

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: CLIENT RELOCATION AND FILE TRANSFER POLICY 3.02

Authority: [Title 71A RCW](#) *Developmental Disabilities*
[Chapter 388-825 WAC](#) *Developmental Disabilities Administration Service Rules*

PURPOSE

This policy establishes procedures for continuity of service planning and case management as well as the timely transfer of client information when a client moves between regions or from one Field Service Office (FSO) Reporting Unit (RU) to another. To provide continuity of services and supports, Developmental Disabilities Administration (DDA) staff must coordinate movement of clients within and between regions.

SCOPE

This policy applies to field staff supporting clients who are moving within and between regions.

DEFINITIONS

Case resource manager or **CRM** means a DDA case resource manager or social service specialist.

Client file means a client's physical paper file, if one exists, and the client's electronic record within CARE, including all of the documents within the Records Management Tool (RMT).

Index means assigning a document type, and other pieces of information as applicable, to organize client-specific documents.

Legal representative means a person's legal guardian, a person's limited guardian when the subject matter is within the scope of the limited guardianship, a person's attorney at law, a person's attorney in fact, or any other person who is authorized by law to act for another person.

Records Management Tool or **RMT** means a document filing system within each client's electronic file where forms and documents can be uploaded and stored.

POLICY

- A. The Case File Transfer Record must be completed if the client's file is transferred:
 - 1. Between FSO Reporting Units within a region; or
 - 2. From one region to another.
- B. A client file must be transferred to the receiving office no more than 10 business days after learning of a client's move.
- C. If a client enters an intermediate care facility, or other setting where a future discharge is expected, the client's file should remain in DDA Field Services Offices.

PROCEDURES

- A. The sending case resource manager (CRM) must:
 - 1. Notify a supervisor as soon as they learn that a client is moving.
 - 2. No more than five days after learning a client is moving, contact the client, and legal representative if the client has one, to:
 - a. Explain the case transfer process;
 - b. Inform them a new CRM will be assigned and they will be notified of the change through the mail;
 - c. Discuss whether current DDA service authorizations to local contracted providers need to end or if those providers can provide the service in the new area.
 - 3. Continue to support the client and be their main point of contact.
 - 4. Work with the receiving CRM, client, and legal representative to identify and authorize service providers in the new area, as needed.
 - 5. Ensure the client file is organized and all documents in RMT are indexed.

6. If the client's assessment is due within 30 days of transfer:
- a. Conduct and complete the assessment before initiating the transfer process; and if possible, include the receiving CRM in the assessment meeting.
 - b. Indicate under the "Additional Info" section on the transfer record whether a home visit and viewing of the living quarters has been completed.

Note: If field staff learn of a client's move after it has already occurred, regional leadership may assign these tasks in a way that meets mutual business needs.

7. To initiate the transfer process:
- a. Select "Create/View Transfer Record" on the Records Management Tool menu;
 - b. Complete all mandatory fields in the transfer record; and
 - c. Complete "Current Program Information" and "Follow-Up Needed" sections with all available information.

Note: During the transfer process, CARE will check for a finalized transfer record within the last 30 days before transmitting to the receiving RU. If key fields are not completed, CARE will not transfer the file to the new RU.

8. Ensure:
- a. All required documentation is in the client file (Consent, Assessment Wrap-Up, Voluntary Participation, etc.);
 - b. RACs, ProviderOne authorizations, County Service Authorization, and State Supplemental Payment end dates are entered as applicable;
 - c. All payment authorization errors have been resolved and overpayments have been submitted to the Office of Financial Management as applicable;
 - d. All incident reports have been closed as required by [DDA Policy 12.01](#), *Incident Reporting and Management for DDA Employees*;

- e. Barcode is updated as follows:
 - i. Barcode 15-345 is sent to financial team to report any changes, including whether paid services are ending;
 - ii. Verify legal representative documents in Barcode are current;

Note: Best practice is to store legal representative documents in RMT as well.

- f. CARE is updated as follows:
 - i. Residence screen lists current address, residence name, residence type, and start date;
 - ii. Collateral contact information is updated as applicable;
 - iii. Necessary supplemental accommodation (NSA) is identified and documented in a service episode record (SER).

9. Send any additional relevant electronic information (emails, documents, etc.) to the receiving CRM once identified.

10. Document steps taken in an SER.

B. Additional steps must be taken for some clients as indicated below.

1. **Birth-to-Three Services.** When a child accessing Birth-to-Three services through the Early Support for Infants and Toddlers (ESIT) program moves to another region, the Birth-to-Three Coordinator or regional designee from the sending region must:

- a. Coordinate with the client's Family Resource Coordinator; and
- b. Terminate county service authorization (CSA) and create a new CSA once a new ESIT agency has been identified.

2. **No-Paid Services.**

- a. For clients on the No-Paid Services caseload, the sending Service Request and Referral CRM Supervisor must transfer the client file to the paid services regional contact at the receiving region or FSO. Whenever possible, meet with the client and the receiving CRM for introductions and

to discuss needs and services. The sending Service Request and Referral CRM must:

