

Member's Name: _____ Medicaid RIN: _____ Transition Service Plan date: _____

Community Transition Initiative Transition Plan Review

The service plan quality review aims to ensure that Class Members have a person-centered service plan that addresses their unique needs, interests, goals, and preferences to support their community integration.

Dedicated clinical staff from both the UIC CON CTI and UIC CON CCMTMP groups carefully assess service plans for the following:

- The status of the Class Member
- An appropriate housing plan
- Risks, needs, and challenges the Class Member faces or may face in the community
- Interventions and services appropriate to address Class Member risks, needs, challenges
- Class Member strengths and goals for community integration

Member's Name: _____ Colbert <input type="checkbox"/> Williams <input type="checkbox"/> Facility Name: _____ Care Coordinator: _____ Care Coordinator Email: _____ Care Coordinator Phone: (____) ____-_____	Medicaid RIN: _____ Admission Date: _____ DOB: _____ Race: _____ Gender: Choose an item. Health Plan: Choose health plan
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Transition Service Plan date: _____	Projected transition date: _____
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UIC CON clinical review completed by: <small>Click or tap here to enter text.</small>	
Date received for review: _____ Initial outcome sent to health plan: _____ Quadrant Score: Choose an item.	Revisions received for review: _____ Revised outcome sent to health plan: _____
Review Call(s) if indicated: _____	

Maximus Outreach Date: _____
Maximus Assessment Date: _____
Maximus Referral to MCO Date: _____

Documents Reviewed

- Transition Service Plan: _____
- Maximus Assessment Summary:
- Facility documents:
- Medications:
- Diagnoses:
- Progress notes:
- Laboratory reports (if available):

High Risk Diagnoses and Conditions

High Risk Physical Health Diagnoses

High Risk Behavioral Health Diagnoses

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High Risk Medications

High Risk Scheduled Medical

High Risk Scheduled Psychiatric

High Risk PRN Medications

Significant Utilization (from Medicaid claims, assessment, or other materials provided)

UIC CON Comments & Feedback

Living Experience & Housing Preferences

Member Vision, Strengths, and Supports

Independent Living and Self-Management Skills

Community-Based Clinical Services and Supports

Community-Based Non-Clinical Services and Supports

Housing Assistance Needs

Housing Accessibility and Adaptation

Non-Housing Transition Needs

Other Needs and Challenges

Additional Feedback

Initial Transition Plan Review Outcome

- Transition Plan is approved with no revisions
- Transition Plan will be reviewed via conference call
Scheduled call date: _____
- Transition Plan should be revised to incorporate the following recommendations:
Revised Transition Plan due: _____

UIC Standard Recommendation	Details	Status after Revision
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete

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		<input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable

Revised Transition Plan Review Outcome

Transition Plan is approved with no further revisions

Transition Plan will be reviewed via conference call

Scheduled call date: _____

Transition Plan should be revised to incorporate the following additional recommendations:

Revised Transition Plan due: _____

UIC Standard Recommendation	Details	Status after Revision
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable
		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete

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		<input type="checkbox"/> Not applicable
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30 Day Post-Transition Call Summary

Transition date: _____

Transition location: (Home with family, private home, SLP, apartment, etc.):

Post-transition call date: _____

Participants and Agency:

Call summary and concerns/issues facilitating Transition Service Plan post-transition:

Status of Recommendations Post-30 Days Transition:

UIC Standard Recommendation	Description of status after 30 days
	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable <input type="checkbox"/> Other
	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable <input type="checkbox"/> Other
	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable <input type="checkbox"/> Other
	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable <input type="checkbox"/> Other
	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable <input type="checkbox"/> Other
	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable <input type="checkbox"/> Other

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UIC Standard Recommendation	Description of status after 30 days
	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable <input type="checkbox"/> Other
	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Partially complete <input type="checkbox"/> Not applicable <input type="checkbox"/> Other

Additional recommendations or action plan to address any concerns/issues within Transition Service Plan (from section above):

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