Transition Checklist for Community Choices Waiver Services

HOME AND COMMUNITY-BASED SERVICES

Participant:

Change in:

☐ Case Manager/Case Management Agency
☐ 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/case management agency 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 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: a. Current service plan b. Schedules c. Documents for Power of Attorney or Legally Authorized Representative	a. ☐ b. ☐ c. ☐ N/A ☐
6.	Case manager shared the following medication information with the new case manager: a. Current medication list and 12 months of historical information	a. ☐ 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.	**Please indicate how many monthly units the outgoing Case Manager or Agency has billed and, if applicable, how many 15-minute units the outgoing Case Manager will bill.**	

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 Form [change in case manager] ● Upload transition checklist ● Upload Service Plan Summary/Team Signature Page ● Submit the modification ● Service Plan Renewal submission is complete if the Participant's Service Plan is due in the upcoming month	
10.	Case manager completed and submitted the Case Manager Monthly Review Form in EMWS for all months during which they were the case manager. (Case manager shall ensure the final CMMR is submitted the last day of the month prior to the case manager change.)	

By Signing below the case manager verifies the completion of the transition Checklist:

Outgoing Case Manager Name:

_____

Outgoing Case Manager Signature:

_____

Incoming Case Manager Name:

_____

Incoming Case Manager Signature:

_____