

Montana Developmental Center Transition Plan

This Checklist is for use during all meetings to plan an individual's move from MDC to a community program/s. Choices made by the individual drive this work. MDC staff and the community provider/s are two systems that become one Team and work in unison to accomplish the dreams and wishes of the individual, as well as the details of a person planning and moving within the Developmental Disabilities Service system.

Meeting Dates

Initial Meeting

Date:
Who participated:
Brief Notes:

Meeting:

Date:
Who participated:
Brief Notes:

Meeting:

Date:
Who participated:
Brief Notes:

Meeting:

Date:
Who participated:
Brief Notes:

Meeting:

Date:
Who participated:
Brief Notes:

Date individual moved:
Date individual discharged:

Note: "MDC Team" refers to personnel employed at MDC and guardian/family involved; provider name refers to provider personnel, may include case manger; "Team" refers to MDC personnel plus provider/community people involved.

MDC QMRP: _____

Phone: _____

Case Manager: _____

Phone: _____

Quality Improvement Specialist: _____

Phone: _____

Provider Contact: _____

Phone: _____

Provider Contact: _____

Phone: _____

A. Provider Selection	Discussion/Action Needed	Who	Date
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		responsible	completed
Has the individual been given choices about providers			
Has the individual made a provider choice			

B. Financial/Medical Insurance	Discussion/Discussion/Action Needed (see attached PSP Financial page)	Who responsible	Date completed
1. Is the person Medicaid eligible in the community?			
2. Is the person Medicare eligible in the community?			
3. Is the person on a Medically Needy status?			
4. Does the person have private insurance, a trust fund, or other medical benefits?			
5. Is the person eligible for SSI?			
6. For Railroad?			
7. For SSDI?			
8. For SS/DAC?			
9. Other?			
10. Will there be an incurment?			
11. Is there a need for a payee to be established?			
12. Provider funding source: Is the service funded with Title XIX funds?			
13. Has MONA been completed?			
14. Has a cost plan been developed?			
15. Transition Grant Monies needed? (up to \$3000.00)			
16. Exit Services Grant monies needed? (up to \$10,000.00)			
17. Does the person need a MT photo ID?			

C. Orientation	Discussion/Action Needed	Who responsible	Date completed
17. Has the individual visited the community?			
18. Has the person engaged in social events in the community?			
19. Has the person been introduced to others who			

already work and live in the community?			
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D. Housing	Discussion/Action Needed	Who responsible	Date completed
20. What type of housing does the person want (duplex, apartment, house)?			
21. The home has been seen by the individual, staff from MDC, to ensure that any particular issues for the person to be served are covered.			
22. Home has all modifications and equipment for the needs of the individual.			
23. Is a Section 8 housing application needed?			
24. Has an arrangement been made to pay rent?			
25. Is a housemate wanted/needed?			
26. Is there a congregate eating option available at site? Is there an additional cost involved?			
27. Do telephone, cable, utilities need to be set up?			
28. Is an Emergency/Disaster Plan in place?			
29. What special considerations need to be added to the Emergency Plan?			
30. Is the Needs List completed (see form at end)?			

E. Vocational	Discussion/Action Needed	Who responsible	Date completed
31. What types of vocational activity does the person prefer			
32. Has the individual visited vocational programs			
33. If the person is of retirement age, what are day program options			

F. Support Services	Discussion/Action Needed	Who responsible	Date completed
34. Has the person been involved with selecting			

staff?			
35.Has the person met the staff?			
36.Is there a need for Personal Care Attendants? Has the home health agency been contacted?			
37.Does the person need occupational therapy?			
38.Does the person need physical therapy?			
39.Does the person need speech therapy?			
40.Does the person need mental health services?			
41.Does the person need specialized service because of a prosthesis, orthotics, dentures?			
42.Does the person need barrier-free, accessible settings?			
43.Are there other accommodations necessary due to disabilities or medical issues?			
44.Does the person need special adaptive equipment in the home?			
45.Does the person need special adaptive equipment in the day setting?			
46.Does the person need any special personal supplies such as Attends, plate guard?			
47.Does the person have any special mealtime needs? Require a special diet?			
48.Does the person have particular preferences or dislikes in foods?	Preferences: Dislikes:		
49.Does the person have allergies to foods? To medications? Items in the environment?	Foods: Medications: Environmental:		
50.Does the person have preferred activities in terms of recreation? Dislikes in that area?			
51.Does the person have a religious preference, and does the person wish to			

attend a church?			
52. Be sure all supplies are ordered and on location.			

G. Medical Needs	Discussion/Action Needed	Who responsible	Date completed
53. Are needed medical treatments in the local community?			
54. If not, where are the services?			
55. Will the person have transportation to the other community?			
56. Who will be Primary Care Physician? Address Phone			
57. When is first PCP appointment? (Must be within first two weeks of move.)			
58. Who will be Dentist? Address Phone			
59. When is first dental appointment?			
60. Who will provide psychiatric care? Address Phone			
61. When is first psychiatric appointment?			
62. Are there other medical needs? Treatment/s, specialist/s, etc.			
63. Is there a need for a monthly or quarterly review of blood levels?			
64. For those with the most intense medical/psychiatric needs, notify local emergency personnel of their presence in the community. Involve mental health center if needed.			

List all Medical Conditions:

(Paste in or See attached Quarterly Medical Update)

Medication	Time(s) of Day Medication	Dosage	Purpose of Medication/Potential Side Effects	Start Date	Prescribing Professional Name&Title
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H. Behavior Management /Intervention Programs:	Discussion/Action Needed	Who responsible	Date completed
65.Copy of Behavior Treatment Plan and data shared			
66.MDC Crisis Prevention Protocol shared			
67.What will the crisis protocol be in the community?			
68.Who will be notified and what is expected response?			
69.Rights Restrictions shared			
70.Security issues needed for the person: alarms, security doors, ankle-tracking devices ... - Discussed - In place - Yet to be completed			
71.Are sexual issues of concern for this individual?			
72.Does the person need to register as a Sex Offender?			
73.Does a Probation Officer need to be arranged?			
74.Have copies of any social-sexual assessments or recommendations from treating professionals been shared with community staff?			
75.Community staff need to pursue DD Program Review Committee approval of any programs that may fall in the Level II category or does a Community Treatment Plan need to be developed?			

I. Staff Training Training for community staff:	Discussion/Action Needed (at MDC or in community)	Who responsible	Date completed
76.Residential/ADL skills			

77.Vocational skills, preferences			
78.Medical information			
79.Dietary information			
80.Behavior management programs and data			

J. Family Involvement	Discussion/Action Needed	Who responsible	Date completed
81.Is the family being informed, invited and involved in the placement process?			
82.Are there things the person is particularly fond of that the family can provide?			

K. Saying Goodbye	Discussion/Action Needed	Who responsible	Date completed
83.Planning a going away party: What does the person want? Who will plan/help plan? When and where will it be?			
84.Put together what the person wants to share about their new addresses, phone number, photos of their new home, etc.			

M. MDC Planning Checklist	Discussion/Action Needed	Who responsible	Date completed
85.Notify MDC Team and Support Services of placement plan.			
86.Order the 30-day supply of prescription medications, including PRN medications.			
87.Notify Regional Manger of grants discussed and approved			

88. Transportation arranged for: a. Visit/s b. Moving furniture c. Moving day. (credit cards, PIN #s)			
89. Inventory of all possessions completed.			
90. Notify Shop and Material Management of any needed repairs and orders.			
91. Arrange placement check and Care and Maintenance issues. (Accounting)			
92. Schedule exit physical.			
93. Arrange MDC staff for each trip.			
94. Arrange motels, credit cards, travel expenses, and meals for staff.			
95. Arrange client meals.			
96. Pre-placement visits (day, overnight) to the individual's new home.			
97. Send medical records to community Primary Care Physician and other Specialists as needed.			
98. The MDC PCP will speak to the community PCP.			
99. For those to whom it applies, the MDC Behavior Analyst and/or Psychiatrist will phone the community Behavior Analyst and/or Psychiatrist.			
100. Needed equipment has been acquired and is in good repair.			
101. Identify those possessions that the individual prefers to personally move.			
102. Who is loading possessions?			
103. Leave Placement Form, filled out and signed.			
104. Placement check, meds (include PRN meds), staff monies in hand.			
105. All appropriate supplies, equipment, and medication reviewed with new staff			

The following persons attended and participated in the Transition Planning meeting on _____.
(Date of each meeting)

SIGNATURE

TITLE/AREA REPRESENTING
(if another person/area)

Client: _____

Guardian/Family: _____

QMRP: _____

Registered Nurse: _____

Social Worker: _____

Residential TPS: _____

Unit Coordinator: _____

Psychology: _____

MDC Others: _____

Community Provider:

Case Manager: _____

Quality Improvement Specialist:

Others: _____
