



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: INTER-REGIONAL PLACEMENT POLICY 3.02
PLANNING AND TRANSFER

Authority: Chapter 71A.12 RCW
Chapter 388-101 WAC

BACKGROUND

All individuals who move from one region of the Division of Developmental Disabilities (DDD) to another region may expect a timely exchange of information and case management responsibilities affecting their service delivery.

PURPOSE

This policy provides guidelines for placement planning for clients moving between regions and for the transfer of client information and case management between regions.

POLICY

- A. Client movement between regions will be coordinated to provide continuity of services and minimal disruption to persons and their families.
- B. Field Services Offices, State Operated Living Alternatives (SOLA), and Residential Habilitation Centers (RHCs) shall ensure that designated steps are followed to allow the prompt transfer of client case records (both hard copy files and electronic files in CARE) between regions. Client hard copy files must be well organized and complete. If at all possible, the file should be organized according to the most current statewide case file format before being sent to the receiving region.
- C. Communication with staff in the receiving region shall be established as early as possible.
- D. When possible and appropriate, resources should follow persons who are moving.

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- E. Staff from the referring region will remain involved to assist in cooperative transition efforts until persons who transfer become stable in their new environment.
 - F. For children birth to three years old, the Family Resources Coordinator (FRC) must be included in planning activities. This should ensure the transfer of records and a referral to a new FRC is completed with minimal disruption.
 - G. For child birth to three years old, the supervisor carrying the caseload must inform the current FRC of any transfers.
 - H. Staff will follow the procedures described in DDD Policy 11.03, *Eligibility Expirations and Reviews, Procedures*, section E, when a case transfer occurs during the reapplication or DDD eligibility review period.
 - I. Use the *New Case Resource Manager Assignment* form created in the CARE application to notify clients of their assigned case resource manager (CRM).
 - J. Use DSHS 01-213, *Case File Transfer Summary*, when a client's file is transferred between reporting units in a specific region and when it is transferred from one region to another region.

PROCEDURES

- A. **When the client or his/her legal representative independently initiates a placement/move**, the CRM will notify his/her supervisor and the receiving region as soon as the move comes to his/her attention and transfer client information immediately.
 - 1. Transfer the DDD case file to the receiving region within thirty (30) days of the client's move or knowledge of such move.
 - 2. For children birth to three years old, the current FRC shall:
 - a. Notify the supervisor as appropriate of any move to another region; and
 - b. Refer the family to the new FRC and transfer the Individualized Family Service Plan (IFSP), transition plan, and other records as appropriate.
- B. **If a CRM or supervisor becomes aware that a client has moved from another region**, the CRM or supervisor will immediately contact the previous CRM or supervisor to request information and the case file.

For children birth to three years old, the CRM shall:

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1. Inform the family of the availability of Family Resources Coordination, as necessary; and
 2. Assist the family in accessing a FRC.
- C. **When a Resource Manager (RM) or designee needs to explore a residential placement in another region**, whether to a DDD or other DSHS placement resource, follow the steps below:
1. The RM or designee will contact the Field Services Administrator (FSA) or designee in the region of proposed placement to discuss the feasibility of the move. This should occur before any planning or discussion takes place with a prospective service provider in the receiving region.
 2. The RM or designee will follow the placement procedures described in DDD Policy 4.02, *Referral and Placement into Community Residential Services*, after the regions agree to proceed.
 3. The RM or designee will ensure that, when possible, the resources follow the client to the new region. Assistance will be requested from the management staff (e.g., Supervisor, FSA, Regional Administrator) as needed.
 4. The receiving region will assist the client/family with identifying and choosing a qualified provider.
 5. The referring region will maintain service responsibility for the client for a minimum period of thirty (30) days unless otherwise negotiated with the receiving region. If the placement appears stable at the end of the thirty (30) days, the CRM will transfer the case to the new region.
 6. When an inter-regional placement appears to be unstable after thirty (30) days, the following applies:
 - a. The referring RM may be asked by the receiving region to retain service responsibility for the client for up to an additional sixty (60) days;
 - b. At the end of the ninety (90) days, staff of both regions will confer to determine when it is in the client's best interests for transfer to occur; and
 - c. Staff of both regions will work cooperatively to stabilize the placement or to arrange an alternative placement.

