Individual's Name		Completed for SL, GH, GTH only
ADSA ID Number	Proposed Move Date	Completed for Youth
		Completed for AFH / ALF / ARC / EARC
Individual's Stated Transition Goal		

Developmental Disabilities Administration (DDA)

Transitional Care Planning Tracking
Part B. Active Coordinator of Transition (ACT)

Purpose: This document is intended to be used as a facilitation guide and tracker for DDA staff coordinating a move from one setting to another. Case Managers who are facilitating care coordination meetings will use this document to track progress and highlight individual needs and readiness to transition to their identified setting. A copy will be provided to the individual and their representative to update them on transition progress as well as to transition team members as appropriate.

B. Active Coordination of Transition (ACT): Team meets regularly to support transition			
Title / Organization	**Name**	**Role**	**Contact Information**
Individual		Engage with the team on community living goals and preferences	☐
Guardian or Representative		Support the individual with decision making regarding the implementation of their goals and their needed supports and services	☐
DDA Staff (list name and role) • Current CRM • Receiving CRM • Supervisors • Resource Manager • Clinical Representative • Other		Facilitate transitional care coordination meetings; coordinate assignments and deadlines; model person centered practices. Collaborative to support transition.	☐
Current Provider (Family, AFH, SL or OHS / RHDY, BHHA, hospital)		Provide expertise regarding individual's care needs	☐
Receiving Provider (AFH, SL or OHS / RHDY)		The agency or responsible provider of services in the setting where the individual will move	☐
Managed Care Representative (MCO) if applicable		Primary contact for all Apple Health funded services	☐
Behavioral Health Provider • WISE • RHC Community Provider		Discuss behavioral supports needed, including post move psych medications and FA/PBSP coordination	☐
School Representative (Youth under 22)		Ensure that the individual's needs are captured in their IDEA and they have access to all needed IDEA Part B services in their new home	☐
Medical Provider, if RHC		Discuss medical supports needed, including post move medications and referrals to appropriate PCP or specialists if needed	☐
Other:			☐
Other:			☐
Other:			☐

Initial Meeting: start by asking what a “day in the life” of this individual looks like. This allows individuals and/or guardians to discuss generally how they spend their day, including interests and care needs. This is a good way to start filling in the form with information you hear and then navigating more specific questions.

Home Address: Street City State Zip Code

Housing	Person Responsible	Notes and Updates	Completed
Housing • Any sensory or restrictions concerns? • Modifications?			☐
Inventory / Furnishing			☐
Plans for ongoing visits prior to move			☐
SL: Lease			☐
AFH: Agreement			☐
Youth: OHS acknowledgement form			☐

Additional Notes:

Behavioral Support	Person Responsible	Notes and Updates	Completed
Psychiatric support needs			☐
Community Mental Health Counseling			☐
SUD support			☐
Positive Behavior Support Plan (PBSP)			☐
Cross System Crisis Plan (CSCP)			☐
DDA Stabilization			☐
AFH: IBSS funding or RSC Behavior Support			☐
AFH: IRT Referrals			☐
Youth: WISE Referral			☐

Notes:

Medical and Dental	Person Responsible	Notes and Updates	Completed
Primary Care physician			☐
Specialty Care			☐
Any current appointments scheduled?			☐
Any planned procedures?			☐
Any treatments in place and are we duplicating them in the next setting?			☐
Dental Care			☐

Communication needs			☐
Therapy Needs: PT, OT, SLP			☐
Dietary Needs			☐
Identified Pharmacy			☐
Durable Medical Equipment			☐
Incontinence Supplies / Provider identified			☐
Any protocols needed			☐
Nurse Delegation (ND)			☐
Additional Notes:			

Financial and Legal	Person Responsible	Notes and Updates	Completed
Financial Review			☐
Rep Payee			☐
Current guardianship paperwork			☐
Any current or pending legal issues?			☐
Banking			☐
SL: Resource Manager			☐
AFH: Discuss how participation works			☐
AFH: Who makes payment to AFH?			☐
Additional Notes:			

Other Support Needs	Person Responsible	Notes and Updates	Completed
DDA Paid Services			☐
Transportation – How will the individual access the community?			☐
Youth / Young Adult: School needs and participation			☐
OHS: Complete form DSHS 16-271, DDA New School District Notification following Mutual Acceptance into OHS			☐
OHS: Form DSHS 10-244, Child and Family Engagement Plan			☐
Additional Notes:			

Final Meeting: Review the form and confirm the following are in place.

Final meeting	Notes and Updates	Completed
Nurse Delegation • Scheduled? • Authorization:		☐
Staff Trained and plans in draft		☐
Appointments confirmed		☐
Medication Transferred		☐
How much cash will the individual being transporting		☐
Additional Notes:		

Day of Move	Notes and Updates	Completed
Moved confirmed		☐
Transition Node Updated with move date (on post-move event screen)		☐
Complete 15-345 in Barcode		☐
Upload into RMT under Plans ➔ Transitional Care Management		☐

Person who completed this form	Contact Information