

Transition Intensive Case Management Documentation Form



Individual's Name _____

Service Timespan _____

Please describe the work that was completed in order to support the person in their transition to community living. Documentation form(s) must be uploaded into the Electronic Medicaid Waiver System when the claim is submitted for payment. Total service time cannot exceed 40 hours (160 units).

| Date | Start Time | Stop Time | Minutes | Activities |
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Total Minutes:

Total 15 Minute Units:

The work described in this documentation does not duplicate other case management services or activities described in the Community Choices Waiver (CCW) Agreement or CCW Service Index. I understand that Transition Intensive Case Management Services are not considered complete, and cannot be submitted for payment, until the first day the individual receiving services is discharged from an institutional setting and is a current CCW participant.

Transition Intensive Case Manager Signature: _____

Date: _____