

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) COMMUNITY RESIDENTIAL SERVICES

CLIENT'S NAME
ADSA ID NUMBER
RECEIVING AGENCY

Residential Referral Transition

Noordontianto		ai iia	RECEIVING AGENCY
Prior to starting transition process, the followir	na steps	should b	De completed:
TASK	COMPLETED		·
TASK		NO	COMMENTS
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)		
			d external) of team, which all use to keep informed of transition
Pathologist.	below .	Suggesti	ions: Hospital Social Worker; SOTP, Attorney, Speech Language
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 neede	d):		

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	Gather / Share updated information from referral to current		
	Lead:		
Sending entity gathers	Comment:		
the information to share:	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	Home identified, lease in place		
New agency works	• Lead:		
w ith CM/RM	• 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	Transition hours requested and approved		
New agency works with RM	Lead:		
	Comment:		
Community Supports Confirmed –	PCP confirmed, appointment scheduled as necessary		
Historical	Lead:		
Information	Comment:		
Transferred (DSHS form, 10-635)	Dentist confirmed, appointment scheduled as necessary		
101111, 10 000)	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	Special diet, alternate nutrition delivery	
Nutrition / Dietary	Lead:	
New agency and CM		
	Comment: Postrictions and ETPs are in place.	
	Restrictions and ETPs are in place	
	• Lead:	
W (1	• Comment:	
Vocational	Vocational services confirmed	
New agency and CM	• Lead:	
	Comment:	
School Identified	Confirm School enrollment and transportation plan	
New agency and CM	Lead:	
	Comment:	
Special Equipment	Identify assessed needs and equipment	
New agency and CM,	• Lead:	
w ork w ith w aiver	Comment:	
coordinator or RM	Request submitted	
depending on funding		
source	Confirm On Site	
CARE Assessment	PCSP updated and includes SL service, signed copies to providers	
New agency and CM	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	Rate Assessment completed / Rate approved	
Navy against and DM	Lead:	
New agency and RM	Comment:	
	Exhibit sent to new provider for signature	
Start-Up Funding	Individual assessed for needed start-up funds, request submitted by	
New agency and RM	agency	
	Lead:	
Note: If Start-Up is needed, the list must	Comment:	
be approved before	Confirmed approval with up to amount	
purchases are made	Lead:	
	Comment:	
Financial	Verify SSI and other unearned income in place	
New agency and CM	• Lead:	
Note: Ensure	• Comment:	
guardian is involved	Establish payee, determine transition process	
and understands their funds must be paid	• Lead:	
after the individual's	Comment: Cathon / Share financial data IED, bank account belonged tructfunds.	
needs are met.	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, guardians hip documentation, SS card	
	• Lead:	
	Comment:	
	Gather / Share personal property records and verification of actual property; confirmation by new provider	
	• Lead:	
	Comment:	
Support Plans	Consultation meeting between new and current support teams, what works, what does not	
New agency and CM	• Lead:	
5 , -	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	Transportation between current and new supports					
Nove and and and	Lead:					
New agency and CM	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	RM confirms transition occurred with the with new agency					
	☐ CM confirms how transition went with the individual and guardian					
CM and RM	☐ 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 confirms payee in place					
	☐ CM verifies person is receiving SSI or other funding					
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CM / RM	☐ CM verifies person is receiving SSI or other funding☐ CM submits ETR state only for RAR completed					
CM / RM						
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CM / RM	☐ CM submits ETR state only for RAR completed ☐ RM requests receipts submitted for start up ☐ RM submits SL authorizations		e been			
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