



HEALTH CARE
AUTHORITY

Developmental Disabilities Supports Division (DDSD)

Individual Transition Plan (ITP)

Checklist

Date form completed:

Person Completing this form (discharging agency):

Contact information:

Email:

Phone Number:

Title of person completing this form (Case Manager/Consultant/Nurse Case Manager):

**The person responsible for completing this form is the current agency. Please ensure a copy of the completed ITP is provided to the Case Management Coordinator (CMC) in the designated region.*

Type of Transition:

Individual Communication Preference (i.e., phone, email, in-person):

Individual Identification Information:

Name:	Date of Birth (DOB):
Social Security Number (SSN):	Phone Number:
Email Address:	Category of Eligibility (COE):
Address:	

MCO:	MCO Care Coordinator:
Date of Transition:	Current Region:
	New Region/County (if applicable):
Current Waiver	New Waiver (if applicable):
Current Provider:	Receiving Provider:
Contact Person:	Contact Person:
Email:	Email:
Phone number:	Phone number:
Description of the individual's transition situation and any unique or special considerations and/or issues that require further clarification. Include description of how the new agency will provide support to the individual after transition (i.e., plan, who, what, where, when, why):	

Documents required for successful transition:

***This section identifies any documents that are required to be transferred from the discharging agency to the receiving agency. If documents are not applicable, please indicate with non-applicable (NA). If documents are required but cannot be transferred, please provide detailed information on when the receiving agency can expect the documents and who will be responsible for sending the documents to the receiving agency.**

Document(s)	Y/N/NA	Title/Date of Document	Pending or not yet obtained. Who will be responsible for obtaining	Date Received	Proposed date of document transfer
Current Year Assessments					
Level of Care (LOC)					
Individual Service Plan (ISP)/Service Support Plan (SSP); attached documents & ISP/SSP & budget revisions					
Current Approval Letter from Income Supports Division (ISD)					
Meeting notes and correspondence as available					

Medical Reports/History and Physical and Immunization Records					
Document(s)	Y/N/NA	Title/Date of Document	Pending or not yet obtained. Who will be responsible for obtaining	Date Received	Proposed date of document transfer
List of current medications					
Recent Comprehensive Aspiration Risk Management Plan (CARMP)					
Other evaluations					
Current Individual Education Plan					
Division of Vocational Rehabilitation (DVR) Plan					
Private Duty Nursing Plan					
Allocation Letter/ Waiver Change Form(s)/SFOC (for provider changes)					

Guardianship/Power of Attorney (POA) paperwork					
Employer of Record (EOR) information form or will an EOR be needed?					
Document(s)	Y/N/NA	Title/Date of Document	Pending or not yet obtained. Who will be responsible for obtaining	Date Received	Proposed date of document transfer
One full year of monthly and quarterly update forms and Case Management/Consultant Agency case notes (narratives) (Previous quarter case notes from the Nurse Case Manager)					
Current Living Care Arrangement					
Copy of personal belongings inventory					

Transfer of personal belongings (including medications)					
Copy of Assistive Technology Inventory					
Family Living Home Study					
Document(s)	Y/N/NA	Title/Date of Document	Pending or not yet obtained. Who will be responsible for obtaining	Date Received	Proposed date of document transfer
Advanced Directives- Do Not Resuscitate (DNR), Do Not Intubate (DNI), any other advanced Directives					
Birth Certificate, SS card, Medicaid/Medicare card, I.D. Card					
Other pertinent information					
DHI Clearance Letter					

In-Home Assessment (Vineland)					
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***This section facilitates important discussions that help identify any needs that ensure a successful transition. This section is not to replace the ISP/SSP. If discussion questions prompt any action items (i.e., yes answer to discussion question), details must be included to indicate planned remediation.**

Discussion Question	Y/N/NA	Identify any follow up if needed and who is responsible for completion and when. If applicable, indicate if the ISP/SSP has been updated	Date of discussion
Therap Discharge and Transfer needed?			
Are any Assistive Technology, Environmental Modifications or adaptive equipment needs identified?			
Are any Crisis Supports needed? Please indicate if there are any behavioral services currently being accessed (for example, Preliminary Risk Screening			

Consultation or Human Rights Committee)			
Are any trainings needed to support the individual prior to transition?			
Discussion Question	Y/N/NA	Identify any follow up if needed and who is responsible for completion and when. If applicable, indicate if the ISP/SSP has been updated	Date of discussion
Are all eligibility needs discussed and planned for? (i.e., Medicaid eligibility)			
Is the individual moving to a new home? Indicate if a visit to the new home has been completed.			
Are new housemates identified and planned for?			
Is the transfer for personal belongings planned? Indicate move date			

Are any revisions needed for the Individual Service Plan/Service Support Plan and budget? (e.g., new services, goals etc.)			
Is the participant currently working or wants to work?			
Discussion Question	Y/N/NA	Identify any follow up if needed and who is responsible for completion and when. If applicable, indicate if the ISP/SSP has been updated	Date of discussion
Are there any Regional Office Request for Assistance (RORA) pending?			
Are there any routine or non-routine appointment needing follow through?			
Does this transition identify any safety concerns?			

Are there any transportation needs related to the transition? (i.e., Coordination, learning new routes, etc.)			
Did the individual have a choice in the waiver or provider they are transitioning to?			
Are there any concerns with the new service setting following the CMS Final Rule, HCBS Settings Requirements, as applicable?			

