Please submit the completed checklist to kimberley.vanauken@sjhsyr.org to complete a case transfer from CMA to CMA.

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| **Transfer Information** |
| CareManager Chart Number: |  |
| Releasing CMA: | Choose an item. |
| Accepting CMA: | Choose an item. |
| Date of Transfer:*\*\*Must be the first day of the month* | Click or tap to enter a date. |

**Please confirm that the following requirements for transfers have been met and documented prior to form submission.**

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| **Transfers Requirements** |
|[ ]  Member was informed in writing of transfer, including receiving agency and effective date. *Supporting documentation must be on file.* |
|[ ]  CareManager documentation is complete (notes, upload documents, update demographics, complete HML – if billing for the month) |
|[ ]  Assessment and Plan of Care are up to date[ ]  If not, status and barriers were communicated to receiving CMA |
|[ ]  Case Conference occurred between releasing and receiving CMAs manager or director. *Conference must be documented in CareManager.*Date of Conference: Click or tap to enter a date.Mode of Conference: Choose an item. |