

1.7	Entry Into and Movement Within the Division's Service System	Page 1 of 4
Authorizing Utah Code: 62a-5-103	Rule: R539-2-6 (effective 12/04)	Division Staff
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Form(s): 1-2 , 1-6 , 1-6A , 817 , 817b , 902 , 927 & 1056 , 520S	Contract Amendment: Page 5, #8 (Adds to Contract: Part II, Section 24)	

Support Coordinators shall attend to the continuity of services for a **Person** moving to or temporarily receiving services from another **Region**. The **Division** will coordinate, approve and oversee all out-of-home placements.

PROCEDURE

1. ENTRY INTO **DIVISION** FUNDED SUPPORTS
 - A. The **Support Coordinator** shall determine if the **Person** is eligible for **Medicaid** funding prior to entering into services. If so, refer the **Person** to the Utah Department of Workforce Services using Department of Health **Form 927**. This referral is made no more than 30 days prior to the date **Waiver** services are scheduled to begin. The **Support Coordinator** will file the **Form 927** with Department of Workforce findings in the **Person's** record.
 - B. The **Support Coordinator** ascertains the amount of funding available for the **Person's** support.
 - C. The **Support Coordinator** completes **Division Form 817** prior to the provision of **Waiver** services.
 - D. Prior to the provision of community living supports, a **Person** may be required to complete a medical examination, and if under the age of 18 provide a current **Immunization** record.
 - E. The **Person's** ability to make an informed choice is greatly improved when the **Support Coordinator** assists with review of submissions from interested **Provider Agencies**, arranges for meetings with **Provider Agency** administrative staff, direct care staff, and potential peers and arranges tours of places where services are to be delivered. Once the **Person/Representative** selects a **Provider Agency**, the **Support Coordinator** contacts the **Provider Agency** and forwards the **Person's** referral packet.
 - F. The referral packet contains the following:
 - i. release of information **Form 1-2** in effect for 90 days;
 - ii. current **Person-Centered Plan** and **Individual Service Plan**;
 - iii. social summary;
 - iv. psychological evaluation;
 - v. comprehensive medical history and record of physical exam(s) completed within the past year/immunization record (for **Persons** under age 18 entering Community Living Support);
 - vi. educational summary (for persons under 21);
 - vii. Inventory for Client and Agency Planning.(ICAP); and
 - viii. other relevant information as requested (e.g. psychiatric review, incident reports).
 - G. The **Support Coordinator** shall ensure that a copy of all denial and acceptance letters are retained at the **Region Office** in the **Person's** record or other designated location.

- H. The **Support Coordinator** shall send the **Person's** information packet to the **Provider Agency** 5 days prior to any move.
- I. Information packets sent to **Provider Agencies** agreeing to be the **Person's Community Living Support Provider** require items i-xv in the list below. Information packets sent to **Provider Agencies** agreeing to provide all other types of support require only items i, ii and iii.

Information Packet Items

- i. a cover letter written by the **Support Coordinator** for **Persons** entering services, or by the discharging **Provider Agency** for **Persons** continuing in service (a copy of the cover letter is also sent to the **Support Coordinator**);
- ii. a copy of the **Individual Service Plan** and **Person-Centered Plan**;
- iii. a copy of **Division Form 1056** and Individualized Worksheet;
- iv. all relevant court information;
- v. a discharge summary prepared by the discharging agency, (e.g., Community Living Provider, the **Developmental Center** or a private Intermediate Care Facility for People with Mental Retardation, ICF/MR);
- vi. birth certificate and social security card;
- vii. a photograph of the **Person** taken within the past year;
- viii. dental evaluation, including identification of special needs.
- ix. comprehensive medical history and a physical examination/immunization record (**Form 902**);
- x. letter of introduction to the primary care physician from the former primary care physician;
- xi. medication for 14 days (a **Person** without a Medicaid card requires a 4 week supply be sent);
- xii. written prescriptions for medication.
- xiii. personal needs account balance, less \$50.00 which will be used to pay any final bills, the balance to be submitted within 30 days from discharge.
- xiv. **Medicaid/Medicare** cards or third party insurance information; and
- xv. inventory checklist of the person's personal belongings.

2. CHANGING HOME AND COMMUNITY BASED PROVIDER AGENCIES

- A. In the event that a request for a change of **Provider Agency** is received, the **Support Coordinator** shall arrange a discharge meeting that provides a 10 day written notice, or signed agreement to meet earlier from all **Team** members. **Team** members include:
- i. the **Person/Representative**;
 - ii. **Provider Agency** staff;
 - iii. **Support Coordinator**; and
 - iv. receiving **Provider Agency**, (as appropriate).
- B. Topics in the discharge meeting shall include at a minimum:
- i. a detailed discussion of the **Person's** progress and the **Person's** current status; and
 - ii. specific reasons for the request for discharge outlined by the **Team** member initiating the request.
- C. While it is the hope of the **Division** that consensus decisions be reached regarding discharge from the present **Provider Agency**, when consensus is not possible, the **Support Coordinator** shall contact the **Region Director** with a recommended course of action. The **Region Director** shall make the final decision concerning the discharge. The decision shall be documented in the **Individual Service Plan** and shall take into consideration the desires of the **Person/Representative**.

