



Shawnee County  
Community Developmental Disabilities Organization  
"Your resource for connecting our community"

<b>Subject: Targeted Case Management Referral for Services Effective Date: 12-15-97</b>	<b>Reviewed: 08-24-09, 08-26-10, 08-22-11, 08-27-12, 09-08-14, 08-22-16, 11-06-17</b>	<b>Policy No: 06-013</b>
<b>Revised:</b> 06-10-99, 11-05-01, 04-22-03, 10-20-03, 05-15-06, 05.24.10, 08-22-11, 08-27-12, 04-26-13, 09-08-14, 08-22-16, 11-06-17	<b>Forms:</b> 06-034.001 Funding Request Application, 06-009.001 Service Provider Transition Checklist, 06-013.002 Service Provider Choice Form, Status Action Form	

**POLICY:** *Each Targeted Case Manager (TCM) must assist the eligible individual with accessing Affiliated Provider services.*

**GUIDELINES:**

1. The TCM or CDDO Representative is responsible for referring the individual to any affiliated service provider(s) requested by the individual and/or their guardian. Acknowledgement of choice will be completed on the Service Provider Choice Form (06-013.002).
2. The TCM or CDDO Representative is responsible for requesting State funding for services to the CDDO Funding Coordinator by completing the Funding Request Application (06-034.001). If approved for I/DD HCBS Waiver funded services, the TCM or CDDO Representative will work with the individual's Managed Care Organization to establish services.
3. The TCM will notify the CDDO of any potential provider changes.
4. Whenever an individual is transitioning from one service provider to another service provider, the TCM or CDDO Representative is required to document transition meeting minutes on the Service Provider Transition Checklist (06-009.001). The Transition Checklist, Service Provider Choice Form and Status Action Form must be uploaded into the BCI web based system after completion. The TCM or Shawnee County CDDO Representative will notify the CDDO Quality Management Coordinator prior to the transition meeting.