



INDIVIDUAL'S NAME		ADSA ID NUMBER	PROPOSED MOVE DATE		
INDIVIDUAL'S STATED TRANSITION GOAL					
INDIVIDUAL'S STATED SUPPORTS NEEDED TO ACHIEVE GOAL					
INDIVIDUAL'S PROGRAM <input type="checkbox"/> RCL <input type="checkbox"/> OHS <input type="checkbox"/> CP <input type="checkbox"/> CIIS <input type="checkbox"/> IMH <input type="checkbox"/> ECMP <input type="checkbox"/> TCU <input type="checkbox"/> Non-Specialized					
Managed Care Representative		Primary contact for all Apple Health funded services			
<p><b>Instructions:</b> Invite all persons who are identified to attend the initial meeting. Prior to each subsequent meeting, review expected updates and ensure that the persons responsible for those updates will be on the agenda and attending the meeting. When a person is expected to follow up on a task, put their name in the column "person responsible" and enter a date <u>when they will be reporting back to the team</u>. Add a note on what task they will be completing and the status updates for those tasks. Change the expected update date as needed. Check "done" when the task is completed, and the date.</p>					
<b>HOUSING</b>	<b>PERSON RESPONSIBLE</b>	<b>EXPECTED UPDATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Environmental modifications needed / set up				<input type="checkbox"/>	
Rental application and lease completed / in place				<input type="checkbox"/>	
Furnishings and décor				<input type="checkbox"/>	
Resource management				<input type="checkbox"/>	
Meet staff, roommates, and visit home				<input type="checkbox"/>	
NOTES					
<b>BEHAVIORAL SUPPORTS</b>	<b>PERSON RESPONSIBLE</b>	<b>EXPECTED UPDATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Psychiatric needs, including prescriber, if needed				<input type="checkbox"/>	
Community behavioral health provider identified and follow up				<input type="checkbox"/>	
FA / PBSP				<input type="checkbox"/>	
Cross Systems Crisis Plan (CSCP) or safety plan, if needed				<input type="checkbox"/>	
Behavior related IR follow up needed				<input type="checkbox"/>	
WISe screening needed (youth)				<input type="checkbox"/>	
New / emerging behavioral support needs				<input type="checkbox"/>	
NOTES					
<b>MEDICAL AND DENTAL</b>	<b>PERSON RESPONSIBLE</b>	<b>EXPECTED UPDATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
MCO care coordination needs				<input type="checkbox"/>	
Primary care confirmed				<input type="checkbox"/>	
Specialists needed are in place				<input type="checkbox"/>	
Dentist				<input type="checkbox"/>	

INDIVIDUAL'S NAME		ADSA ID NUMBER	PROPOSED MOVE DATE			
INDIVIDUAL'S STATED TRANSITION GOAL						
INDIVIDUAL'S STATED SUPPORTS NEEDED TO ACHIEVE GOAL						
INDIVIDUAL'S PROGRAM <input type="checkbox"/> RCL <input type="checkbox"/> OHS <input type="checkbox"/> CP <input type="checkbox"/> CIIS <input type="checkbox"/> IMH <input type="checkbox"/> ECMP <input type="checkbox"/> TCU <input type="checkbox"/> Non-Specialized						
Therapy needs: <ul style="list-style-type: none"> <li>PT / OT / ST</li> <li>Dietary</li> </ul>					<input type="checkbox"/>	
New / emerging needs					<input type="checkbox"/>	
NOTES						
<b>FINANCIAL AND LEGAL</b>		<b>PERSON RESPONSIBLE</b>	<b>EXPECTED UPDATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Verify SSI, SSDI, and other unearned income in place					<input type="checkbox"/>	
Establish payee if needed, and review financial supports for plan					<input type="checkbox"/>	
Apply for food programs, if eligible					<input type="checkbox"/>	
Are they on the correct funding program (RCL / Waiver)?					<input type="checkbox"/>	
Reconcile finances in current setting					<input type="checkbox"/>	
Guardianship paperwork in place, if applicable					<input type="checkbox"/>	
Bank account is setup in new location					<input type="checkbox"/>	
NOTES						
<b>SERVICES SET UP</b>		<b>PERSON RESPONSIBLE</b>	<b>EXPECTED UPDATES</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Confirm or initiate waiver or RCL enrollment					<input type="checkbox"/>	
Nurse delegator identified <ul style="list-style-type: none"> <li>Medication assistance needs are identified</li> <li>Date of move nurse delegation scheduled</li> </ul>					<input type="checkbox"/>	
Adaptive / AT equipment in place for sensory, communication, and ADL needs					<input type="checkbox"/>	
Employment / community inclusion					<input type="checkbox"/>	
Transportation needs <ul style="list-style-type: none"> <li>Will individual need specialized transportation to access their community? Who will transport them to upcoming appointments?</li> </ul>					<input type="checkbox"/>	
School for clients under 21 <ul style="list-style-type: none"> <li>School enrollment confirmed</li> <li>IEP transfer is completed or in process</li> </ul>					<input type="checkbox"/>	
DSHS 16-271, DDA New School District Notification, following Mutual Acceptance into OHS has been completed and sent to parent.					<input type="checkbox"/>	

INDIVIDUAL'S NAME		ADSA ID NUMBER	PROPOSED MOVE DATE			
INDIVIDUAL'S STATED TRANSITION GOAL						
INDIVIDUAL'S STATED SUPPORTS NEEDED TO ACHIEVE GOAL						
INDIVIDUAL'S PROGRAM <input type="checkbox"/> RCL <input type="checkbox"/> OHS <input type="checkbox"/> CP <input type="checkbox"/> CIIS <input type="checkbox"/> IMH <input type="checkbox"/> ECMP <input type="checkbox"/> TCU <input type="checkbox"/> Non-Specialized						
NOTES						
<b>STAFF TRAINING</b>		<b>PERSON RESPONSIBLE</b>	<b>EXPECTED UPDATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Nurse delegation is in place for all staff					<input type="checkbox"/>	
Staff are trained on all care plans and individual support needs					<input type="checkbox"/>	
NOTES						
<b>Prior to move in date</b>		<b>NOTES AND STATUS UPDATES</b>			<b>DONE</b>	<b>DATE</b>
Current provider / new provider consultation					<input type="checkbox"/>	
All needed documents are in client provider file					<input type="checkbox"/>	
All previous tasks have been reviewed and completed					<input type="checkbox"/>	
All plans are in place		<input type="checkbox"/> PBSP <input type="checkbox"/> CSCP <input type="checkbox"/> Other <input type="checkbox"/> IISP <input type="checkbox"/> Protocols				
NOTES						
<b>DAY OF MOVE</b>		<b>PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Transportation to new home					<input type="checkbox"/>	
Items to be moved • Property list confirmed					<input type="checkbox"/>	
Provider receives medications and MAR					<input type="checkbox"/>	
Finances are transferred					<input type="checkbox"/>	
Arrangements for meals enroute					<input type="checkbox"/>	
Confirm the move on the DSHS 15-345 LTC form					<input type="checkbox"/>	
<input type="checkbox"/> Confirm the move on the DSHS LTC form						
NOTES						