- D. When a decision to discharge is made, the **Support Coordinator** shall see that **Division Directive 1.4, Notice and Hearings for Agency Action**, and Procedure 2 of this directive, are followed.
 - E. The written discharge summary will be sent by the discharging **Provider Agency** to the receiving **Support Coordinator**, discharging **Support Coordinator**, and the new **Provider Agency**.
3. MOVING OUT OF THE **DEVELOPMENTAL CENTER** TO A HOME AND COMMUNITY-BASED **SUPPORT PROVIDER AGENCY**
- A. If it is determined by the **Team** that a **Person** should be served in the community, the **Person's** social worker has 15 days to notify the appropriate **Region Support Coordinator** in charge of out-movements from the **Developmental Center**.
 - B. The social worker at the **Developmental Center** shall provide notice of the intent to move from the **Developmental Center** by sending all the items listed in Procedure 1H.
 - C. Within 30 days of the receipt of these items the **Region Support Coordinator** in charge of out-movements from the **Developmental Center** shall complete all actions for entry to services listed in Procedure 1
 - D. The primary care physician will review the **Person's** medical record and document the necessary medical care for placement in the community setting to be reported at the placement meeting.
 - E. A discharge committee at the **Developmental Center** will review the recommendation for alternative placement and ensure that the placement is coordinated with the **Support Coordinator** and prospective **Provider Agency**.
 - F. An information packet with all items listed in Procedure 1Q shall be released to the **Support Coordinator** and the receiving provider the day the **Person** moves from the **Developmental Center**.
4. INTER-REGION AND TEMPORARY CRISIS MOVES
- A. A **Support Coordinator** shall provide notice to the **Region Director** of the **Person's** desire to transfer to or need for temporary crisis management in another **Region**.
 - B. A **Region Director** who receives notice that a **Person** wants to move to another **Region** shall:
 - i. contact the receiving **Region Director**, to establish contact between the referring and receiving **Support Coordinators**;
 - ii. provide notice and opportunity for coordination of placement and funding issues with the receiving **Region Director** and the referring Child and Family Services coordinator of intra-state placements if child is in Division of Child and Family Services custody per Child and Family Services Policy #305 and #316, respectively titled "Out of Home Care" and "Intra-State Placements."
 - iii. continue to follow up on the transfer until the transfer becomes final; and
 - iv. sign a formal letter of agreement (**Division Form 1-6A**) with the receiving **Region Director** which will contain the total dollar amount to be provided and the length of time funding is to continue. (The referring **Region** will provide sufficient funding for the receiving **Region** to continue services to the **Person** for the remainder of the

current fiscal year. If the **Person** is in need of enhanced services, the two **Regions** will negotiate the dollar amount needed).

- C. A **Region Director** who receives notice that a **Person** needs a temporary crisis placement in another **Region** shall:
 - i. contact the receiving **Region Director** to arrange for a temporary crisis placement;
 - ii. ensure **Support Coordination** services continue from the referring **Region**;
 - iii. monitor the **Person's** situation until the crisis situation is resolved or request courtesy monitoring by a **Support Coordinator** in the receiving **Region**; and
 - iv. ensure that no temporary crisis placement or transfer to another **Region** is made without approval from both **Region Directors**.

- D. The referring **Support Coordinator** shall:
 - i. send a referral packet (see Procedure 1D) to the receiving **Support Coordinator** 30 days prior to the requested transfer when possible;
 - ii. ensure that the **Person's** remaining year's allocation is transferred to the receiving region as per **Region Director** instructions;
 - iii. update and send the **Person's** record, following **Supervisor** approval and review, to the receiving **Support Coordinator** within 5 days of the **Person's** transfer;
 - iv. arrange for the **Person** to be transported to the receiving **Region**; and
 - v. issue Provider Payment **Form 520S** for a **Person** receiving temporary crisis management services.

- E. The receiving **Support Coordinator** shall:
 - i. provide the referring **Region** notice of whether services are available within 15 days after the receipt of the referral packet per direction of **Region Director**;
 - ii. ensure that the **Supervisor** reviews and approves the **Person's** record upon receipt from referring **Support Coordinator**;
 - iii. complete all service plans and arrangements for supports and services for the **Person** transferring (to the extent services are available in the **Region** receiving the **Person**); and
 - iv. sign off and monitor **Form 520S** for a **Person** receiving temporary crisis management services.