|  |  |  |
| --- | --- | --- |
| **Participant:** | **Change in:** |  |
|  | Case Manager  Location [physical relocation within Wyoming] |  |

**Notes:**

* This checklist is intended to be used when a participant chooses a new case manager or relocates within Wyoming. This checklist does not need to be completed if a participant is transitioning to a nursing facility.
* The outgoing case manager must complete the Transition Checklist in its entirety and upload it into the Electronic Medicaid Waiver System (EMWS) using the CCW Naming Convention.
* If there are circumstances that are not addressed by this checklist, please contact your Benefits and Eligibility Specialist (BES).

|  |  |  |
| --- | --- | --- |
|  | **Task** | **Date contacted, received, or completed** |
| 1. | Case manager gave written notice **OR**  Participant or legally authorized representative notified Division or case manager of their desire to change their case manager or location. |  |
| 2. | Case manager contacted the BES within three (3) business days of receiving notice. |  |
| 3. | Case manager reviewed the transition process with the participant or legally authorized representative, provided choice in providers, and presented the appropriate forms.   * A Change of Case Management Agency Form was received. | Yes  N/A |
| 4 | Case manager coordinated the transition and notified the Division and plan of care team, including providers, at least two weeks prior to the transition occurring. | Notification Date:    Meeting Date: |
| 5. | Case manager shared copies of the following information with the new case manager: |  |
| 1. Current service plan |  |
| 1. Schedules |  |
| 1. Documents for Power of Attorney or Legally Authorized Representative | 1. N/A |
| 6. | Case manager shared the following medication information with the new case manager: |  |
| 1. Current medication list and 12 months of historical information | 1. N/A |
| 1. Amount of medication sent to new provider | 1. N/A |
| 7. | Case manager sent a summary of the following information to the new case manager   * Health and safety issues * Other pending issues |  |
| 8. | **Date of participant’s transition – case management transition must occur on the 1st day of the following month** |  |
| 9. | Case manager updated EMWS and uploaded required documents into the Document Library at least seven (7) days before the transition is expected to take place:   * Update demographic information [change in location] * Upload Change to Case Management Agency Form [change in case manager] * Upload transition checklist * Upload Participant Agreement form * Submit the modification |  |
| 10. | Case manager completed and submitted the Case Manager Monthly Review Form in EMWS for all months during which they were the case manager. |  |