

**SUPPORT COORDINATION/CASE MANAGEMENT
ID TRANSFER PROTOCOL PROCEDURES: "When to Submit What"**

<u>Situation</u>	<u>Actions Needed</u>	<u>Additional Actions Needed</u>
<p>Initial Notification:</p> <p>Relocation of individual outside of his/her jurisdiction</p>	<p>Originating CSB will notify the ID Director via telephone or fax of the intended move. The CSB of origin shall communicate any outstanding or relevant issues to include: behavioral challenges, crisis plan, medication management, reason and date of transfer.</p>	<p>Individuals residing in an ICF/ID may require liaison services. The CSB/BHA of origin or local will need to determine who will be responsible for providing support coordination services.</p>
<p>Formal Notification:</p> <p>Relocation of individual outside of his/her jurisdiction</p>	<p>Letter of notification will be written and sent by the ID Director of CSB/BHA of origin or designee. All documents will be mailed, faxed or electronically sent with the letter of notification.</p> <p>The receiving ID Director or designee will send a letter of acceptance. Included in the letter will be the name a SIS interviewer or administrator who will be assigned the SIS (waiver individuals only), confirmation of date of transfer, and any outstanding information needed.</p> <p>The receiving CSB/BHA will accept this transfer within 90 days of receiving the formal notification.</p> <p>** Exceptions to the expectation of transfer can include but are not limited to:</p> <ul style="list-style-type: none"> • <i>Individual/AR preference to continue SC/CM from the CSB/BHA of origin</i> • <i>emergency situations that require intensive service coordination</i> • <i>temporary relocation</i> • <i>minors receiving services in jurisdiction other than family's residence</i> • <i>minors who are wards of DSS</i> • <i>CSA funded individuals.</i> 	<p>Notification from CSB/BHA of origin will include the individual's:</p> <ul style="list-style-type: none"> • Name • Address • Telephone number • Guardian/AR • Medicaid Number • Effective date of relocation • Current Support Coordinator/Case Manager contact information • Status of Waiver eligibility • SIS long form report (for individuals receiving Waiver) • List of all providers and approved funding • Documents to verify eligibility [i.e., psychological eval, copies of birth certificate, Medicaid card, Social Security card (see Discharge Protocol for examples of documents needed)] • Current Individual Support Plan • ISARs (if applicable) • Medication list
<p>CSB of origin is retaining support coordination/ case management</p>	<p>The CSB/BHA retaining support coordination/case management will notify in writing the ID Director of the CSB in the jurisdiction of residence of the intention to maintain support coordination services. Facilitation of START/ Emergency Services should be facilitated by the CSB/BHA retaining support coordination in the event of a crisis.</p>	<p>Notification will include individual's:</p> <ul style="list-style-type: none"> • Name • Address • Medicaid Number • Emergency Contact • CSB/BHA on call number • Crisis Plan

Paper forms that have been replaced by electronic information in IDOLS do not have to be relayed, as the information is accessible to DBHDS staff and the receiving CSB/BHA once the individual is opened to that CSB/BHA by DBHDS staff.