NETWORK MATERIAL CHANGE TRANSITION GRID TEMPLATE

RBHA: Mercy Care RBHA

Provider Name: _____

Type of Change: _____

Date of Change: _____

Date of Submission: _____

Member Last Name	Member First Name	DOB	CIS #	Date of Admission	Population (SMI, GMH/SA or Child)	TXIX/XXI (Y/N)	Member Parent/ Guardian (if applicable)	Date of Notification to Member/ Parent/ Guardian	Services/ Treatment Currently Being Received	Agreement to Transition Yes/No	Name of New Provider/ Site	Distance from Old Provider to New Provider	Are There Transportation issues to new site?	Date of First Service at New Provider/ Site	Level of Re-Engagement (If, Applicable)	Transition Complete	Final Transition Comments