documents (if applicable)
  - \_\_\_ k. any statements of kennel care (if applicable)
  - \_\_\_ l. any 3161s, including the most recent one
  - \_\_\_ m. copies of the past year’s case narratives and
  - \_\_\_ n. a copy of the TCM Agency Transfer of Consumers Receiving Agency Checklist