LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

Transition Services Form (TSF)

I. GENERAL INFORMATION

Region: _____

Waiver Type:
☐ ADHC ☐ CCW

Participant's Name: _____

Nursing Facility Name: _____ Date of Birth: _____

Projected Move Date: _____ Total Estimated Cost: $ 0.00

Actual Move Date: _____ Final Grand Total: **$** _____

II. ITEMIZED EXPENSES

Areas	Item	Number of Items Requested	Estimated Cost	Designated Purchaser Initials	Actual Cost *(Based on Purchase Receipt)*	SC Initials *(Purchase Verification)*
DEPOSITS/FEES	Security Deposit (House)		$ 0.00			
	Security Deposit (Apartment)		$ 0.00			
	Telephone Deposit		$ 0.00			
	Electric Deposit		$ 0.00			
	Gas Deposit		$ 0.00			
	Water Deposit		$ 0.00			
	Other Housing/Start-Up Fees		$ 0.00			
LIVING ROOM	Sofa/Love Seat		$ 0.00			
	Chair		$ 0.00			
	Coffee Table		$ 0.00			
	End Table		$ 0.00			
	Recliner		$ 0.00			
BEDROOM	Bedroom Set		$ 0.00			
	Mattress/Box Springs		$ 0.00			
	Bed Frame		$ 0.00			
	Chest of Drawers		$ 0.00			
	Nightstand		$ 0.00			
	Comforter		$ 0.00			
	Sheets		$ 0.00			
	Pillows		$ 0.00			
	Lamp		$ 0.00			
	Telephone		$ 0.00			
BATH	Bath Towels		$ 0.00			
	Hamper		$ 0.00			
	Shower Curtain		$ 0.00			
	Bath Mat		$ 0.00			
DINING ROOM	Dining Table		$ 0.00			
	Dining Chairs		$ 0.00			
	Dishes/Plates		$ 0.00			
	Glassware		$ 0.00			
	Cutlery/Flatware		$ 0.00			

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Participant's Name:_____ **Date of Birth:** _____

Areas	Item	Number of Items Requested	Estimated Cost	Designated Purchaser Initials	Actual Cost *(Based on Purchase Receipt)*	SC Initials *(Purchase Verification)*
KITCHEN	Refrigerator		$ 0.00			
	Stove		$ 0.00			
	Cooktop		$ 0.00			
	Dishwasher		$ 0.00			
	Convection Oven		$ 0.00			
	Microwave		$ 0.00			
	Coffee Maker		$ 0.00			
	Toaster		$ 0.00			
	Crock Pot		$ 0.00			
	Indoor Grill		$ 0.00			
	Pots/Pans		$ 0.00			
	Drain Board		$ 0.00			
	Storage Containers		$ 0.00			
	Blender		$ 0.00			
	Can Opener		$ 0.00			
	Food Processor		$ 0.00			
	Mixer		$ 0.00			
	Dishcloths/Towels/Potholders		$ 0.00			
MISCELLANEOUS	Window Treatments *(Coverings, Blinds, Rods)*		$ 0.00			
	Washer		$ 0.00			
	Dryer		$ 0.00			
	Vacuum Cleaner		$ 0.00			
	Air Conditioner		$ 0.00			
	Fan		$ 0.00			
	Broom		$ 0.00			
	Mop		$ 0.00			
	Bucket		$ 0.00			
	Iron		$ 0.00			
	Ironing Board		$ 0.00			
MOVING EXPENSES	Moving Company		$ 0.00			
	Cleaners ***(Prior to Move. One-time expense)***		$ 0.00			
HEALTH & WELFARE	Pest Control/Eradication		$ 0.00			
	Fire Extinguisher		$ 0.00			
	Smoke Detector		$ 0.00			
	First Aid Supplies/Kit		$ 0.00			
TOTAL COSTS		Estimated:	$ 0.00	Actual:	$	
				Taxes	$	
				FINAL GRAND TOTAL	$	

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Participant's Name: _____ **Date of Birth:** _____

III. SUPPORT COORDINATION (SC) AGENCY	
Support Coordinator's Name:	
Agency Name:	
Address:	
Telephone Number (s):	
Email Address:	

IV. DESIGNATED PURCHASER (DP)	
Purchaser's Name:	
Provider/Agency Name/ Relationship:	
Address:	
Telephone Number (s):	
Email Address:	

I agree to purchase only items pre-approved on the form at the estimated cost. Any deviation to the items purchased requires pre-approval from the support coordination agency. I have initialed the items I agree to be responsible to purchase.

