

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 is a required document intended to be used as a facilitation guide and tracker for DDA staff coordinating a move from one setting to another. Case Managers facilitation transitional care coordination meetings will use this document with each meeting 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 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, and referral and assessment needs, set up housing, identify and implement environmental modifications and equipment needs, confirm financial eligibility, facilitate introductions to providers, roommates and community activities.

**Please be sure to include** \_\_\_\_\_ **in 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 due dates 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 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 implementation of their goals and needed supports and services			
MEDICAL, DENTAL BEHAVIORAL	PERSON RESPONSIBLE	DUE DATE	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"/>	

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Therapy needs: • PT / OT / ST • Dietary				<input type="checkbox"/>	
Psychiatric needs, including prescriber, if needed				<input type="checkbox"/>	
Community behavioral health provider identified and follow up				<input type="checkbox"/>	
New pharmacy setup				<input type="checkbox"/>	
Other health needs				<input type="checkbox"/>	
<b>HOUSING</b>	<b>PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Environmental modifications needed / set up				<input type="checkbox"/>	
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"/>	
<b>SERVICES SET UP</b>	<b>PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Confirm or initiate waiver or RCL enrollment				<input type="checkbox"/>	
Nurse delegator identified • Medication assistance needs are identified • Date of move delegation scheduled				<input type="checkbox"/>	
Adaptive / AT equipment in place for sensory, communication, and ADL needs				<input type="checkbox"/>	
Employment / school / community inclusion				<input type="checkbox"/>	
Transportation needs • Will individual need specialized transportation to access their community? Who will transport them to upcoming appointments?				<input type="checkbox"/>	
<b>FINANCIAL AND LEGAL</b>	<b>PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Verify SSI, SSDI, and other unearned income in place				<input type="checkbox"/>	
Establish payee if needed, review financial supports for plan				<input type="checkbox"/>	
Apply for food programs				<input type="checkbox"/>	
Are they on the correct funding program (RCL / Waiver)?				<input type="checkbox"/>	
Reconcile finances in current setting				<input type="checkbox"/>	

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Guardianship paperwork in place, if applicable				<input type="checkbox"/>	
Bank account is setup in new location				<input type="checkbox"/>	
<b>PLANS IN PLACE</b>	<b>PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
FA/PBSP				<input type="checkbox"/>	
Cross Systems Crisis Plan (CSCP) or safety plan, if needed				<input type="checkbox"/>	
Care plan, IISP, or negotiated services plan per program policy				<input type="checkbox"/>	
ETR / ETPs are in place				<input type="checkbox"/>	
<b>STAFF TRAINING</b>	<b>PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Nurse delegation in place for all staff				<input type="checkbox"/>	
Staff trained on care plans and individual support needs				<input type="checkbox"/>	
<b>Prior to move in date</b>					
Current provider / new provider consultation				<input type="checkbox"/>	
All needed documents in client provider file				<input type="checkbox"/>	
All previous tasks have been reviewed and completed				<input type="checkbox"/>	
<b>DAY OF MOVE</b>	<b>PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	<b>NOTES AND STATUS UPDATES</b>	<b>DONE</b>	<b>DATE</b>
Transportation to new home				<input type="checkbox"/>	
Items to be moved • Property list confirmed				<input type="checkbox"/>	
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"/>	