



# MFP Transition Checklist

Participant's Name: \_\_\_\_\_ RIN # \_\_\_\_\_

Planned Date of Discharge: \_\_\_\_\_

A comprehensive mitigation plan, completed medication list, and completed 24-hour back-up plan must be in place prior to transition.

	Task	Yes	No	N/A	Date
	<b>Personal Identification and Changing Address</b>				
	Obtain birth certificate and state ID				
	Change address with post office				
	Change address with voter registration				
	Change address on state ID and/or drivers license				
	Change address with social security				
	Change address with the Dept. of Human Services local office (formerly public aid)				
	Change address with Medicaid				
	Notify nursing facility of new address				
	<b>Caregiver Services</b>				
	Determine which tasks participant/consumer will require assistance with: <i>Tasks:</i> Bathing, Grooming, Housekeeping, Laundry, Meal Preparation, Shopping, Scheduling Appointments, Telephone use, Medication Management				
	Determine service hours/month: _____/Hours per month				
	Determine who will provide these services and develop a schedule				

	<b>Task</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	Determine level of family/friend support				
	Assist the participant in hiring a Personal Assistant (DRS) or obtaining a homemaker/caregiver and/or home care services				
	Hire primary PA and list them on 24 Hour Back-Up Plan (Form K) and Personal Resource List (Form L).				
	Hire secondary PA and list on 24 Hour Back-Up Plan (Form K) and Personal Resource List (Form L).				
	Create PA/caregiver schedule including tasks and hours/days present throughout the week.				
	Arrange for caregiver(s) to spend the first couple of nights with participant in the community after transition (if applicable).				
	List all identified caregivers on the 24 Hour Back-Up Plan (Form K) and the Personal Resource List (Form L).				
	Identify Back-Up PAs and list them on 24 Hour Back-Up Plan (Form K) and Personal Resource List (Form L).				
	Request PA Management Training provided if needed				
	Arrange Homemaker Services and list on 24 Hour Back-Up Plan (Form K) and Personal Resource List (Form L).				
	Arrange other Home Services needed and list them on 24 Hour Back-Up Plan (Form K) and Personal Resource List (Form L).				
	Review 24 Hour Back-Up Plan (Form K) and Personal Resource List (Form L) with PA and caregiver(s).				
	List Support Persons and Groups on the 24 Hour Back-Up Plan (Form K) and Personal Resource List (Form L), where appropriate.				
	<b>Environment/Housing</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	Acquire Housing Application				
	Complete housing applications for rental assistance (if needed)				
	Submit housing accommodations letter (if housing becomes available and services still need to be arranged for participant to safely transition)				
	Have housing lease (if needed) signed by client and landlord				
	Determine if home modifications are necessary (ex: grab bars, rails, ramp, etc.) Obtain approval. Secure bids. Complete				
	Obtain telephone service. Verify functionality. Obtain an				




	<b>Task</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	EHR/PERS service. Verify functionality. Discuss with the participant the need to maintain these after transition				
	Collaborate with participant on furniture, household needs— purchase these. Deliver these to participant’s post-transition home				
	Schedule/verify moving date				
	Schedule moving van or other assistance with moving if needed				
	Activate natural gas/electricity				
	Activate water service				
	Arrange installation of Life line/ emergency response system and have it activated				
	Activate television service and pay cable deposit (as needed)				
	Create emergency evacuation plan. Review plan with participant and caregiver(s)				
	Arrange for physical therapy home safety assessment. Obtain order from nursing facility physician				
	Purchase groceries so they are available on move in day				
	<b>Finances</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	Confirm what income is available, how much it will be and when first amount will be available				
	Request budgeting and money management training as needed				
	Identify bank and list on Personal Resource List (Form L)				
	Make necessary arrangements for account/services completed				
	Identify representative payee (if needed) and list them on 24 hour Back-up plan (Form K) and personal Resource List (Form L)				
	Arrange education on paying rent/bills				
	Notify SSA, bank, etc of change of address				
	Transfer Medicaid (Medicaid Eligibility Card - formerly public aid) to new county of residence				
	Sign up for LINK Card				
	Transfer SSI or SSDI payments to new address— <ul style="list-style-type: none"> <li>o Communicate new bank account information if payments are made electronically, to Social Security.</li> </ul>				



	Task	Yes	No	N/A	Date
	o Complete the same procedures for retirement payments from social security				

**IMPORTANT NOTE:**

If a person notifies SSA that they have returned to the community prior to the 22nd day of the month or cut-off date, his or her SSI will be reinstated on the first of the following month. If SSA is notified after the cut-off, the person will get their \$30 on the first of the month and a subsequent check making up the difference will come later in the month with full benefits beginning the first of the next month.