- D. **Temporary use of another region's residential resource** may occur as follows:
1. "Temporary" is defined as a planned, short-term placement with a designated date for returning to the original placement;
 2. Coordination will occur between regions before placement; and
 3. The receiving region will have essential client information available in case of an emergency.
- E. **Placement referral from other state agencies:**
1. If an individual living in a state-operated facility is referred to DDD for eligibility determination, the region where the facility is located will provide a courtesy eligibility determination; and
 2. The region of the client's origin will be responsible for placement planning for individuals moving from other settings, such as Department of Corrections facilities, state psychiatric hospitals, and facilities contracted by DSHS Children's Administration, unless the client is choosing to live in another county/region.
- F. Whenever an **RHC resident is transferred from one RHC to another RHC**, transfer the master file of medical/habilitation records with the individual.

EXCEPTIONS

No exceptions to this policy may be granted without the prior written approval of the Division Director.

SUPERSESSSION

DDD Policy 3.02
Issued July 1, 2008

Approved: /s/ Linda Rolfe Date: May 1, 2009
Director, Division of Developmental Disabilities

Attachment A – DSHS 01-213, *Case File Transfer Summary*

ATTACHMENT A



DIVISION OF DEVELOPMENTAL DISABILITIES

Case File Transfer Summary

SENDING REGION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		DDD RU	
CLIENT NAME		ADSA ID NUMBER	DATE
SENDING CRM		TELEPHONE NUMBER	
SENDING SUPERVISOR		TELEPHONE NUMBER	
<input type="checkbox"/> Regular Transfer <input type="checkbox"/> DDD Determination Review Date: <input type="checkbox"/> Community Protection		<input type="checkbox"/> Important New Information, Read SER <input type="checkbox"/> Other Information:	
RECEIVING REGION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		DDD RU	
Current Residential Information			
RESIDENCE TYPE		RESIDENTIAL NAME	
OTHER INFORMATION			
Current Program Information			
<input type="checkbox"/> MPC/WPC	DATE OF MOST RECENT ASSESSMENT	MPC/WPC ETR IN PLACE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WAIVER: <input type="checkbox"/> Basic <input type="checkbox"/> Basic Plus <input type="checkbox"/> Core <input type="checkbox"/> Community Protection		DATE OF MOST RECENT ASSESSMENT	
<input type="checkbox"/> Individual and Family Services		DATE OF MOST RECENT ASSESSMENT/ANNIVERSARY DATE	
<input type="checkbox"/> SSP	DESCRIBE TYPE	MONTHLY AMOUNT \$	<input type="checkbox"/> Updated SSP screen in CMIS
<input type="checkbox"/> Current ETR/ETP	DESCRIBE		
<input type="checkbox"/> VPP <input type="checkbox"/> Case Management Only <input type="checkbox"/> Medically Intensive <input type="checkbox"/> Private Duty Nursing <input type="checkbox"/> DMIO			
SSPS Information			
SERVICE CODE	TERMINATED <input type="checkbox"/> Yes <input type="checkbox"/> No	SERVICE CODE	TERMINATED <input type="checkbox"/> Yes <input type="checkbox"/> No
SERVICE NAME	END DATE	SERVICE NAME	END DATE
Open in new Region? <input type="checkbox"/> Yes <input type="checkbox"/> No	Need new Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open in new Region? <input type="checkbox"/> Yes <input type="checkbox"/> No	Need new Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
SERVICE CODE	TERMINATED <input type="checkbox"/> Yes <input type="checkbox"/> No	SERVICE CODE	TERMINATED <input type="checkbox"/> Yes <input type="checkbox"/> No
SERVICE NAME	END DATE	SERVICE NAME	END DATE
Open in new Region? <input type="checkbox"/> Yes <input type="checkbox"/> No	Need new Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open in new Region? <input type="checkbox"/> Yes <input type="checkbox"/> No	Need new Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other important SSPS information (vacancy payment, cost of care adjustment, etc.):			

DSHS 01-213 (06/2008)

ATTACHMENT A

Day Program Information		
Will County day program funding be transferring with client? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other day program information:		
Receiving Region		
DATE RECEIVED	ALL FOLDERS PRESENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE CARE UPDATED
RECEIVING SUPERVISOR		DATE ASSIGNED TO NEW CRM
NEW CRM		CRM TELEPHONE NUMBER
<input type="checkbox"/> CSO Communication form sent notifying CSO of new CRM to be added to client's AREP screen		DATE SENT
<small>DSHS 01-213 (06/2008)</small>		