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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 RMNote: 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 CMNote: 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 ClientMoved - 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 |