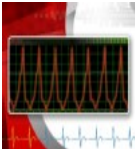


	Providers	Yes	No	N/A	Date
	Locate Primary Care Provider in community and verify that services/care will be provided. Obtain name/location/contact information. Obtain the first appointment <b>prior to Nursing Home discharge or within 1-2 days of discharge</b> . Educate the participant on the need to attend the first and all subsequent appointments. Determine transportation.				
	Identify accessible Therapy Services (if needed) <ul style="list-style-type: none"> <li>Schedule intake appointment if not previously scheduled and arrange transportation to services.</li> </ul>				
	Locate psychiatric care provider in the community (if needed) and verify that services/care will be provided to the participant. Obtain name/location/contact information. Schedule the first appointment as soon as possible after Nursing Home discharge. Educate the participant on the need to attend the first and all subsequent appointments. Determine transportation.				
	Locate Specialists: Psychiatry, Cardiology, Oncology, Podiatry, etc. Obtain name/location/contact information/date/time. Educate the participant. Determine transportation.				
	Identify specialty Clinics: Wound Care Center, Heart Failure Clinic, HIV Clinic, Dialysis Center, etc.				
	Arrange Support Services: Mental Health Services, Substance Abuse Support, Palliative Care, etc.				
	Obtain a prescription for Home Health services (RN, PT/OT) from the NH physician. Initiate the referral. Determine the date/time of first home visit. Educate the participant on the Home Health agency name/contact information/first home visit. Educate the participant on the need to cooperate with ongoing home care services.				


	<b>Task</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	<p>Locate support groups in the community and provide this information to the participant if he/she demonstrates abstinence from substance abuse prior to transition.</p> <p>Locate accessible Substance abuse services (if needed).</p> <ul style="list-style-type: none"> <li>Schedule intake appointment if not previously scheduled and transportation to services arranged.</li> </ul>				
	<p>Arrange for nursing facility physician to order a neuropsychological evaluation on MFP participant if he/she has multiple mental health and/or neurological disorders.</p>				
	<p>Arrange for nursing facility physician to order a neuropsychological evaluation on MFP participant if he/she has multiple mental health and/or neurological disorders.</p>				
	<b>Medication/Pharmacy</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	<p>Obtain current list of medications from nursing home: prescription and over-the-counter. Update Form G.</p>				
	<p>Schedule II Medications: Obtain written (active/valid) prescription. Determine pharmacy that will fill the prescription. Determine the plan for which provider will write a new prescription <b>each month</b>, including how this prescription will be obtained by the participant and delivered to the pharmacy and picked up at the pharmacy.</p>				
	<p>Complete MFP Medication List (Form G), provide a copy, and review with participant and circle of support.</p>				
	<p>Determine needed medical supplies: home blood pressure monitor, scale, glucose meter, and supplies, syringes and supplies, sharps container, Home Oxygen and portable oxygen, Home nebulizer machine, Home CPAP machine, Incontinence pads; etc.</p> <ul style="list-style-type: none"> <li>Order and ensure availability on move in day</li> </ul>				
	<p>Collaborate with the NH to have the prescriptions written ahead of time</p>				
	<p>Obtain remaining medications from nursing home that participant is entitled to (show long-term care provider letter, if needed).</p>				
	<p>Locate a pharmacy to fill the prescriptions on an ongoing basis. Deliver the prescriptions prior to NH discharge. Obtain prescription medications and purchase over-the counter medications prior to NH discharge.</p>				
	<p>Determine if the pharmacy will deliver or if the participant will need to pick up medication</p>				
	<p>Determine if pharmacy will fill pill organizers on a monthly basis</p>				



	<b>Task</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	List Pharmacy (and available second pharmacy) on the 24 Hour Back Up Plan (Form K) and MFP Personal Resource List (Form L).				
	Request Medication Management education if needed.				
	<p>Ensure that a sufficient initial supply of medications is available so participant does not go without medications while waiting for new scripts. To assure everything will be in place on day of discharge you must initiate a letter to the pharmacy with the date of planned discharge approximately 5-7 days <b>PRIOR</b> to planned discharge date.</p> <p>See “Provider Notice” and “cover letter”. <i>(Note: The “Provider Notice” will inform the pharmacy of the MFP program and advises that the ‘Refill Too Soon’ approval requests will be granted to MFP participants upon entering the community. There will be a standard cover letter that will be faxed to the pharmacist with the provider notice. The 5-7 day period is needed to lift the hold and to assure everything will be in place on the day of discharge.)</i></p> <p><u>Back-up plan:</u> What should they do if pharmacy will not dispense?</p>				
	Assist participant with organizing medications in new residence.				
	Arrange for home health nursing services for medication and disease management. Obtain a prescription for home health nursing services from nursing facility physician.				
	<b>DME</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	Locate a home medical supply company to obtain needed supplies, including refills as appropriate. Educate the participant. Collaborate with the participant in developing a system to obtain additional supplies as needed. Provide the participant with the supplier’s name and contact information.				
	Verify that the participant currently owns DME and is using it appropriately..				
	Determine needed DME (an Emergency Home Response System-EHRS (required); wheelchair and “Roho” cushion; Walker; Cane; Over-lay mattress for the bed; Hospital bed; Commode; Grab bars; Shower chair/bench; Hoyer lift; etc.)				
	Obtain delivery and verify functionality and safety of DME. Verify the participant knows how to use.				
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	<b>Task</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	<b>Transportation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	Determine options for the participant after transition.				
	Determine how the participant will be transported from the NH to the home in the community.				
	Determine how the participant will be transported from the NH to the home in the community.				
	Obtain a “Disabled Person Identification Card” for public transportation				
	Confirm transportation is available (Access, First Transit, Bus application, etc.)				
	List transportation providers on 24 Hour Back-up Plan (Form K) and Personal Resource List (Form L)				
	<b>Medical Diagnoses and Illnesses</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	Obtain medical physician <b>clearance/approval</b> for transition.				
	Obtain psychiatric clearance/approval for transition.				
	Recommend no hospitalizations/ER visits at least 6 months prior to transition.				
	Collaborate with the NH staff to initiate education on illnesses, medications, illness management, etc.				
	<b>Advance Directives/POA/Guardian</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	Assess for the presence of a guardian. Obtain documentation. Include the guarding on all decisions regarding transition.				
	Assess for the presence of Advance Directives: Power of Attorney for Health Care; Power of Attorney for Finances/Property; Living Will; Do Not Resuscitate order. Obtain copies.				
	Discuss with the participant if he/she would like to create a Power of Attorney for Health Care. Collaborate with the family and the NH Social Worker on initiating and developing this document.				
	Discuss with the participant if he/she would like to create a Power of Attorney for Health Care. Collaborate with the family and the NH Social Worker on initiating and developing this document.				
	<b>MFP Process and Documentation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	Complete the Quality of Life survey- before the participant leaves the NH.				

	<b>Task</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	Email UIC to alert to a potential transition. Complete all MFP Forms "paperwork." Allow UIC at least 2 weeks to review the claims and paperwork and to develop the Case Review guide.				
	Complete 24 Hour Back Up Plan (Form K)				
	Complete Personal Resource List (Form L)				
	Complete Risk Inventory and Mitigation Strategies (Form H&I)				
	Complete Mitigation Plan (Form J)				
	Complete Medication Chart (Form G)				
	Provide participant with a copy of all MFP forms				
	Provide the participant with a copy of POA and out-of-hospital DNR form (if applicable)				
	Provide the participant with a copy of POA and out-of-hospital DNR form (if applicable)				
	<b>Discharge</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date</b>
	• Complete Discharge paperwork				
	• Obtain Discharge card (if needed)				

Other: