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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  COMMUNITY RESIDENTIAL SERVICES  **Residential Referral Transition** | | | | | | CLIENT’S NAME | | |
| ADSA ID NUMBER | | |
| RECEIVING AGENCY | | |
| Prior to starting transition process, the following steps should be completed: | | | | | | | | | |
| TASK | | | | COMPLETED | | COMMENTS | | | |
| YES | NO |
| Provider met with client / guardian | | | |  |  |  | | | |
| Housemates met and agreed to live together | | | |  |  |  | | | |
| Location of the home has been established (delays in locating housing should not delay the rest of transition process) | | | |  |  |  | | | |
| Necessary environmental modifications identified | | | |  |  |  | | | |
| CRMs for client and housemates have discussed compatibility of clients | | | |  |  |  | | | |
| RM verified the provider agreed to provide support to the client | | | |  |  |  | | | |
| CRM verified client / guardian have agreed to receive services from provider | | | |  |  |  | | | |
| LTC notified of tentative move date and eligibility confirmation has been requested | | | |  |  |  | | | |
| History of psychiatric hospitalization / detainment information has been provided if applicable | | | |  |  |  | | | |
| **Transition Team Members (determined by need)** | | | | | | | | | |
| Receiving CM sets up email communication group (internal and external) of team, which all use to keep informed of transition progress. Add name and contact information below. *Suggestions: Hospital Social Worker; SOTP, Attorney, Speech Language Pathologist.* | | | | | | | | | |
| Client: | |  | | | | | | | |
| Guardian: | |  | | | | | | | |
| SL Provider: | |  | | | | | | | |
| RM (sending) | |  | | | | | | | |
| RM (receiving) | |  | | | | | | | |
| CM (sending) | |  | | | | | | | |
| CM (receiving) | |  | | | | | | | |
| Supervisor (sending) | |  | | | | | | | |
| Supervisor (receiving) | |  | | | | | | | |
| Clinical Team CM | |  | | | | | | | |
| SOCR (SOLA, SAIF) PM | |  | | | | | | | |
| RCL CM | |  | | | | | | | |
| Other | |  | | | | | | | |
| Other | |  | | | | | | | |
| **Projected Move Date (adjust as needed):** | | | | | | | | | |
| **Before - Move Tasks** | | | | | | | | | |
| BEFORE - MOVE TASKS | | | PERSON RESPONSIBLE FOR TASK AND STATUS UPDATE | | | | | PROJECTED DATE OR N/A | COMPLETE DATE OR N/A |
| **Meeting Facilitator: Sending CM** | | | For each task, identify the responsible party who is responsible to identify barriers, timelines for completion, and make the sure tasks are completed.  **Tasks actions must address person / guardian wishes.** | | | | |  |  |
| **Current Status**  Sending entity gathers the information to share: | | | **Gather / Share updated information from referral to current**   * Lead: * Comment: | | | | |  |  |
| **Gather / Share information and data on incidents such as IRs, aggression, SIB, elopement, etc.**   * Lead: * Comment: | | | | |  |  |
| **Gather / Share current FA / PBSP, CSCP**   * Lead: * Comment: | | | | |  |  |
| **Gather / Share new updates between each meeting with data if possible. Any new challenging behaviors or medical changes?**   * Lead: * Comment: | | | | |  |  |
| **Home Status**  New agency works with CM/RM | | | **Home identified, lease in place**   * Lead: * Comment: | | | | |  |  |
| **Person visited home or shown pictures**   * Lead: * Comment: | | | | |  |  |
| **Identified environmental issues and status on modifications**   * Lead: * Comment: | | | | |  |  |
| **For CPP follow Policy 15.04 for site approval (Mixed Household Request)**   * Lead: * Comment: | | | | |  |  |
| **Transition Hours**  New agency works with RM | | | **Transition hours requested and approved**   * Lead: * Comment: | | | | |  |  |
| **Community Supports Confirmed – Historical Information Transferred (DSHS form, 10-635)** | | | **PCP confirmed, appointment scheduled as necessary**   * Lead: * Comment: | | | | |  |  |
| **Dentist confirmed, appointment scheduled as necessary**   * Lead: * Comment: | | | | |  |  |
| **Psychiatric prescriber confirmed, know date of last review (follow up needed)**   * Lead: * Comment: | | | | |  |  |
| **Other specialists needed, OT, PT, SOTP, etc.**   * Lead: * Comment: | | | | |  |  |
| **Behavioral health enrollment**   * Lead: * Comment: | | | | |  |  |
| **New pharmacy setup**   * Lead: * Comment: | | | | |  |  |
| **Current MARs, shared with new provider. Final MAR provided on day of transfer.**   * Lead: * Comment: | | | | |  |  |
| **Prescription or medication supply going with person (number of days)**   * Lead: * Comment: | | | | |  |  |
| **Gather / Share information on any previously scheduled appointments**   * Lead: * Comment: | | | | |  |  |
| **Gather / Share information on how meds are given (oral, injections, topical)**   * Lead: * Comment: | | | | |  |  |
| **Nurse Delegation in place**   * Lead: * Comment: | | | | |  |  |
| **Gather / Share historical medical information and assessments**   * Lead: * Comment: | | | | |  |  |
| **Other**   * Lead: * Comment: | | | | |  |  |