- i. In the event that an assessment could not be scheduled prior to transfer, document the paid services the client has requested in an SER.
 - ii. Update Barcode as follows:
 - A) Send Barcode 15-345 to financial team to report any changes;
 - B) Verify legal representative documents are current; and
 - C) Identify the financial and disability determinations needed for waiver enrollment and note steps taken in this process.
 - iii. In the CARE Transfer Record under “follow-up needed,” note if:
 - A) The client is pending a disability determination with DDDS and whether monitoring needs to occur; and
 - B) There is need for community resources or other referrals in the client’s new community.
- b. For clients transferring from Paid Services Reporting Units to the No-Paid Services Caseload and Reporting Units, a sending supervisor must transfer the client record to the No-Paid Services Reporting Unit.
- i. Based on the client’s new county of residence, assign (“splat”) the appropriate No-Paid Services Primary Case Manager (PCM) placeholder. NPS PCM placeholders refer to a No-Paid Services Coordinator CARE profile. There is a placeholder profile for each of the six No-Paid Services Reporting Units.
 - ii. Before the sending supervisor transfers, regional staff must ensure that:
 - A) The appropriate PAN has been sent, and 90 days have passed to allow for possible appeals;
 - B) At least 60 days have passed since the County Service Authorization “to date”;

- C) The regional waiver specialist has been notified to close a waiver, if applicable, following PAN effective date and a waiver end date has been entered on the waiver screen;
- D) All current or unprocessed waiver requests, exceptions to rule, and prior approvals have been closed;
- E) The assessment, if applicable, has been moved to history on or soon after the PAN effective date;
- F) DSHS 15-422, No Paid Services Group, has been mailed using regional processes, if applicable.

3. Pre-Admission Screening and Resident Review (PASRR)

- a. Upon notification of a client entering a community nursing facility or state-operated nursing facility in an RHC, the sending CRM or supervisor must:
 - i. Transfer the client file to the PASRR Regional Coordinator in the receiving region;
 - ii. In the CARE Transfer Record under “follow-up needed,” note if there is need for community resources, services, or other referrals; and
 - iii. Whenever possible, meet with the client and the receiving assessor for introductions and to discuss needs and services.

Note: A planned nursing facility stay for the purpose of receiving short-term respite is excluded from referral to PASRR because a return to the client’s primary residence is expected.
- b. For a client transferring from a Reporting Unit to the PASRR Program, the PASRR Regional Coordinator must:
 - i. Transfer the client record to the appropriate PASRR Reporting Unit; and
 - ii. Assign (“splat”) the appropriate PASRR Assessor.

- c. Before transferring, the sending supervisor or designee must:
 - i. Terminate RACs, ProviderOne authorizations, County Service Authorizations, and State Supplemental Payments as applicable;
 - ii. 30 days after admission:
 - A) Terminate the client's waiver according to established procedures;
 - B) On or soon after the PAN effective date, move the assessment to history, if applicable; and
 - C) The appropriate PAN has been sent according to applicable policy or procedure.
- C. To promote a smooth and effective transition, the sending CRM will continue to be the PCM assigned to the case for 30 days after the initial conversation of transfer. Duties include, but are not limited to ensuring:
 - 1. Authorizations are accurate;
 - 2. Address changes are updated within all DDA systems;
 - 3. Community supports are accessed as needed;
 - 4. Health needs are being addressed through their insurances; and
 - 5. Informal supports have been identified, while also coordinating with the receiving CRM to ensure person-centered preferences and approaches are taken.
- D. The sending supervisor must:
 - 1. Review Transfer Record screen in CARE for completion and accuracy.

Note: The sending supervisor must finalize the transfer record and, using the overview screen, transfer the CARE record to the receiving region.
 - 2. Review current assessment to make sure authorizations and the person-centered service plan (PCSP) match.
 - 3. Ensure all required documentation is in the client electronic file (Consent, Assessment Wrap-Up, Voluntary Participation, etc.).

4. Review SERs (NSA identified, PAN appeal rights explained, observe living quarters during home visit, signature page received, etc.).
 5. Review Barcode for outstanding ticklers and verify sending CRM sent appropriate notifications via 15-345.
 6. If any of the above steps are incomplete, ask sending CRM to complete tasks before transfer.
 7. Once the case file is ready for transfer, identify receiving supervisor listed on the Statewide Case File Transfer Contact List:
 - a. Meet with receiving supervisor and receiving CRM, if needed; and
 - b. Provide necessary information about client (e.g., next PCSP date, age, services).
 8. Verify client is assigned in CARE to the appropriate Field Service Office.
 9. Transmit the electronic file to the new reporting unit by finalizing the transfer record and transferring out from the overview screen in CARE.
 10. Document steps taken in an SER.
- E. The receiving supervisor must:
1. Verify the client record was transferred in CARE and assign a CRM if not yet completed.
 2. Ensure DSHS 16-201, *New Case Resource Manager Assignment*, is sent to notify clients of their new assigned CRM no more than two weeks after receiving the client's file.
 3. Review Transfer record screen for information.
 4. Review the client file for complete steps according to the Transfer record.
 5. If any steps are incomplete, notify sending supervisor of corrections needed.
 6. Send Barcode 15-345 to notify financial team of new CRM assigned.
 7. Coordinate meeting between sending and receiving CRMs and sending supervisor, if needed.

8. Document in an SER if the client's physical file was mailed to a receiving office.
- F. The receiving CRM must:
1. Review Transfer Record information in CARE.
 2. Participate in meetings with sending CRM as necessary.
 3. Review SERs.
 4. Confirm NSA is identified.
 5. Determine if updated consent is needed and obtain one as needed.
 6. Verify whether home visit was completed at time of assessment.
 7. Contact the client, legal representative, and NSA for introductions and provide contact information.
 8. Contact paid providers to notify assignment of a new CRM.
- G. If the client moves to a new licensed or certified residential program setting, the CRM must:
1. Schedule and conduct a home visit at new residence within 30 days.
 2. Contact resource management, if applicable, to clarify resource needs and in-process resource management tasks.
 3. Document steps taken in SER.

EXCEPTION

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

TITLE:

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SUPERSESSION

DDA Policy 3.02, *Inter-Regional Service Planning and Transfer*
Issued March 1, 2015

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

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