



Mental Health Targeted Case Management Universal Transfer Form

This form should be used to transfer mental health targeted case management cases from:

- County to county
- Tribal agency to county
- County to tribal agency
- County to community provider
- Community provider to community provider
- Community provider to county
- Community provider to tribal agency
- Tribal agency to community provider.

The Universal Transfer Form should be completed by the current mental health targeted case manager and sent to the new mental health targeted case manager as soon as the need for a transfer of responsibility is known. Some health plans are interested in receiving the form upon completion as well. Relevant documents (e.g., the Individual Community Support Plan Diagnostic Assessment or the Individual Family Community Support Plan) can be attached to this form to further facilitate the transfer assuming proper client consent is in place. Completion of this transfer form does not establish a prospective provider as financially responsible for the delivery of mental health targeted case management services.

			TODAY'S DATE	
TO				
<input type="checkbox"/> Health plan <input type="checkbox"/> County <input type="checkbox"/> Community provider <input type="checkbox"/> Tribal agency				
FROM				
<input type="checkbox"/> Health plan <input type="checkbox"/> County <input type="checkbox"/> Community provider <input type="checkbox"/> Tribal agency				
CURRENT MENTAL HEALTH TARGETED CASE MANAGER			PHONE NUMBER	FAX NUMBER
<input type="checkbox"/> Health plan <input type="checkbox"/> County <input type="checkbox"/> Community provider <input type="checkbox"/> Tribal agency				
REASON FOR TRANSFER				
Member/client information				
NAME			DATE OF BIRTH	PHONE NUMBER
PMI NUMBER	PARENT/GUARDIAN (if applicable)			
HOME ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)		CITY	STATE	ZIP CODE