

Transition Intensive Case Management (TICM) – Service Plan



Case managers must develop this service plan upon notification that the individual will be transitioning from a nursing facility to the community.

Individual's Legal Name:		Case Manager:	
Nursing Facility:		Nursing Facility Admission Date:	
Nursing Facility Physical Address:		Medicaid Number:	
Mailing Address: <input type="checkbox"/> Same as Physical		Birth Date:	
Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home	TICM Start Date:	TICM End Date (no more than 180 calendar days after start date)	

Required Paperwork

Please verify that the following paperwork has been completed:

- LT101 Assessment within the past year
- Community Choices Waiver Application
- Wyoming Medicaid Financial Application
- Home Assessment conducted by the nursing facility

Individual Support Needs:

For each category, briefly describe the individual's support needs. Describe how these needs may be met through natural supports or other non-waiver services. Please indicate N/A if category does not apply.

Category	Support Needed	Natural Supports/Non-Waiver Supports
Medical		
Social		
Education or Employment		

Housing		
Other		

Case Manager Support Plan:

Briefly describe the case management support plan, including the frequency of case manager check-ins or visits, and how the individual or their support network can contact you.

All parties listed on this plan are required to notify other parties of changes to contact information in a timely fashion. Parties understand that there is a maximum of 160 15-minute units (40 hours) of Transition Intensive Case Management available, and the services must be used in the 180 consecutive calendar days prior to the participant’s transition to the community. The case manager cannot submit a claim for these services until the participant has transitioned from the nursing facility and has an active waiver case.

Individual Signature

Date

Legal Guardian Signature, if applicable (Legal documentation must be submitted)

Date

Case Manager Signature

Date