Please submit the completed checklist to [kimberley.vanauken@sjhsyr.org](mailto:kimberley.vanauken@sjhsyr.org) to complete a case transfer from CMA to CMA.

|  |  |
| --- | --- |
| **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.**

|  |  |
| --- | --- |
| **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. |