


**Delaware Health and Social Services
Division of Developmental Disabilities Services
Dover, Delaware**

Title: Transfer Planning Conference

Approved By:


Division Director

Reviewed By: DDDS Leadership Team

Date of Origin/Implementation: 08/01/2013

Date of Current Review/Revision: _____

- I. **Purpose:** The purpose of this policy shall be to standardized planning requirements so as to assure a successful transition during a change in services.

- II. **Policy:** It shall be the policy of the Division of Developmental Disabilities Services (DDDS) that transition planning occur within 15-30 calendar days prior to a planned change in services.

- III. **Application**
DDDS Stockley Center
DDDS Community Services
DDDS Contracted Agency or Individual

- IV. **Definitions**
 - A. **Clinical Consultative Services-** Behavioral and Nursing services that are approved by DDDS and identified billable services. Services include but are not limited to monitoring, assessment, behavioral/health care plan development, coordination and training.
 - B. **Individual Plan of Protection-** (IPOP) A form designed to identify and document the various types and levels (degrees of) of support that an individual needs, throughout his/her day.
 - C. **Services-** Includes clinical consultative services (defined above), the residential service provider, residential service location, day service provider, day service location and employment type.
 - D. **Team-** Consists of the Individual, DDDS Case Manager/Social Worker, Agency Program Coordinator, Employment/Day Services Representatives, Clinical Consultative/Clinical Support Staff, Family, Friends, Advocates, Paid Staff.
 - E. **Transferring Entity-** The agency Program Coordinator , DDDS Case Manager (for Shared Living or Stockley Center) or Family Support Specialists assigned to the person who is planning a change in services.
 - F. **Transfer Planning Conference-** (TPC) A meeting with an individual receiving services and his/her transferring and receiving interdisciplinary teams in preparation for a change in services, including Clinical Consultation, Residential Service Provider, residential location, day services provider, day service location and employment services.
 - G. **Transfer Planning Conference Summary-** The document that identifies the support needs of an individual and the names of the person(s) responsible to complete each task, so as to serve as a roadmap for a smooth transition.

V. Standards

Transitioning from or Within Family Support

- A. The Family Support Specialist (FSS) shall schedule and facilitate the Transfer Planning Conference (TPC) within 15-30 calendar days prior to a change in services (i.e., moving to residential services or starting or changing a day/work services).
- B. All team members shall be invited to participate in the Transfer Planning Conference Meeting.
- C. The Family Support Specialist shall make provisions for all interested invitees to participate in the meeting, whether in person or via other mode of communications (i.e., telecommunications, video conferencing, ect.)
- D. The Family Support Specialist shall document transition action steps on the TPC Summary accordingly, and make it available to the receiving team within 5 calendar days after the TPC meeting. The TPC Summary and signature page shall be scanned into the individual’s electronic record, if applicable.

Transitioning Services within Non-Family Support

- E. The DDDS Case Manager shall schedule and facilitate the Transfer Planning Conference within 15-30 calendar days prior to the individual’s change in services.
- F. All team members shall be invited to participate in the Transfer Planning Conference Meeting.
- G. The DDDS Case Manager shall make provisions for all interested invitees to participate in the meeting, whether in person or via other mode of communications (i.e., telecommunications, video conferencing, ect.)
- H. The DDDS Case Manager shall document transition action steps in the TPC Summary accordingly, and make it available to the receiving team within 5 calendar days after the TPC meeting. The TPC Summary and signature page shall be scanned into the individual’s electronic record.

VI. <u>Procedures</u>	
Transitioning Services from or Within Family Support	
Family Support Specialist	1. Schedules and facilitates TPC within 15-30 calendar days prior to change in services.
	2. Documents transition action steps on TPC Summary.
	3. Makes completed TPC Summary available to receiving team within 5 calendar days after the TPC meeting.
	4. Scans TPC Summary and signature page into the ELP section of the individual’s electronic record, if applicable, within 5 calendar days after the TPC meeting.

Transitioning Services Within Non-Family Support

DDDS Case Manager	5. Schedules and facilitates TPC within 15-30 calendar days prior to change in services.
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	6. Documents transition action steps on TPC Summary.
	7. Makes completed TPC Summary available to receiving team within 5 calendar days after the TPC.
	8. Scans TPC Summary and signature page into the ELP section of the individual's electronic record within 5 calendar days after the TPC meeting.

