

**Virginia Support Coordination/Case  
Management  
Transfer Procedures  
For Persons with Intellectual Disability**

[As Originally Agreed Upon by the VACSB MR Council]

## Support Coordination/Case Management Transfer Procedures For Persons with Intellectual Disability

The following procedures will be followed by all Virginia Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs) to address Support Coordination/Case Management and service delivery responsibilities when individuals with intellectual disability move from one CSB/BHA jurisdiction to another, or when a request is made for SC/CM responsibilities to be transferred to another jurisdiction. These procedures apply to any individual who changes residency or requests a transfer of SC/CM responsibilities regardless of funding source including Medicaid Waiver, Community Intermediate Care Facility<sup>1</sup>, Targeted Case Management (TCM) and those persons without specialized funding sources, and is compatible with the process outlined in the *Mental Retardation/Intellectual Disability Community Services Manual*, Chapter IV.

### 1. Initial Notification of Relocation

- When an individual relocates outside his/her CSB/BHA jurisdiction, either temporarily or permanently, the CSB/BHA of origin will notify, with the individual's or guardian's permission, include authorized representative (AR), the receiving CSB/BHA as soon as possible in advance of the intended move date.
- Initial notification will be made by the originating CSB's/BHA's Intellectual Disability (ID) Director to the receiving CSB's/BHA's ID Director via telephone or fax to notify the CSB/BHA of the intended move, to initiate lines of communication, and to ensure health, safety and continuity of care.
- CSBs/BHAs may designate an alternate to the ID Director being the point of contact. Exceptions need to be sent to the Chair of the Developmental Services (DS) Council, who will then note the change on the DS Council's contact list. The updated list will be disseminated to all ID Directors.
- In situations in which the CSB/BHA of origin learns of an individual's relocation after the fact, notification will be made as soon as possible with as much information as is known.
- The CSB/BHA of origin shall identify any outstanding or relevant issues concerning this individual's placement such as a crisis plan, behavioral concerns, medication management, initial notification of need to transfer, waiver wait list status and/or need for other services.
- The receiving CSB/BHA shall verbally communicate any issues or concerns regarding provider services, service availability, etc.

THE NOTIFICATION NEEDS TO OCCUR EVEN IF THE CSB/BHA OF ORIGIN IS **RETAINING** SUPPORT COORDINATION/CASE MANAGEMENT.

The CSB/BHA retaining services will notify in writing the CSB/BHA for the jurisdiction of residence of its intention to retain Support Coordination/Case Management for the individual in order to minimize any confusion and to facilitate services should emergency situations arise.

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<sup>1</sup> While community ICFs, and other facilities provide case management services to their residents making CSB/BHA support coordination/case management not a billable service, liaison services by either the local CSB/BHA or CSB/BHA of origin (depending on circumstances) is advisable. Determination of which CSB/BHA should perform this function depends on individual/family choice, the elements of this protocol and residency (per Code requirements).

This notification will include:

- the individual's name,
- the individual's address
- the individual's Medicaid number
- the individual's emergency contact information
- the CSB/BHA on-call number
- any established crisis plan.

**See Attachment A: *MR/ID Community Services Manual* text**

2. Formal Notification of Relocation

- A. After making the above initial contact, a letter of notification will be written and sent by the ID Director of CSB/BHA of origin, or designee as noted on the DS Council's Contact list, to the receiving CSB/BHA ID Director.
- B. This letter will make a request for the formal transfer of Support Coordination/Case Management responsibility to the receiving CSB/BHA. At minimum, this letter will notify the receiving CSB/BHA of:
- the individual's name
  - the individual's address
  - the individual's telephone number
  - the parent, guardian or authorized representative's contact information, as applicable
  - Medicaid number, if applicable
  - the effective date of relocation
  - a listing of services, providers and their contact information and approved funding
  - Support Coordination/Case Management contact information
  - documents to complete eligibility determination
  - status of waiver eligibility
  - the most current Supports Intensity Scale (SIS) long form report for individuals receiving ID or Day Support (DS) Waiver services.

**See Attachment B: Sample Letter**

- C. The receiving ID Director or designee, as noted on the DS Council's Contact list, will send a response letter to the ID Director of origin, or designee, with a list of items needed prior to acceptance, and the name of the SIS interviewer or SIS administrator, who will be assigned the SIS Interviewer role (for waiver individuals).

3. Timeline for Transfer of Support Coordination/Case Management

- A. Unless a particular individual's situation meets the definition of "exception" as delineated in Item 4 below, the transfer of Support Coordination/Case Management responsibility will take place within 90 days of the relocation notification date.

- B. During this time period, the CSB/BHA of origin will be responsible for sending to the receiving CSB/BHA pertinent written documentation regarding the individual's support needs and current situation, including a current Individual Support Plan.
- C. Prior to the transfer of an individual receiving ID or DS waiver services, the CSB/BHA of origin will assign to the individual, in "SIS On-line," the name of the staff person, (identified in "C" above) who will assume the Interviewer role.

**See Attachment C: CSB/BHA CM/SC Transfer Checklist**

- D. Should there be special circumstances in which it is beneficial for the CSB/BHA of origin to retain Support Coordination/Case Management for longer than 90 days, an agreement will be reached between CSB/BHA ID Directors around length of time and exchange of information.
- E. In cases of Medicaid billing, each CSB/BHA needs to be cognizant of and communicate the billing end date for the originating CSB/BHA and start date for the receiving CSB/BHA.
- F. Should the individual become hospitalized within the 90 days prior to the date of transfer, the CSB/BHA of origin would reflect this in its bed day count.

4. Exceptions

Support Coordination/Case Management services may be retained by the CSB/BHA of origin in the following situations:

- A. When an individual or his/her family/AR expresses a preference to continue to receive Support Coordination/Case Management from the CSB/BHA of origin, and both CSBs/BHAs agree that the CSB/BHA of origin is able to provide Support Coordination/Case Management and has the ability to manage emergency situations. An "emergency situation" is defined as a time of crisis or instability in the individual's life, due to major physical, mental, or behavioral issues, in which the need exists for intensive service coordination and/or access to additional resources to regain stability.
- B. When an individual is relocating on a temporary basis and the CSB/BHA agrees to provide Support Coordination/Case Management and has the ability to manage emergency situations.
- C. When an individual is a minor and receives services in one jurisdiction but his/her family retains legal residency in the CSB/BHA of origin's jurisdiction, and/or when individuals are receiving services through the Comprehensive Services Act.
- D. When an individual is a minor and ward of the Department of Social Services (DSS), and is in foster care placement outside of the responsible DSS and CSB/BHA jurisdiction.

## 5. Disputes

- A. Should the receiving CSB/BHA dispute the information in the individual's current psychological or Level of Functioning (LOF) because it is not consistent with other assessment information received, the following steps should be followed:
- i. SCs/CMs from the two CSBs/BHAs should jointly meet the individual and complete a new LOF to determine Waiver Eligibility.
  - ii. If need be, a new psychological will be requested
  - iii. Should the receiving CSB/BHA continue to dispute the information received, a letter will be submitted to the Department of Behavioral Health and Developmental Services, along with a copy of the referring SC/CM provider's letter, and any new ISARs, stating the objections.
- B. Should the individual be in need of an AR, the receiving CSB/BHA may note that information in correspondence with DBHDS.

For individuals whose support coordination/case management services are not transferred, on-going psychiatric services and medication management may need to be retained by the jurisdiction of origin.

