INDIVIDUAL'S NAME		ADSA ID NUMBER	PROPOSED MOVE DATE
INDIVIDUAL'S STATED TRANSITION GOAL	-		
INDIVIDUAL'S STATED SUPPORTS NEEDS	ED TO ACHIEVE GOAL		
INDIVIDUAL'S PROGRAM ☐ RCL ☐ OHS ☐ CP ☐	CIIS IMH] ECMP ☐ TCU ☐ Non-Sp	ecialized
	ansitional Care . Active Coord	BILITIES ADMIISTRATION (DDA) Planning and Tracking ination of Transition (A) guide and tracker for DDA staff coordin	•
another. Case Managers who are facili needs and readiness to transition to the them on transition progress as well as to	ir identified setting. A cop	py will be provided to the individual and	
B. Active Coordination of Transition	(ACT): Team meets reg	gularly to support transition	
The transitional care coordination team assessment needs, set up housing, ide eligibility, and facilitate introductions to proceed to the coordination of the coordination team.	meets regularly to develontify and implement enviroroviders, roommates, an	onmental modifications and equipment dommunity activities.	needs, confirm financial
HOME ADDRESS: STREET	CIT	Y S	TATE ZIP CODE
TITLE / ORGANIZATION	NAME	ROLE	CONTACT INFORMATION
Individual		Engage with the team on community goals and preferences	living
DDA Case Manager		Facilitate transitional care coordinatio meetings; coordinate assignments an deadlines; model person centered practices	***
Current / Sending Provider		Provide expertise regarding individual care needs	l's
Medical Provider		Discuss medical supports needed, including post move medications and referrals to appropriate PCP or special fineeded	alists
Behavioral Health Provider		Discuss behavioral supports needed, including post move psych medication and FA/PBSP coordination	ns
DDA HQ Transition Clinical Staff		If identified high medical or behaviora acuity, or if otherwise needed for consultation	1
Receiving Provider		The agency or responsible provider o services in the setting where the indiv will move	
Guardian or Representative		Support the individual with decision making regarding the implementation their goals and their needed supports services	

Ensure that the individual's needs are

captured in their IDEA and they have access to all needed IDEA Part B services

Ensure that individual's wrap around supports are reflected in their child and

in their new home

family team care plan

School Representative (Youth under

WISE Representative, if applicable

21)

INDIVIDUAL'S NAME		ADSA ID	NUMBER	PROPOSED M	IOVE DATE	
INDIVIDUAL'S STATED TRANSITION GOAL						
INDIVIDUAL'S STATED SUPPORTS NEEDI	ED TO ACHIEVE GOAL					
INDIVIDUAL'S PROGRAM						
☐ RCL ☐ OHS ☐ CP ☐	CIIS IMH] ECMP	☐ TCU ☐ Non-S	pecialized		
Managed Care Representative		Primary con funded serv	tact for all Apple Health			
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 STATE UPDATES	JS DO	NE	DATE
Environmental modifications needed / set up]	
Rental application and lease completed / in place]	
Furnishings and décor						
Resource management]	
Meet staff, roommates, and visit home]	
NOTES	L					
BEHAVORIAL SUPPORTS	PERSON RESPONSIBLE	EXPECTED UPDATE	NOTES AND STATE UPDATES	DO DO	NE	DATE
Psychiatric needs, including prescriber, if needed]	
Community behavioral health provider identified and follow up]	
FA / PBSP]	
Cross Systems Crisis Plan (CSCP) or safety plan, if needed]	
Behavior related IR follow up needed					ם	
WISe screening needed (youth)]	
New / emerging behavioral support needs NOTES]	
MEDICAL AND DENTAL	PERSON RESPONSIBLE	EXPECTED UPDATE	NOTES AND STATE	JS DO	NE	DATE
MCO care coordination needs]	
Primary care confirmed]	
Specialists needed are in place]	
Dentist				Г	٦	

INDIVIDUAL'S NAME		ADSA ID N	UMBER	PROPOSED MOVE DATE		
INDIVIDUAL'S STATED TRANSITION GOAL						
INDIVIDUAL'S STATED SUPPORTS NEEDS	ED TO ACHIEVE GOAL					
INDIVIDUAL'S PROGRAM RCL OHS CP	CIIS IMH [_ ECMP _	TCU Non-S	pecialized		
Therapy needs: PT / OT / ST Dietary						
New / emerging needs NOTES						
FINANCIAL AND LEGAL	PERSON RESPONSIBLE	EXPECTED UPDATE	NOTES AND STATU	JS DONE	DATE	
Verify SSI, SSDI, and other unearned income in place						
Establish payee if needed, and review financial supports for plan						
Apply for food programs, if eligible						
Are they on the correct funding program (RCL / Waiver)?						
Reconcile finances in current setting						
Guardianship paperwork in place, if applicable						
Bank account is setup in new location NOTES						
SERVICES SET UP	PERSON RESPONSIBLE	EXPECTED UPDATES	NOTES AND STATU	JS DONE	DATE	
Confirm or initiate waiver or RCL enrollment						
Nurse delegator identified Medication assistance needs are identified Date of move nurse delegation scheduled						
Adaptive / AT equipment in place for sensory, communication, and ADL needs						
Employment / community inclusion						
Transportation needs Will individual need specialized transportation to access their community? Who will transport them to upcoming appointments?						
School for clients under 21						
 School enrollment confirmed IEP transfer is completed or in process 						
DSHS 16-271, DDA New School District Notification, following Mutual Acceptance into OHS has been completed and sent to parent						

INDIVIDUAL'S NAME		ADSA ID	NUMBER	PROPOSED MOVE DATE		TE
INDIVIDUAL'S STATED TRANSITION GOAL						
INDIVIDUAL'S STATED SUPPORTS NEEDED TO ACHIEVE GOAL						
INDIVIDUAL'S PROGRAM RCL OHS CP CIIS IMH ECMP TCU Non-Specialized						
NOTES						
STAFF TRAINING	PERSON	EXPECTED	NOTES AND STAT	US	DONE	DATE
	RESPONSIBLE	UPDATE	UPDATES			DAIL
Nurse delegation is in place for all staff						
Staff are trained on all care plans and individual support needs						
NOTES						
Prior to move in date	NOTES AND STATUS UP	DATES			DONE	DATE
Current provider / new provider consultation						
All needed documents are in client provider file						
All previous tasks have been reviewed and completed						
All plans are in place		SCP	Other	·		
NOTES						
DAY OF MOVE	PERSON RESPONSIBLE	DUE DATE	NOTES AND STAT UPDATES	US	DONE	DATE
Transportation to new home						
Items to be moved						
Property list confirmed						
Provider receives medications and MAR						
Finances are transferred						
Arrangements for meals enroute						
Confirm the move on the DSHS 15-345 LTC form						
☐ Confirm the move on the DSHS LTC form						
NOTES						