

Member's Name: _____

Medicaid RIN: _____ Discharge Date: _____

Community Transition Initiative
Transition Notice
MCO Completes

This form to be completed on all members after they have transitioned to the community, please send form to UIC.

Member's Name: _____ Care Coordinator: _____ Care Coordinator Phone: () -	Medicaid RIN: _____ Health Plan: Choose health plan Care Coordinator Email: _____
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Discharge Information

Facility Name Discharging From: _____	Discharge Date: _____
Community Address (<i>street, apt #, city, zip</i>): _____	
Member Phone: _____	
Type of Community Housing	
PSH Housing:	
☐ Apartment Rental (Self)	☐ House (Own)
☐ House w/ Family (Family Owned)	☐ Senior Housing
	☐ House Rental w/ Family
	☐ Apartment Rental w/ Family
Non-PSH Housing:	
☐ Assisted Living	☐ SLP
☐ Supervised Residential (SRS/Group Home)	☐ Supported Residential
☐ Other (Please specify in comments)	
Comments:	

If the member did not transition to PSH housing, complete the following: Indicate the clinical basis for recommending an alternate setting: ☐ Dementia or severe cognitive impairment ☐ Serious medical needs requiring intensive nursing care ☐ Member presents an imminent risk of danger to themselves or others Indicate service basis for recommended setting: <table style="width: 100%;"><tr><td>☐ Member preference</td><td>☐ Daily wellness check</td><td>☐ In-house medical support</td></tr><tr><td>☐ In-house mental health services</td><td colspan="2">☐ Medication management services throughout the day</td></tr><tr><td>☐ Availability of functional support</td><td>☐ Ongoing social support available</td><td>☐ Meals are provided</td></tr><tr><td>☐ Skill development (<i>specify</i>): _____</td><td colspan="2">☐ Other (<i>specify</i>): _____</td></tr></table>	☐ Member preference	☐ Daily wellness check	☐ In-house medical support	☐ In-house mental health services	☐ Medication management services throughout the day		☐ Availability of functional support	☐ Ongoing social support available	☐ Meals are provided	☐ Skill development (<i>specify</i>): _____	☐ Other (<i>specify</i>): _____	
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