VII. References

A. Level of Supports (Identification of) Policy

VIII. Exhibits

A. Transfer Planning Conference Summary



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
TRANSFER PLANNING SUMMARY**

- NEW ADMISSION SUMMARY
- WAIVER RECIPIENT __YES / __NO
- WAIVER APPLICATION SUBMITTED _____
DATE

PERSON: _____	BIRTHDATE: _____ MCI #: _____
RECEIVING PROVIDER: _____	MOVE IN DATE: _____
TPC DATE: _____	TPC FACILITATOR: _____
List the person/s who contributed to this tool: _____	TRANSFERRING PROVIDER: _____

The person receiving services and his/her Team reviewed the following and determined if further evaluation or action is needed at this time. If action to be taken, please comment by whom and by when in the appropriate space provided.

A. Waivered Services

- RN Consultant
- Behavioral Consultation
- Residential
- Day/Employment

Action to be taken by whom and by when?

B. Communication

- Evaluation
- Facilitated communication
- Communication table
- Training for staff and support persons
- Picture exchange programs
- Manual communication
- Behavior as communication
- Primary language other than English
- Visual-gesture communication
- Behavioral Components
- Sign Language
- Other

Action to be taken by whom and by when?

C. Community Activities

- Meeting friends
- Social opportunities/events
- Volunteer opportunities
- Including friends
- Vacation
- Church/other places of worship
- Leisure activities
- Classes/educational experiences
- Recreation
- Natural Supports
- Clubs & other social civic organizations
- Other

Action to be taken by whom and by when?

D. Day/Evening Services



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
TRANSFER PLANNING SUMMARY**

- | | | |
|--|--|--|
| <input type="checkbox"/> Center based day program | <input type="checkbox"/> Retirement Day Program | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Community based day program | <input type="checkbox"/> Efforts toward employability | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Home based day program | <input type="checkbox"/> Adult Education/Other classes | <input type="checkbox"/> Other |

Action to be taken by whom and by when?

E. Education

- | | | |
|---|--|--|
| <input type="checkbox"/> Private School | <input type="checkbox"/> Graduation/or Date Leaving school _____ | <input type="checkbox"/> Transition Plan |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Other | |

Action to be taken by whom and by when?

F. Environmental Modification/Adaptive Equipment

- | | | |
|--|--|---|
| <input type="checkbox"/> Any piece of equipment that will enhance activities of daily living | <input type="checkbox"/> Special Glasses | <input type="checkbox"/> Equipment repairs and upgrades |
| <input type="checkbox"/> Adaptive equipment/technology | <input type="checkbox"/> Communication Board | <input type="checkbox"/> Communication equipment or resources |
| <input type="checkbox"/> Interim plan for times electronic Equipment is down | <input type="checkbox"/> Environmental modifications or special accommodations | <input type="checkbox"/> Other |

Action to be taken by whom and by when?

G. Evaluation and Treatment Services

- | | | |
|---|---|---|
| <input type="checkbox"/> Crisis Services | <input type="checkbox"/> Therapies (occupational therapy, physical therapy, speech therapy) | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Counseling | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Medications | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Specialized medical services/home health | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Safety and positioning devices |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Hearing | <input type="checkbox"/> Other |

Action to be taken by whom and by when?



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
TRANSFER PLANNING SUMMARY**

H. Financial

- | | | |
|---|--|--|
| <input type="checkbox"/> Adequacy of personal financial resources | <input type="checkbox"/> Accessing federal/state/local Assistance programs | <input type="checkbox"/> IRWE (impairment related work expenses) |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Contingency funds | <input type="checkbox"/> PASS (plan for achieving self-support) |
| <input type="checkbox"/> Representative Payee | <input type="checkbox"/> Family Support funds | <input type="checkbox"/> Burial Trust |
| <input type="checkbox"/> Similar programs | <input type="checkbox"/> Other Financial resources | <input type="checkbox"/> Other |
| <input type="checkbox"/> Personal spending money | | |

Action to be taken by whom and by when?

