

INDIVIDUAL'S NAME	ADSA ID NUMBER	PROPOSED MOVE DATE
INDIVIDUAL'S STATED TRANSITION GOAL		
INDIVIDUAL'S STATED SUPPORTS NEEDED TO ACHIEVE GOAL		



DEVELOPMENT 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 Coordinator of Transition (ACT): Team meets regularly to support transition

Transition Team

The transitional care coordination team meets regularly to develop and implement the care plan, identify medical, dental, referral and assessment needs, set up housing, identify and implement environmental modifications and equipment needs, confirm financial eligibility, and facilitate introductions to providers, roommates, and community activities.

Please be sure to include the client when identifying who should be at their meeting and ensure that they provide permission for attendance. All participants in a meeting should have copies of the tracking notes to ensure they are able to monitor expected updates and transition progress.

TITLE / ORGANIZATION	NAME	ROLE	CONTACT INFORMATION
Individual		Engage with the team on community living goals and preferences	
DDA Transition Case Manager		Facilitate transitional care coordination meetings; coordinate assignments and deadlines; model person centered practices	
Current / Sending Provider		Provide expertise regarding individual's care needs	
Medical Provider		Discuss medical supports needed, including post move medications and referrals to appropriate PCP or specialists if needed	
Behavioral Health Provider		Discuss behavioral supports needed, including post move psych medications and FA/PBSP coordination	
DDA HQ Transition Clinical Staff		If identified high medical or behavioral acuity, or if otherwise needed for consultation	
Receiving Provider		The agency or responsible provider of services in the setting where the individual will move	
Guardian or Representative		Support the individual with decision making regarding the implementation of their goals and their needed supports and services	

Instructions: Invite all persons who are identified to attend the initial meeting. Prior to each subsequent meeting, review expected updates and ensure that the persons responsible for those updates will be on the agenda and attending the meeting. When a person is expected to follow up on a task, put their name in the column "person responsible" and enter a date when they will be reporting back to the team. Add a note on what task they will be completing and the status updates for those tasks. Change the expected update date as needed. Check "done" when the task is completed, and the date.

HOUSING	PERSON RESPONSIBLE	EXPECTED UPDATE	NOTES AND STATUS UPDATES	DONE	DATE
Environmental modifications needed / set up				<input type="checkbox"/>	

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INDIVIDUAL'S STATED TRANSITION GOAL					
INDIVIDUAL'S STATED SUPPORTS NEEDED TO ACHIEVE GOAL					
Rental application and lease completed / in place				<input type="checkbox"/>	
Furnishings and décor				<input type="checkbox"/>	
Resource management				<input type="checkbox"/>	
Meet staff, roommates, and visit home				<input type="checkbox"/>	
NOTES					
BEHAVIORIAL SUPPORTS	PERSON RESPONSIBLE	EXPECTED UPDATE	NOTES AND STATUS UPDATES	DONE	DATE
Psychiatric needs, including prescriber, if needed				<input type="checkbox"/>	
Community behavioral health provider identified and follow up				<input type="checkbox"/>	
FA / PBSP				<input type="checkbox"/>	
Cross Systems Crisis Plan (CSCP) or safety plan, if needed				<input type="checkbox"/>	
Behavior related IR follow up needed				<input type="checkbox"/>	
New / emerging behavioral support needs				<input type="checkbox"/>	
NOTES					
MEDICAL AND DENTAL	PERSON RESPONSIBLE	EXPECTED UPDATE	NOTES AND STATUS UPDATES	DONE	DATE
MCO care coordination needs				<input type="checkbox"/>	
Primary care confirmed				<input type="checkbox"/>	
Specialists needed are in place				<input type="checkbox"/>	
Dentist				<input type="checkbox"/>	
Therapy needs: • PT / OT / ST • Dietary				<input type="checkbox"/>	
New / emerging needs				<input type="checkbox"/>	
NOTES					
FINANCIAL AND LEGAL	PERSON RESPONSIBLE	EXPECTED UPDATE	NOTES AND STATUS UPDATES	DONE	DATE
Verify SSI, SSDI, and other unearned income in place				<input type="checkbox"/>	
Establish payee if needed, and review financial supports for plan				<input type="checkbox"/>	
Apply for food programs, if eligible				<input type="checkbox"/>	
Are they on the correct funding program (RCL / Waiver)?				<input type="checkbox"/>	
Reconcile finances in current setting				<input type="checkbox"/>	
Guardianship paperwork in place, if applicable				<input type="checkbox"/>	

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INDIVIDUAL'S STATED TRANSITION GOAL				
INDIVIDUAL'S STATED SUPPORTS NEEDED TO ACHIEVE GOAL				
Bank account is setup in new location				<input type="checkbox"/>
NOTES				
SERVICES SET UP	PERSON RESPONSIBLE	EXPECTED UPDATES	NOTES AND STATUS UPDATES	DONE DATE
Confirm or initiate waiver or RCL enrollment				<input type="checkbox"/>
Nurse delegator identified <ul style="list-style-type: none"> Medication assistance needs are identified Date of move nurse delegation scheduled 				<input type="checkbox"/>
Adaptive / AT equipment in place for sensory, communication, and ADL needs				<input type="checkbox"/>
Employment / community inclusion				<input type="checkbox"/>
School for clients under 21 <ul style="list-style-type: none"> Will individual need specialized transportation to access their community? Who will transport them to upcoming appointments? 				<input type="checkbox"/>
Transportation needs <ul style="list-style-type: none"> School enrollment confirmed IEP transfer is completed or in process 				<input type="checkbox"/>
NOTES				
STAFF TRAINING	PERSON RESPONSIBLE	EXPECTED UPDATE	NOTES AND STATUS UPDATES	DONE DATE
Nurse delegation is in place for all staff				<input type="checkbox"/>
Staff are trained on all care plans and individual support needs				<input type="checkbox"/>
NOTES				
Prior to move in date	NOTES AND STATUS UPDATES			DONE DATE
Current provider / new provider consultation				<input type="checkbox"/>
All needed documents are in client provider file				<input type="checkbox"/>
All previous tasks have been reviewed and completed				<input type="checkbox"/>
All plans are in place	<input type="checkbox"/> PBSP <input type="checkbox"/> CSCP <input type="checkbox"/> Other <input type="checkbox"/> IISP <input type="checkbox"/> Protocols			
NOTES				
DAY OF MOVE	PERSON RESPONSIBLE	DUE DATE	NOTES AND STATUS UPDATES	DONE DATE
Transportation to new home				<input type="checkbox"/>

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INDIVIDUAL'S STATED TRANSITION GOAL				
INDIVIDUAL'S STATED SUPPORTS NEEDED TO ACHIEVE GOAL				
Items to be moved				<input type="checkbox"/>
• Property list confirmed				
Provider receives medications and MAR				<input type="checkbox"/>
Finances are transferred				<input type="checkbox"/>
Arrangements for meals enroute				<input type="checkbox"/>
Confirm the move on the DSHS 15-345 LTC form				<input type="checkbox"/>
<input type="checkbox"/> Confirm the move on the DSHS LTC form				
NOTES				