

Provider Referral Letter for Residential Services

Date

Dear Provider,

I am referring **Client's Name** to you for residential supports. This client is moving from **Setting** and requires supports within **Time Frame**.

WAIVER STATUS	
Choose one: <input type="checkbox"/> CORE <input type="checkbox"/> Non-waiver <input type="checkbox"/> CPP <input type="checkbox"/> Other waiver awaiting approval for CORE or CPP	
INCLUDED IN REFERRAL PACKET	
ENCLOSED	TYPE OF INFORMATION
<input type="checkbox"/>	Current signed and dated consent. <i>last.first-consent 00-19</i>
<input type="checkbox"/>	History of residential services received from other providers (list last five (5) providers with dates of service. <i>last.first-provider history00-19</i>
<input type="checkbox"/>	Legal representative information and documentation. <i>last.first-guardainship papers00-19</i>
<input type="checkbox"/>	The client's current DDA Assessment details, and Person Centered Service Planning (PCSP). <i>last.first-current assessment details00-19</i>
<input type="checkbox"/>	The client's current DDA Assessment summary. <i>last.first-current assessment summary00-19</i>
<input type="checkbox"/>	The client's current Functional Assessment and Positive Behavior Support Plan (PBSP) if they have one. <i>last.first-FAPBSP00-19</i>
<input type="checkbox"/>	Dates, sources, and copies of the most recent psychological and/or mental health evaluations, including any behavioral and psychiatric information and treatment plans. <i>last.first-psych mental health00-19</i>
<input type="checkbox"/>	A summary of incidents that warranted an Incident Report (IR) within the past 12 months. <i>last.first-Incident reports00-19</i>
<input type="checkbox"/>	Criminal history, if applicable. <i>last.first-criminal history00-19</i>
<input type="checkbox"/>	Educational and/or vocational records, including IEP information if available. <i>last.first-IEP00-19 or last.first-vocational00-19</i>
<input type="checkbox"/>	Financial information (may be found in ACES), such as verification of SSI/SSA status, eligibility for financial assistance (e.g., food stamps, Medicaid), earned and unearned income and resources, payee information, and whether client is receiving SSP funds. <i>last.first-financial eligibility00-19</i>
<input type="checkbox"/>	Legal information, such as copies of court orders or legal action involving the client and names of perpetrator or victims of crime (if known, <u>need to know basis only</u>). The client's expressed consent must be obtained before sharing this information. <u>Note</u> : The client cannot give consent to release names of victims. <i>last.first-legal00-19</i>
<input type="checkbox"/>	Medical history, immunization records, and medications. <u>Note</u> : A client's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared (RCW 70.24.105). <i>last.first-medical history00-19</i>
<input type="checkbox"/>	Nurse delegation assessments, when applicable. <i>last.first-nurse delegation assessment00-19</i>

<input type="checkbox"/>	List of family members, and names and addresses of all significant people in the client's life. If not already included elsewhere in document. <i>last.first-significant people list00-19</i>
<input type="checkbox"/>	Video referral. <i>last.first-video referral00-19</i>
For individuals with Challenging support Issues:	
<input type="checkbox"/>	DSHS 10-234, Individual with Challenging Support Issues . <i>last.first-individual w challenging support issues00-19</i>
<input type="checkbox"/>	Cross System Crisis Plan (CSCP) if available. <i>last.first-CSCP00-19</i>
For individuals with Community Protection Issues:	
<input type="checkbox"/>	DSHS 10-258, Individual with Community Protection Issues . <i>last.first-individual w CP issues00-19</i>
<input type="checkbox"/>	Most recent psychological and/or psychosexual evaluation/risk assessment. <i>last.first-risk assesment00-19</i>
Information provided by client or legal representative:	
<input type="checkbox"/>	The following information is provided by the client and/or the client's legal representative. Please be aware that DSHS has not reviewed or verified the accuracy of this information. List files here:
<p>To expedite this referral, please do the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Read through the referral packet and request any further documentation needed. <input type="checkbox"/> Meet the client, family, legal representative, current provider, etc. <input type="checkbox"/> Contact the Case Resource Manager (see contact information below) to discuss client support needs. <p>Thank you for considering this individual for services.</p> <p>Sincerely,</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">CASE / RESOURCE MANAGER'S PRINTED NAME TELEPHONE NUMBER</p>	
<p>The residential service provider must evaluate the referral for service to determine whether the service provider has the resources to meet the client's needs.</p> <p>Within ten (10) working days of receipt of the referral packet, the service provider must notify the RM whether or not they accept the referral for further evaluation. If a decision is not possible within ten (10) days, the service provider will consult with the RM to mutually agree on an extended timeframe.</p> <p>If Referral is declined, the provider must notify the RM by email that all referral information has been returned or destroyed per their contract.</p>	