## Attachment A

### MR/ID Waiver Support Coordination/Case Management Transfer

The *Mental Retardation/Intellectual Disability Community Services Manual*, Chapter IV states in the “Transferring Case Management/Slots” section:

*When an individual receiving waiver services requests or it otherwise becomes necessary to change case management providers, the “referring” case management provider notifies, by telephone, the “receiving” case management provider of the expected date of transfer. A follow-up letter formally informs the “receiving” case management provider of the planned move. The letter must contain:*

- *The individual’s name;*
- *Medicaid number;*
- *Date of transfer;*
- *A listing of current services, providers and approved funding for services; and*
- *Any changes in providers or service levels that will occur with the move.*

*The “receiving” case management provider submits to DBHDS:*

- *A copy of the referring case management provider’s letter;*
- *A new Plan of Care Summary form<sup>2</sup>; and*
- *Individual Service Authorization Request (ISAR) forms (if there are service level/provider changes).*

Although the Manual assigns responsibility for communicating Support Coordination/Case Management transfers to the respective case managers/support coordinators, the responsibility per these procedures lies at the ID Director level, as referenced under Item #2 above. The Manual also states:

*If case management for an individual receiving waiver services is transferred from one CSB/BHA to another, the waiver slot for that individual will also be transferred to the new CSB/BHA and becomes part of its pool of available waiver slots. The transferring CSB/BHA will transfer case management responsibility within 90 days of residency in another service area unless one of the following conditions is met:*

1. *The individual and family/caregiver, as appropriate, has expressed a choice to continue case management services with the current CSB/BHA, and the current CSB/BHA is willing and able to provide or contract for case management and can demonstrate the capacity to handle emergency situations. If the CSB/BHA of the individual’s residence must provide MR/ID emergency/crisis services (vs. mandated mental health emergency/crisis*

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<sup>2</sup> This is the text of the existing Manual. Paper forms which have been replaced by electronic information in the Intellectual Disability On-Line System (IDOLS) do not have to be relayed, as the information is accessible to DBHDS staff in IDOLS. The receiving CSB/BHA will also have access to the information formerly contained in the Plan of Care Summary and ISARs via IDOLS once DBHDS staff processes the copy of the referring SC/CM provider’s letter.

*services) at any time, case management and the waiver slot will be transferred within 30 days to the CSB/BHA in which the individual resides. In this instance, the current CSB/BHA will be deemed unable to provide case management services; or*

- 2. The placement in another CSB/BHA service area is temporary (90 days or less).*

**Attachment B**

\_\_\_\_\_  
DATE

\_\_\_\_\_, ID Director  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ CSB/BHA is retaining ID case management for the following individual, but is notifying you in case of an emergency with this individual.

OR

\_\_\_\_\_ CSB/BHA is requesting the transfer of ID case management to your CSB/BHA effective \_\_\_\_\_.

Individual's Name:

Address:

Phone:

Relocation Date:

Medicaid #:

Status of Waiver eligibility:

Support Coordinator/Case Manager and contact information:

**Emergency Contact Information**

Parents  Guardian  Authorized Representative  Other

\_\_\_\_\_:

Name:

Address:

Phone:

Cell Phone:

Current services, funding, and contact information:

\_\_\_\_\_ CSB/BHA crisis on-call phone number is \_\_\_\_\_.

The following are attached as applicable:

Behavior/crisis plan  Eligibility documentation  SIS long form

Sincerely,

**Attachment C**

*Optional CM/SC Transfer Checklist*

<b>INDIVIDUAL'S NAME:</b>	
Originating CSB/BHA:	
Receiving CSB/BHA:	
DATE COMPLETED	PROCEDURE
	<p>A. <b>Initial Notification:</b> <b>Originating CSB/BHA</b> notifies Receiving CSB/BHA in advance (if possible) of the intended move date or as soon as Originating CSB/BHA learns of the relocation after the fact.</p> <p><b>Phone Call from Originating CSB/BHA</b> to Receiving CSB/BHA reporting the move.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Originating CSB/BHA identifies outstanding/relevant issues concerning placement or need for services.</li> <li><input type="checkbox"/> Receiving CSB/BHA communicates any issues/concerns regarding provider services or service availability.</li> </ul>
	<p>B. <b>Formal Notification:</b> Letter of Notification will be written and <b>sent by ID Director of Originating CSB/BHA</b> to ID Director of Receiving CSB/BHA.</p> <p>Letter to Contain:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Individual's name</li> <li><input type="checkbox"/> 2. Individual's address</li> <li><input type="checkbox"/> 3. Individual's telephone number</li> <li><input type="checkbox"/> 4. The parent, guardian or authorized representative's contact information, as applicable</li> <li><input type="checkbox"/> 5. Medicaid number (if applicable)</li> <li><input type="checkbox"/> 6. Effective date of relocation</li> <li><input type="checkbox"/> 7. List of services, providers &amp; approved funding</li> <li><input type="checkbox"/> 8. Current Support Coordinator/Case Manager contact info.</li> <li><input type="checkbox"/> 9. Documents to complete eligibility determination</li> <li><input type="checkbox"/> 10. Status of waiver eligibility</li> <li><input type="checkbox"/> 11. The most current Supports Intensity Scale (SIS) long form report for individuals receiving ID or Day Support (DS) Waiver services</li> <li><input type="checkbox"/> 12. Notification of transferring SC/CM responsibility <b>OR</b> retaining SC/CM responsibility</li> </ul>
	<p>C. The <b>ID Director of the Receiving CSB/BHA</b> will send a response letter to the ID Director of Originating CSB/BHA with a list of items needed prior to acceptance and the name of the interviewer or administrator who may be assigned the SIS Interviewer role (for waiver individuals).</p> <p><b>Originating CSB/BHA</b> will assign to the individual, in "SIS On-line," the name of the SIS interviewer or administrator (identified in above) who will assume the Interviewer role (for waiver individuals).</p>
	<p>D. Support Coordination/Case Management transfer to receiving CSB/BHA will take place within 90 days. <b>Originating CSB/BHA will send</b> pertinent documentation to Receiving CSB/BHA including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Current Individual Support Plan (including any providers' Plans for Support, if applicable)</li> </ul>

	<p><input type="checkbox"/> 2. Written documentation regarding individual's services needs</p> <p>In Addition:</p> <p>IF currently on the <b>ID Waiver Statewide Waiting List</b>, also include:</p> <p><input type="checkbox"/> 1. Urgent List Survey and Critical Needs Summary</p> <p><input type="checkbox"/> 2. Date of Need</p> <p><input type="checkbox"/> 3. Individual Choice Form</p> <p>IF the individual <b>currently receives ID or DS Waiver or TCM services</b> also include:</p> <p><input type="checkbox"/> 1. Quarterly Reports from current Individual Support Plan year</p> <p><input type="checkbox"/> 2. 6 months of Progress Notes</p> <p><input type="checkbox"/> 3. Current assessments (i.e., medical exam, LOF, psychological)</p> <p><input type="checkbox"/> 4. Current DMAS-225 (waiver only)</p> <p><input type="checkbox"/> IF the individual <b>currently receives ID or DS Waiver</b>, also include the following <b>initial or one-time</b> information:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Initial Authorization to Use/Disclose Information</li> <li><input type="checkbox"/> Residential Fee Notice (if applicable)</li> <li><input type="checkbox"/> Initial DRS letter or progress note documenting unavailability of DRS/IDEA funding (if applicable)</li> <li><input type="checkbox"/> Current Provider Choice Form</li> <li><input type="checkbox"/> ID Waiver Level of Care Eligibility Form/Enrollment Request (if not yet transitioned to IDOLS)</li> <li><input type="checkbox"/> Initial Notification of Appeal Rights (if applicable)</li> </ul>
	<p>E. Notification of ID or DS Waiver Slot transfer to DBHDS.</p> <p><b>Receiving CSB/BHA sends to DBHDS:</b></p> <p><input type="checkbox"/> 1. Copy of the Originating CSB's/BHA's letter indicating intent to transfer case</p> <p><input type="checkbox"/> 2. ISARs, if there are service amounts or provider changes<sup>3</sup></p> <p>The resulting action taken by DBHDS staff will permit the Receiving CSB access to the individual's information in IDOLS.</p> <p><b>Both CSB/BHA of Origin and Receiving CSB/BHA to send:</b></p> <p><input type="checkbox"/> 1. DMAS-225 with address and SC/CM change (when applicable) to their respective local DSS offices</p>

<sup>3</sup> ISARs will no longer be required once IDOLS is fully implemented.