



Transitional Care Management Exchange of Information

Use this form when supporting a client who is moving from one care setting to the next. Use during an exchange of information meeting between sending and receiving providers prior to initial transition meeting or in the initial transition meeting in the ACT stage of the Transition Framework. Mark off if the information was received or not applicable to this client. This meeting provides an opportunity for the receiving provider to ask additional questions about the client's specific care needs.

Once the form is reviewed and completed, upload into the client's electronic file (RMT) under:
DDA Plans → Transitional Care Mgmt

Documents

Plans	Received	N/A
Functional Assessment / Positive Behavior Support Plan	<input type="checkbox"/>	<input type="checkbox"/>
Cross Systems Crisis Plan	<input type="checkbox"/>	<input type="checkbox"/>
Employment / Provider Work Schedule	<input type="checkbox"/>	<input type="checkbox"/>
Individual Education Plan, 504 plan and other school-based documents	<input type="checkbox"/>	<input type="checkbox"/>
Medical Information and Protocols	Received	N/A
Medication Administration Records (MARS)	<input type="checkbox"/>	<input type="checkbox"/>
Medication Orders	<input type="checkbox"/>	<input type="checkbox"/>
Seizure protocol	<input type="checkbox"/>	<input type="checkbox"/>
Upcoming medical appointments	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition / Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Medical orders	<input type="checkbox"/>	<input type="checkbox"/>
Medical insurance information / cards	<input type="checkbox"/>	<input type="checkbox"/>
Medical / equipment devices	<input type="checkbox"/>	<input type="checkbox"/>
Skin protocols	<input type="checkbox"/>	<input type="checkbox"/>
Bowel protocols	<input type="checkbox"/>	<input type="checkbox"/>
Tracking	Received	N/A
Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>
Seizure	<input type="checkbox"/>	<input type="checkbox"/>
IRs	<input type="checkbox"/>	<input type="checkbox"/>
Financial and Property	Received	N/A
Housing voucher	<input type="checkbox"/>	<input type="checkbox"/>
Property voucher	<input type="checkbox"/>	<input type="checkbox"/>

Legal	Received	N/A
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship / Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Funeral Plans	<input type="checkbox"/>	<input type="checkbox"/>
Consent	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Directives / POLST / Do Not Resuscitate	<input type="checkbox"/>	<input type="checkbox"/>
MH Least Restrictive Alternative (LRA)	<input type="checkbox"/>	<input type="checkbox"/>
Court Involvement / Records	<input type="checkbox"/>	<input type="checkbox"/>
ID Cards	<input type="checkbox"/>	<input type="checkbox"/>
Handicap ID card and placard	<input type="checkbox"/>	<input type="checkbox"/>
Weapons Agreement	<input type="checkbox"/>	<input type="checkbox"/>
CP (if applicable)	Received	N/A
Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Department of Corrections / contact	<input type="checkbox"/>	<input type="checkbox"/>
If moving from one CP provider to another CP provider, review all required CP documents	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	Received	N/A
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>