| **Nutrition / Dietary**  New agency and CM | | | **Special diet, alternate nutrition delivery**   * Lead: * Comment: | | | | |  |  |
| **Restrictions and ETPs are in place**   * Lead: * Comment: | | | | |  |  |
| **Vocational**  New agency and CM | | | **Vocational services confirmed**   * Lead: * Comment: | | | | |  |  |
| **School Identified**  New agency and CM | | | **Confirm School enrollment and transportation plan**   * Lead: * Comment: | | | | |  |  |
| **Special Equipment**  New agency and CM, work with waiver coordinator or RM depending on funding source | | | **Identify assessed needs and equipment**   * Lead: * Comment: | | | | |  |  |
| **Request submitted** | | | | |  |  |
| **Confirm On Site** | | | | |  |  |
| **CARE Assessment**  New agency and CM | | | **PCSP updated and includes SL service, signed copies to providers**   * Lead: * Comment: | | | | |  |  |
| **Verify location code is accurate in PCSP** | | | | |  |  |
| **Agency has signed copy of PCSP** | | | | |  |  |
| **Pan current** | | | | |  |  |
| **End old RAC and authorization and create RAC for new services** | | | | |  |  |
| **Rate Assessment**  New agency and RM | | | **Rate Assessment completed / Rate approved**   * Lead: * Comment: | | | | |  |  |
| **Exhibit sent to new provider for signature** | | | | |  |  |
| **Start-Up Funding**  New agency and RM  Note: If Start-Up is needed, the list must be approved before purchases are made | | | **Individual assessed for needed start-up funds, request submitted by agency**   * Lead: * Comment: | | | | |  |  |
| **Confirmed approval with up to amount**   * Lead: * Comment: | | | | |  |  |
| **Financial**  New agency and CM  Note: Ensure guardian is involved and understands their funds must be paid after the individual’s needs are met. | | | **Verify SSI and other unearned income in place**   * Lead: * Comment: | | | | |  |  |
| **Establish payee, determine transition process**   * Lead: * Comment: | | | | |  |  |
| **Gather / Share financial data, IFP, bank account balances, trust funds, verify they reconcile by current provider and confirmed by new**   * Lead: * Comment: | | | | |  |  |
| **Gather / Share personal records such as birth certificate, ID, guardianship documentation, SS card**   * Lead: * Comment: | | | | |  |  |
| **Gather / Share personal property records and verification of actual property; confirmation by new provider**   * Lead: * Comment: | | | | |  |  |
| **Support Plans**  New agency and CM | | | **Consultation meeting between new and current support teams, what works, what does not**   * Lead: * Comment: | | | | |  |  |
| **New provider has draft FA / PBSP plan in place**   * Lead: * Comment: | | | | |  |  |
| **New agency has plan in place on how to support person with IISP type functions while draft is being developed**   * Lead: * Comment: | | | | |  |  |
| **Cross System Crisis plan if needed**   * Lead: * Comment: | | | | |  |  |
| **Staff are trained on how to meet person’s support needs utilizing their plans**   * Lead: * Comment: | | | | |  |  |
| **ETPs / restrictive procedures approved**   * Lead: * Comment: | | | | |  |  |
| **Transition day plan**  New agency and CM | | | **Transportation between current and new supports**   * Lead: * Comment: | | | | |  |  |
| **Determine property transition agreement**   * Lead: * Comment: | | | | |  |  |
| **Medication and MAR transition plan**   * Lead: * Comment: | | | | |  |  |
| **Plan to ensure person has funds for meals if long transport**   * Lead: * Comment: | | | | |  |  |
| **After Client Moved - Tasks** | | | **Performs task** | | | | | | |
| **DDA Tasks**  CM and RM | | | RM confirms transition occurred with the with new agency | | | | | | |
| CM confirms how transition went with the individual and guardian | | | | | | |
| CM Barcode verification of move | | | | | | |
| CM update client residence and phone number (CARE) – Residence, Client Contact, Collateral Contacts | | | | | | |
| CM verify Rep Payee information in Collateral Contacts (CARE) | | | | | | |
| CM notify supervisor for case transfer. | | | | | | |
| **Financial**  CM / RM | | | CM confirms payee in place | | | | | | |
| CM verifies person is receiving SSI or other funding | | | | | | |
| CM submits ETR state only for RAR completed | | | | | | |
| RM requests receipts submitted for start up | | | | | | |
| RM submits SL authorizations | | | | | | |
| CM confirms bills are in correct client’s name, both at new home or previous home. | | | | | | |
| RM verifies that if RARs will be required, applications for food and housing subsidies have been submitted. | | | | | | |
| **Support Plans**  CM | | | CM confirms PSCP is accurate with agency | | | | | | |
| CM ensures agency has a Draft IISP completed within 30 days, signed and disseminated | | | | | | |
| CM ensures agency has a Finalized FA/PBSP signed and disseminated | | | | | | |
| CM ensure agency has an IFP completed, signed and disseminated | | | | | | |
| CM ensures agency has all additional plans such as Nurse Delegation, medical equipment instructions | | | | | | |
| Confirm staff are trained to all new support plans | | | | | | |