I. Legal/Regulatory

- | | | |
|---|---|--|
| <input type="checkbox"/> Advanced directives | <input type="checkbox"/> Behavior Plan and approval process | <input type="checkbox"/> Evaluation for guardianship determination |
| <input type="checkbox"/> DNR (do not resuscitate) order | <input type="checkbox"/> Law enforcement involvement | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Knowledge of rights | <input type="checkbox"/> Restraints | <input type="checkbox"/> Pending grievances or unresolved issues |
| <input type="checkbox"/> Power of Attorney (POA) | <input type="checkbox"/> Restrictions | <input type="checkbox"/> Other |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> Violation of Rights | |

Action to be taken by whom and by when?

J. Personal Supports

- | | | |
|--|---|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Neighbors | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Clothing | <input type="checkbox"/> Consumer wishes/dreams |
| <input type="checkbox"/> Correspondent | <input type="checkbox"/> Pets | <input type="checkbox"/> Funeral Planning |
| <input type="checkbox"/> Involvement with unpaid support | <input type="checkbox"/> Making decisions and choices (clothing, food, recreations, etc.) | <input type="checkbox"/> Self-advocacy education/training |
| <input type="checkbox"/> Natural Supports | <input type="checkbox"/> Sexuality | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Self-care | <input type="checkbox"/> Voting | <input type="checkbox"/> Other |

Action to be taken by whom and by when?



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
TRANSFER PLANNING SUMMARY**

K. Residential

- | | | |
|--|--|---|
| <input type="checkbox"/> Expertise of Staff | <input type="checkbox"/> Provision of services as budgeted/planned | <input type="checkbox"/> Harmony of environment |
| <input type="checkbox"/> Special staffing requirements | <input type="checkbox"/> Cleanliness (person/property) | <input type="checkbox"/> Personal living space |
| <input type="checkbox"/> Staffing/supervision | <input type="checkbox"/> Compatibility of house mates | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Household safety | <input type="checkbox"/> Need for adaptive equipment | <input type="checkbox"/> Other |

Action to be taken by whom and by when?

L. Safety

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical administration | <input type="checkbox"/> Access to emergency assistance | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Training for self-administration | <input type="checkbox"/> Emergency evacuation | <input type="checkbox"/> Safety accommodations |
| <input type="checkbox"/> Personal Identification | <input type="checkbox"/> Emergency information | <input type="checkbox"/> Street/community |
| <input type="checkbox"/> Personal safety | <input type="checkbox"/> Screenings/immunizations | <input type="checkbox"/> Vulnerability to victimization |
| <input type="checkbox"/> Special supervision needs | <input type="checkbox"/> Medical/physical supports for appointments | <input type="checkbox"/> Other |
| <input type="checkbox"/> Responsibilities in their own health care | | |

Action to be taken by whom and by when?

M. Skill Building

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Accessing community services | <input type="checkbox"/> Toward more independence/self advocacy | <input type="checkbox"/> Other |
|---|---|--------------------------------|

Action to be taken by whom and by when?

N. Surrogate

- | | | |
|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Other |
|--|---------------------------------------|--------------------------------|

Action to be taken by whom and by when?



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
TRANSFER PLANNING SUMMARY**

O. Transportation

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Activities | <input type="checkbox"/> Church | <input type="checkbox"/> For using transportation safely |
| <input type="checkbox"/> Program Services | <input type="checkbox"/> Recreation | <input type="checkbox"/> Independent use of transportation |
| <input type="checkbox"/> To work | <input type="checkbox"/> Visiting family/friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Wheelchair safety | | |

Action to be taken by whom and by when?

P. Work

- | | | |
|---|---|---|
| <input type="checkbox"/> Job assessment | <input type="checkbox"/> Job in the community with/without job coaching | <input type="checkbox"/> Real work for real pay in integrated setting |
| <input type="checkbox"/> Vocational rehabilitation referral | <input type="checkbox"/> Sheltered employment | <input type="checkbox"/> Relationships with co-workers |
| <input type="checkbox"/> Enclave | <input type="checkbox"/> Pay/rate of pay | <input type="checkbox"/> Other |

Action to be taken by whom and by when?

Mark Your Calendar now. ELP is scheduled for:

Date: _____

Time: _____

Location: _____



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
TRANSFER PLANNING SUMMARY**

<i>Signature of those Attending</i>	<i>Please PRINT Name</i>	<i>Relationship to Person</i>
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____

—
Meeting Location: _____

Sr. Social Worker/ Case Manager, Transferring Team

Sr. Social Worker/Case Manager, Receiving Team