

Take Me Home, West Virginia Transition Checklist - Version 5.2

SECTION A. PARTICIPANT INFORMATION:

1. Last Name	2. First Name	3. Middle Name	4. Medicaid No.	5. Transition Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Qualified Institution at Time of Transition:

Nursing Facility - 01 Home Owned by Participant - 01 Apt. Leased by Participant, assisted living- 04

IMD - 03 Home Owned by Family Member - 02 Group home of no more than 4 people - 05

Other- 04 Apartment. Leased by Participant, NOT assisted living- 03

8. Participant Lives with Family: Yes - 01 No - 02

9. Community Address

10. City	11. Zip Code	12. County	13. Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION B. TRANSITION PLAN

14. Check the status of each transition plan activity listed below. Explain anything checked "needed" or "in progress" in the comments section:

a. Housing Checklist	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
b. Home Modifications	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
c. Home (Deposit/First Months Rent)	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
d. Utility Deposits	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
e. Verify Utilities Are On	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
f. Household Items: Kitchen	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
g. Household Items: Bedroom	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
h. Household Items: Bathroom	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
i. Household Items: Living Room	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
j. Initial Food Supply	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
k. Rx Medications	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
l. Assistive Technology Devices	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
m. Medical Services/Devices (DME)	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
n. PCP and Specialists	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
o. Financial	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
p. Transportation	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
q. Employment	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
r. Life Skills/Socialization	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A
s. Verify Last Day Paid By Medicaid	<input type="checkbox"/> NEEDED	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SECURED	<input type="checkbox"/> N/A

Last Name

First Name

Medicaid Number

15. Comments for Question #14

SECTION C. HOME AND COMMUNITY-BASED SERVICES

16. Has the Risk Mitigation Plan been approved?: YES NO

17. Has the Emergency Back-Up Plan been reviewed?: YES NO

18. Case Manager (CM) Name & Agency

19. CM Phone

20. Name of Pharmacy

21. Pharmacy Phone

22. Name of PCP

23. PCP Phone

24. Check the status of each home and community based services listed below. Explain anything checked "needed" or "in progress" in the comment section:

- a. AD Waiver NEEDED IN PROGRESS SECURED N/A
- b. TBI Waiver NEEDED IN PROGRESS SECURED N/A
- c. Personal Care NEEDED IN PROGRESS SECURED N/A
- d. Home Health NEEDED IN PROGRESS SECURED N/A
- e. Behavioral Health NEEDED IN PROGRESS SECURED N/A
- f. Other NEEDED IN PROGRESS SECURED N/A

Last Name

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25. Comments for Question #24

SECTION D. INITIAL FOLLOW-UP VISITS

26. Transition Navigator Follow Up Contacts:

a. 1st Contact Date/Time

Face-to-Face Phone Contact

b. 2nd Contact Date/Time

Face-to-Face Phone Contact

27. Community Case Manager Follow Up Contacts:

a. 1st Contact Date/Time

Face-to-Face Phone Contact

b. 2nd Contact Date/Time

Face-to-Face Phone Contact

28. Quality of Life Survey:

Date of Initial QOL Survey

SECTION E. COMMENTS & SIGNATURE

29. COMMENTS

Case Manager Name:

Case Manager Signature:

Date

Transition Navigator Name:

Transition Navigator Signature:

Agency:

Date: