

DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

EFFECTIVE DATE: March 5, 2007

DATE ISSUED: March 2, 2007

(Rescinds Div. Circ. #12A, Transfer of Client Records, issued May 27, 2005.)

I. TITLE: TRANSFER OF CLIENT RECORDS

II. PURPOSE: To establish a process for the transfer of client records when the responsibility for an individual transfers from one Community Services regional office to another and from one developmental center to another. This circular is to address the transfer of the client records once an individual has been identified for transfer.

III. SCOPE: This circular applies to all developmental centers and Community Services Regional Offices of the Division of Developmental Disabilities.

IV. POLICY: It is the responsibility of each Division component to ensure the timely transfer of client records to the receiving component.

Each region shall establish internal procedures for the transfer of client records within the region and shall incorporate the standards in this circular into those internal procedures.

The process for transfer of client records from a developmental center to a Community Services Regional Office is established in Division Circular #22.

The process for transfer of client records from a Community Services Regional Office to a developmental center is established in Division Circular #17.

V. GENERAL STANDARDS

A. Definitions – For the purposes of this circular, the following terms shall have the meanings as defined herein:

“Alternate Living Arrangement (ALA) and Day Waiting List” means a roster of eligible individuals with developmental disabilities waiting for community-based services who are not currently receiving residential services or are awaiting residential or day services while in placement from another funding source.

“Client record” means the organized compilation of documents, including copies of electronic documents that relate to the provision of services to an individual.

“Component” means developmental centers or regional offices of the Division that provide direct client services.

“County Administrator” means the Division employee assigned to a Community Services Regional Office who supervises the staff and functions of a particular county or geographic area.

“Emergency Placement” - refer to Division Circular #12.

“Individual Habilitation Plan (IHP)” - refer to Division Circular #35.

“Plan Coordinator” – refer to Division Circular #35.

“Plan of Care” - refer to Division Circular #35.

“Provider” means an agency or person under contract with the Division to provide services to individuals receiving services from the Division.

“Regional office” means one of the four components within the Division that provides Community Services to individuals that reside in their own home or in Division funded community placements.

“Transfer” means the physical movement of an individual and client record from one Division component to another.

“Transfer Checklist” means a form used by the sending region in Community Services to document the contents of the file being transferred to the receiving region. (Refer to Appendix B)

“Transfer Summary Form” means a form used by the sending region in Community Services to document the demographic information as well as the contents of the file being transferred to the receiving region. (Refer to Appendix A).

B. Planned Region to Region Transfers - Individuals Residing in Alternate Living Arrangements (ALA):

1. When it becomes known that an individual will be transferring from a community living arrangement in one Region to another Region, the Sending Region’s Placement Coordinator shall notify the Sending Region’s County Administrator of the pending move. The Sending Region’s County Administrator shall notify the Receiving Region’s County Administrator, via electronic mail (e-mail). The e-mail message shall include the following information:
 - a. individual’s name;
 - b. MIS number;

- c. date of birth;
 - d. receiving residential and day program provider(s);
 - e. anticipated date for both residential and day program placement; and
 - f. name and telephone number of the Sending Case Manager and Area Supervisor.
2. The County Administrator in the Receiving Region will provide, via e-mail to the County Administrator in the Sending Region, the name and contact number of the Case Manager who will be assigned the case in the Receiving Region as soon as possible. The County Administrator in the Sending Region will share the name and telephone number of the Receiving Case Manager with appropriate staff within the Region.
3. Except in emergencies, the Sending Case Manager will arrange and conduct a Pre-placement IHP at least 30 days prior to the placement for individuals moving into community living arrangements. The Receiving Case Manager will be notified of the date and will attend the Pre-placement IHP. In the circumstance where the Sending or Receiving Case Managers are unable to attend the Pre-placement IHP meeting, a designee may attend.
4. The client movement information will be sent, via e-mail, by the Sending Case Manager to the Receiving Case Manager on the day of placement. To ensure a smooth transition, the respective Case Managers in the Sending and Receiving regions shall provide notification of the planned placement and documentation, via email, to the Fiscal Coordinators; Placement Coordinators; Family Support Coordinators; and Adult Day Program Coordinators that is required to ensure coordination of services and benefits.
5. The individual's new address will be entered in the client database by the Sending Region within one working day of the day of the placement.
6. In collaboration with the Receiving Region, the Sending Region will arrange for a Post-placement IHP meeting to be held within 30 days after the individual has moved into the community living arrangement. The Case Managers, or designees, from both the Sending and Receiving Regions shall attend the IHP meeting.
7. At the Post-placement IHP meeting, the Sending Case Manager will provide required documentation (refer to Division Circular #12, Division Circular #35 and Division Circular #52). The final IHP will be forwarded from the Plan Coordinator to the Receiving Case Manager. If any of the above information is not available, documentation must be present indicating reasonable attempts to obtain it and an estimated time period in which the information will be provided.

8. The Sending County Administrator, or designee, will provide the individual's client record to the Receiving County Administrator, or designee, within thirty days of the post-placement IHP meeting. The client record shall include a completed Transfer Summary Form and a copy of the Transfer Checklist.
9. The Sending Region's County Administrator will verify that the appropriate residential and program changes are made to the individual's electronic record.
10. The Receiving Region's County Administrator will assign a case manager to the individual and assure that the changes in Case Management information are included in the individual's electronic file.
11. A receipt for the client record shall be provided to the County Administrator with the client record. The Receiving County Administrator, or designee, shall sign and return the receipt to the Sending County Administrator within five working days.
12. Any electronic documents will be forwarded to the Receiving County Administrator via e-mail attachments from the Sending County Administrator or designee.
13. The Receiving Region's Case Manager will review the client record within five working days of receipt and document any missing information. The Receiving Area Supervisor will send an e-mail outlining the missing information and forward it to the Sending Area Supervisor with a copy sent to the County Administrators. The missing information, if available, will be forwarded to the Receiving Case Manager, as soon as possible, but no later than ten working days from the date of the request. If the information cannot be provided, a response from the Sending Area Supervisor shall be forwarded to the Receiving Area Supervisor within ten working days, with a copy to the County Administrators.

C. Region to Region Transfers – Own Home Relocation:

1. When it becomes known that an own home individual will be relocating, or has relocated, from one Region to another, the Sending Region's County Administrator will notify the Receiving Region's County Administrator, via e-mail. The e-mail message shall include the following information:
 - a. individual's name;
 - b. MIS number;
 - c. date of birth;
 - d. level of case management received as well as any existing vulnerabilities identified for the individual;
 - e. Municipality of residence upon move;
 - f. relocation date if applicable;

g. name and telephone number of the Sending Region's Case Manager and Area Supervisor.

2. An email message providing service and benefits information shall be sent by the Sending and Receiving Region's Case Managers to the Fiscal Coordinators, the Family Support Coordinators, and the Adult Day Program Coordinators in each region if these services are utilized by the individual served to assure a smooth transition, where possible.
3. The client record will include a completed Transfer Summary Form and completed Transfer Checklist.
4. The Sending Region's County Administrator will forward the individual's client record to the Receiving Region's County Administrator on the date of the individual's move, if known, or within ten working days of notification of the move and the transfer information will be entered into the individual's electronic file. The Sending Region's County Administrator will also assure that the Receiving Region's County Administrator is sent electronic documents via e-mail attachments.
5. The Receiving Region's County Administrator will assign a case manager to the individual and assure that the changes in Case Management information are included in the individual's electronic file.
6. In the case of an own-home client who attends adult day services, a Pre-placement IHP shall be developed 30-days prior to the move, where possible, and a referral shall be made to the Sending Region's Day Program Coordinator so that day program services can be coordinated with the Receiving Region's Day Program Coordinator.
7. A receipt for the client record shall be provided to the County Administrator with the client record. The Receiving County Administrator, or designee, shall sign and return the receipt to the Sending County Administrator within five working days.
8. The Receiving Case Manager will review the client record within ten working days of receipt and shall document any missing information. The Receiving Area Supervisor will send an e-mail outlining the missing information and forward it to the Sending Area Supervisor with a copy sent to the County Administrators. Attempts to retrieve the information and the reason for the missing information will be included in the client file.

D. **Developmental Center to Developmental Center Transfer** – this circular is to reflect the general practices, not the detailed procedures, for

each facility. Each developmental center shall incorporate these guidelines into its own internal procedures.

1. When it becomes known that an individual will be relocating from one developmental center to another, the Sending developmental center will notify the Receiving developmental center, via e-mail. The e-mail message will include the individual's name, MIS number, date of birth, guardianship status, and anticipated transfer date. The notice will also include the name of the Sending Social Worker and phone number.
2. The Sending DC will forward the individual's client record to the Receiving DC on the date of the individual's move. The Sending DC will also assure that the Receiving DC is sent electronic documents via e-mail attachments.
3. The individual will remain assigned to the Sending DC until the client record has been received by the Receiving DC.
4. The Receiving Social Worker will review the client record within five working days of receipt and shall document any missing information. The Receiving Social Worker will send an e-mail outlining the missing information and forward it to the Sending Social Worker. The missing information will be documented and forwarded to the Receiving Social Worker, as soon as possible, but no later than ten working days from the date of the request. An explanation will be included in the email message that explains the reason for the missing information.

E. Transfer of Client Records in the Event of an Emergency Placement

1. Emergency placements shall be made in accordance with Division Circular # 12 (N.J.A.C.10:46B).
2. Within 30 days, a Post-placement IHP will be held in accordance with Division Circular #35.
3. If as result of the post placement IHP, the emergency placement is deemed to be appropriate pursuant to N.J.A.C. 10:46B, then the procedure for transfer of client records as described in Section B. Planned Region to Region Transfers – Individuals residing in Alternate Living Arrangements (ALA) shall apply.

Gregory Fenton
Acting Director

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES
COMMUNITY SERVICES
TRANSFER SUMMARY FORM**

Name : [REDACTED]	SSN: [REDACTED]	MIS#: [REDACTED]	DOB: [REDACTED]
Date of Move: [REDACTED]	IHP Date: [REDACTED]	Receiving County: [REDACTED]	Receiving Region: [REDACTED]
<p>New Residence: [REDACTED] Address: [REDACTED] Telephone: [REDACTED] Day Services: [REDACTED] Address: [REDACTED] Telephone: [REDACTED]</p>			
Family Contact: [REDACTED] Address: [REDACTED] Telephone: [REDACTED] Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>		Legal Guardian (If Different) : [REDACTED] Address : [REDACTED] Telephone: [REDACTED] Self Guardian : Yes <input type="checkbox"/> No <input type="checkbox"/> Not established <input type="checkbox"/>	
Payee of Benefits: [REDACTED] Medicaid #: [REDACTED] Medicare #: [REDACTED] HMO Name: [REDACTED] HMO #: [REDACTED] Private Insurance: [REDACTED] SSI: <input type="checkbox"/> SSA: <input type="checkbox"/> Other Benefit: <input type="checkbox"/>			
Add to MAXIMUS: Yes <input type="checkbox"/> No <input type="checkbox"/>			
ALA Waiting List Status: [REDACTED] ALA Waiting List Date: [REDACTED]		Day Waiting List Status: [REDACTED] Day WaitinQ List Date: [REDACTED]	
Summary of Individuals current situation (including status of UIRs, service requests, etc): [REDACTED]			
Current Case Manager: [REDACTED]		Region: [REDACTED]	Date: [REDACTED]
Telephone: [REDACTED]			

CASE TRANSFER CHECKLIST

Client Name	On CCW: Yes <input type="checkbox"/> No <input type="checkbox"/>
STATE MOST RECENT DATE	
IHP	Date: [REDACTED]
Adaptive Behavior Summary	Date: [REDACTED]
Psychological	Date: [REDACTED]
Medical	Date: [REDACTED]
Dental	Date: [REDACTED]
County Clinical Team Referral	Date: [REDACTED]
Reason: [REDACTED]	
Last Field Visit documented by: PN <input type="checkbox"/> Qrtly Visit <input type="checkbox"/> Annual Visit <input type="checkbox"/>	Date: [REDACTED]
Last ALA Monthly Report	Date: [REDACTED]
CHECK IF PRESENT	
Eligibility Forms (DD-1 or DMRA-1 or Commitment Papers) <input type="checkbox"/>	
Comment: [REDACTED]	
Freedom of Choice if not DD-1: <input type="checkbox"/>	
Comment: [REDACTED]	
Request for Service Form: <input type="checkbox"/>	
Comment: [REDACTED]	
Social History or Justification for Eligibility: <input type="checkbox"/>	
Comment: [REDACTED]	
Pre-assessment/Certification Yes/Date: [REDACTED] No: <input type="checkbox"/>	
Comment: [REDACTED]	
File Purged: <input type="checkbox"/>	
Comment: [REDACTED]	
If ATS: Eligibility Waiver <input type="checkbox"/> or DVR Ineligibility Documentation <input type="checkbox"/>	
Comment: [REDACTED]	
Missing Documentation Comments/Explanation	
Comments: [REDACTED]	

Case Manager Signature: _____ Date: [REDACTED]

Area Supervisor Signature: _____ Date Reviewed: [REDACTED]

County Administrator Signature: _____ Date Reviewed: [REDACTED]

Date of Transfer: [REDACTED]

Assigned to: [REDACTED]

Assigned by: [REDACTED]

Return Copy to: [REDACTED]

Documents Not Received: [REDACTED]