DP Signature: _____ Date: _____

DESIGNATED PURCHASER (DP)	
Purchaser's Name:	
Provider/Agency Name/ Relationship:	
Address:	
Telephone Number (s):	
Email Address:	

I agree to purchase only items pre-approved on the form at the estimated cost. Any deviation to the items purchased requires pre-approval from the support coordination agency. I have initialed the items I agree to be responsible to purchase.

DP Signature: _____ Date: _____

V. PRE-APPROVAL AUTHORIZATION

Pre-Approved Authorized Amount (Total Estimated Cost): $ 0.00

SC Signature: _____ Date: _____

SC Supervisor Signature: _____ Date: _____

VI. To Be Completed by SC SUPERVISOR for FINAL APPROVAL:

Final Grand Total: $_____

☐ Approved
☐ NOT Approved

This signature confirms the SC Supervisor has reviewed the TSF, verified the form is complete and original receipts for actual expenditures have been verified.

SC Supervisor Signature: _____ Date: _____

Transition Services Form (TSF) Instructions

Refer to the Medicaid Provider Manual (CCW-Chapter 7/ ADHC-Chapter 9) and the Waiver Procedures Manual for definitions and detailed information about use of Transition Services.

The following sections are completed by the Support Coordinator before submission to the SC Supervisor for pre-approval.

I. General Information

- All fields (with the exception of "Actual Move Date" and "Total Actual Cost") must be completed initially. Actual Move Date and Actual Cost will be completed when the form is finalized.
- Do NOT use acronyms or abbreviations when entering the Nursing Facility Name.

II. Itemized Expenses

- Indicate the number and estimated costs of all needed items identified.
- Estimated costs should be rounded up in consideration of taxes.
- Calculate the Total Estimated Cost once all items have been identified.

EXAMPLE: Clothes hamper price is $10. Round up in consideration of taxes. Estimated cost could be entered as $11.25.

III. SC Agency

- Complete all fields.
- Do NOT use acronyms or abbreviations when entering "Agency Name".

IV. Designated Purchaser (DP)

- There may be up to two Designated Purchasers.
- Information for each DP must be entered. (SC must re-enter their information here if they are also the DP.)
- If the Designated Purchaser (DP) is not associated with a Provider or Agency, indicate the relationship of the purchaser in parentheses next to the "Provider/Agency Name".

EXAMPLE: *Waiver participant's daughter agrees to be the designated purchaser.*

IV. DESIGNATED PURCHASER (DP)	
Purchaser's Name:	Jane Doe
Provider/Agency Name/Other:	(Participant's daughter)

- The DP will write in his/her initials next to each item indicated in the Itemized Expenses table that they will purchase.

II. ITEMIZED EXPENSES						
Areas	Item	Number of Items Required	Estimated Cost	Designated Purchaser Initials	Actual Cost *(Based on Purchase Receipt)*	SC Initials *(Purchase Verification)*
BATH	Bath Towels	5	28.25	JD		
	Hamper					
	Shower Curtain	1	11.25	JD		
	Bath Mat	2	22.50	JD		

- DP also must sign the form to confirm that he/she understands and agrees to make purchases in accordance with what is indicated on the form without going over estimated costs.

I agree to purchase only items pre-approved on the form at the estimated cost. Any deviation to the items purchased requires pre-approval from the support coordination agency.

DP Signature: Jane Doe Date: 9/99/99

V. Pre-Approval Authorization

- Enter the calculated Total Estimated Cost.

TOTALS COSTS	Estimated:	$	Actual:	$
			Taxes	$
			FINAL GRAND TOTAL	$

- SC signs/dates once all pre-approval information has been entered.
- SC Supervisor will review to verify all signatures/ initials of DPs and ensure that requested items and estimated costs are appropriate before signing and dating pre-approval.

VI. Final Approval

- SC Supervisor will ensure that the SC verified all purchases and actual costs when the participant transitioned to the community.

II. ITEMIZED EXPENSES						
Areas	Item	Number of Items Required	Estimated Cost	Designated Purchaser Initials	Actual Cost *(Based on Purchase Receipt)*	SC Initials *(Purchase Verification)*
BATH	Bath Towels	5	28.25	JD	27.65	SC
	Hamper				8.50	SC
	Shower Curtain	1	11.25	JD		
	Bath Mat	2	22.50	JD	19.28	SC

- Supervisor will verify the Actual Total, plus taxes (if applicable), and the Final Grand Total. The Final Grand Total will be written in the Final Approval Section.

TOTALS COSTS	Estimated:	$	Actual:	$
			Taxes	$
			FINAL GRAND TOTAL	$

- Supervisor will indicate Approved or NOT Approved by selecting the appropriate box before final signature and date.
- Remember to write in the “Actual Move Date” and “Final Grand Total” on Page 1 of the form.

Note: Approving supervisors are responsible for ensuring items not listed on the original pre-approved TSF are NOT be reimbursed.