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

Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENT DISABILITIES ADMIISTRATION (DDA)

Transitional Care Planning Tracking
Part C. Post Move and Stabilization

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.

C. Post Move and Stabilization

The case manager visits at regular intervals and meets with the individual to ensure they are adjusting, ensure that staff are trained and implementing planned strategies to support the individual, and that all plans are in place and being implemented. The PQI staff works with the case manager to have conversations about identified concerns from the Mover's Survey so that the case manager can follow-up and address any unmet needs.

ACTIVITY	NOTES	RESOLUTION NEEDED	DUE DATE
Two – three business days post move – individual is getting settled.			
Individual is comfortable with staff		☐ Yes ☐ No	
Provider is comfortable with supports in place		☐ Yes ☐ No	
Issues with behaviors, nutrition, medications, etc.		☐ Yes ☐ No	
FA / PBSP in place and staff trained		☐ Yes ☐ No	
Individual is satisfied with sleep and daily routine		☐ Yes ☐ No	
Nurse delegation is in place and medications are being used		☐ Yes ☐ No	
Two weeks post move – staff are able to address client's needs.			
Individual is comfortable with staff		☐ Yes ☐ No	
Provider understands individual's support needs and comfort with interventions		☐ Yes ☐ No	
Issues with behaviors, nutrition, medications, etc.		☐ Yes ☐ No	
Individual is satisfied with sleep and daily routine		☐ Yes ☐ No	
Individual is planning community activities of interest		☐ Yes ☐ No	
Individual shares general feedback about their experience so far		☐ Yes ☐ No	
30 days post move – plans are all in place.			
Provider has finalized IISP, NCP, or other relevant care plans		☐ Yes ☐ No	
Home is decorated and personalized per the individual's preference		☐ Yes ☐ No	

INDIVIDUAL'S NAME	ADSA ID NUMBER	PROPOSED MOVE DATE

INDIVIDUAL'S STATED TRANSITION GOAL

INDIVIDUAL'S STATED SUPPORTS NEEDED TO ACHIEVE GOAL

All staff have completed needed or required training to meet individual's needs		☐ Yes ☐ No	
Individual is participating in community activities of interest		☐ Yes ☐ No	
Individual has unmet needs or areas of concern to be addressed		☐ Yes ☐ No	

Quarterly check ins (3 months / 6 months / 9 months / 11 months)

ACTIVITY	RESOLUTION NEEDED	NOTES	DUE DATE
is engaged in community activities	☐ Yes ☐ No		3 months: 6 months: 9 months: 11 months:
Supports in place are meeting the support needs for	☐ Yes ☐ No		3 months: 6 months: 9 months: 11 months:
is participating in the cultural and spiritual activities of their choice	☐ Yes ☐ No		3 months: 6 months: 9 months: 11 months:
All staff are familiar with and their needs	☐ Yes ☐ No		3 months: 6 months: 9 months: 11 months:
IISP, NCP, or other program required care plan is effectively meeting the individual's needs • Verify 60 and 90 program requirements	☐ Yes ☐ No		3 months: 6 months: 9 months: 11 months:
Updated supports, services, or needs have been identified, if applicable, and follow up is occurring	☐ Yes ☐ No		3 months: 6 months: 9 months: 11 months: