

**DIVISION CIRCULAR #8A
(N/A)**

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES**

EFFECTIVE DATE: *October 31, 2008*

DATE ISSUED: *October 16, 2008*

(Rescinds Division Circular #8A, "Transfer Requests", issued on October 20, 2003)

I. TITLE: *RESIDENTIAL TRANSFER REQUESTS*

II. PURPOSE:

This circular is designed to facilitate transfers as required by **N.J.A.C.** 10:46C-1.12. The guidelines herein are established to assist individuals who request transfers from their current Division funded living arrangement, located within the State of New Jersey, to another Division funded living arrangement located within the State of New Jersey.

III. SCOPE:

These procedures only apply to transfers requested by an individual or, in an instance where the individual has a guardian, the transfer shall be requested by the guardian.

These procedures apply to all Community Services components of the Division except in instances where the individual requesting a transfer resides in:

- A. A Community care residence (CCR) and is requesting a transfer to another CCR within the same region.
- B. A Developmental Center.
- C. An Alternate Living Arrangement (ALA) operated by a provider agency and is requesting a transfer within that same agency.
- D. A Private Out-of-State Placement (POSP) a/k/a Purchase of Care (POC) Placement.

IV. **POLICIES:**

For a variety of reasons, an individual may request a transfer from their current living arrangement. The Division has developed a process to respond to transfer requests and to facilitate the transfer process. All transfers shall be based on available resources.

Emergencies have priority for existing vacancies, in accordance with N.J.A.C. 10:46B-3.3.

V. **GENERAL STANDARDS**

Definitions - For the purpose of this circular, the following terms shall have the meanings defined herein:

“Alternate Living Arrangement” (ALA) means a “Community residence for the developmentally disabled” as defined in N.J.A.C. 10:44A or a “Community care residence” as defined in N.J.A.C. 10:44B.

“Chief of Staff” (Direct Services) means an employee of the Division with administrative responsibility and authority over its community programs and State-operated Developmental Centers.

“Community Care Residence” – Refer to N.J.A.C. 10:44B.

“Community Development Unit (CDU)” means the regionally based unit within the Division which completes those tasks required to facilitate either planned or emergency residential placements.

“Developmental Center” means those State-operated facilities providing residential services to specific individuals.

“Division” means the Division of Developmental Disabilities.

“Guardian” means an individual or agency appointed by a court of competent jurisdiction or who is otherwise legally authorized and responsible to act on behalf of a minor or incapacitated adult to assure provision for the health, safety, and welfare of the individual and to protect his or her rights consistent with N.J.S.A. 3B:12-57, 30:4-165.1 et seq., and the judgment of guardianship.

“Interdisciplinary Team (IDT)” - Refer to Division Circular #35 – “Service Plan”.

“Service Plan” – Refer to Division Circular #35 – “Service Plan”.

“Private Out-of-State Placement” – Refer to Division Circular #12 – “Placement”.

“Provider Agency” means an organization that is under contract with the Division and/or regulated by the Department to provide services to Division eligible individuals.

VI. PROCEDURES

A. Request for Transfer

1. Requests for transfers must be documented in the Individual's Service Plan and put in writing and addressed to the case manager. The requests must be signed by the individual receiving services or the individual's guardian and contain the specific reasons why the transfer is being requested such as a change in geographic location, to move from one type of home to another type, etc. Also included may be a description of the level of supports being requested.
2. If the transfer request is not already part of the individual's Service Plan, the IDT shall review the request within 30 calendar days of receipt of the written request for transfer. The purpose is to ensure that all IDT team members working with this individual are aware of the transfer request. This process provides the individual the opportunity to elaborate on the location and types of services he/she is seeking. The IDT members shall be responsible for making recommendations regarding the support needs of the individual in the referral documents.

B. Processing the Request for Transfer

1. Each region shall designate a Community Development Unit (CDU) staff member to handle all transfer requests within their region and from the other three (3) regions. This CDU staff member shall have the authority to manage regional agency vacancies and make referrals.
2. Within 20 calendar days of the IDT meeting or receipt of request, the individual's case manager shall forward a "Residential Transfer Request Form" (*Attachment #1*) to the CDU staff member. The information should consist of:
 - a. A cover memo that outlines the current situation and the reason for the transfer request;
 - b. any additional information specific to the individual's needs; and
 - c. the written request from the individual or guardian.
3. The CDU staff member shall request that the case manager submit a referral package, as needed.

4. The date the individual is placed on the "Transfer Request List" shall be the date of the written request or the date of the Service Plan meeting. The individual and guardian shall be informed in writing that the individual's name has been added to the "Transfer Request List". The case manager shall be copied on the "Residential Transfer Request Confirmation Letter" (*Attachment #2*).

C. In-Region Transfer Requests

1. Within 20 calendar days of receipt of a "Residential Transfer Request Form", the CDU staff member shall review available agency vacancies in the region to determine if any existing agency vacancies are appropriate to meet the needs of the individual requesting the transfer. If an agency vacancy does exist, that appears appropriate, the CDU staff member shall make a referral within 5 working days. A copy of the referral letter shall be sent to the case manager.
2. The CDU staff member shall review the "Transfer Request List" to see if there is anyone on the list who could be accommodated by *trading placements* with another individual, currently living in a Division placement within the region, who is also requesting a transfer.
3. Every 30 calendar days, the CDU staff member shall review the "Transfer Request List" to determine if any existing agency vacancies are appropriate for individuals on the "Transfer Request List". When a *funded* agency vacancy becomes available, the most appropriate individual with the earliest date on the list shall be immediately referred for the opening. In such an instance, the identified individual on the "Transfer Request List" shall be referred before the next most appropriate individual on the Priority waiting list. A copy of the referral cover letter shall be forwarded to the individual's case manager. The case manager shall then notify the individual about the referral.

D. Out-of-Region Transfer Requests

1. Within 10 working days of receipt of the "Residential Transfer Request Form" (*Attachment #1*) for an out-of-region transfer, the CDU staff member shall:
 - a. Add the individual's name to their region's "Transfer Request List";
 - b. forward the "Residential Transfer Request Form" to the appropriate CDU staff member in the receiving regional office(s); and
 - c. notify, via certified e-mail, the receiving region(s) that the "Residential Transfer Request Form" is being forwarded.

2. Within 15 working days of receipt of the “Residential Transfer Request Form”, the receiving region shall notify the sending region of the status of the transfer request.
 - a. The receiving CDU staff member shall review available agency vacancies in their region to determine if any existing agency vacancies are appropriate to meet the needs of the individual requesting the transfer.
 - b. If there are appropriate available agency vacancies, the receiving CDU staff member shall request an updated referral package from the sending CDU staff member.
 - c. Upon receipt of the updated referral package, the receiving CDU staff member shall forward the referral package to the provider agency(s) with the vacancies.
 - d. Confirmation of the transfer request shall be made to the sending CDU staff member and case manager by the receiving CDU staff member via a copy of the referral letter.

E. Regional Oversight and Review of Residential Transfer Requests

1. At least every 30 calendar days a CDU staff member from each of the four regions shall enter their regions transfer request information into a database. A quarterly report shall be generated based upon this information. This report shall indicate the current number of individuals requesting transfers and the current number of individuals who were placed out of or within the four regions during the last quarter.
2. Statewide CDU review meetings shall be conducted as follows:
 - a. The Chief of Staff or his or her designee shall determine and coordinate the frequency of the meetings.
 - b. At the meeting, a CDU staff member from each of the four regions shall provide descriptive information regarding the individuals requesting transfers to and from his or her region.
 - c. The CDU staff members shall review all regions’, “Transfer Request Lists” for accuracy and pending transfer requests between regions.
 - d. Minutes shall be kept of these meetings and distributed to the participants and the Chief of Staff.

3. If an individual was identified as a candidate for a particular agency vacancy, during the meeting, the sending CDU staff member shall forward a referral packet to the receiving CDU staff member within 5 working days of the meeting.
 4. Between statewide meetings, CDU staff members shall communicate the outcomes of any referrals previously made.
- F. Removal from the "Transfer Request List"
1. An individual's name shall automatically be removed from the "Transfer Request List":
 - a. Upon acceptance of a transfer placement; or
 - b. acceptance of a placement which is funded by an entity other than DDD; or
 - c. placement into a Developmental Center; or
 - d. placement into a POSP - POC.
 2. An individual's name can be removed optionally from the "Transfer Request List" if requested by the individual, or in an instance where the individual has a guardian, said removal is requested by the guardian. Requests for removal from the "Transfer Request List" must be documented in the Individual's Service Plan and put in writing and addressed to the case manager.
- G. Re-addition to the "Transfer Request List"
1. An individual whose name was removed from the "Transfer Request List" automatically due to his/her move to a residential placement which is funded by an entity other than DDD is not eligible to reapply for the "Transfer Request List" and must instead apply for the general waiting list, in accordance with N.J.A.C. 10:46C.
 2. An individual whose name was removed from the "Transfer Request List" optionally or automatically due to the acceptance of a transfer placement offer, may re-apply for the "Transfer Request List" at any time, according to the steps outlined in this circular.



Kenneth W. Ritchey
Assistant Commissioner

Client Name: _____ **Date of Request:** _____
Current ALA Name: _____ **DOB:** _____
Current ALA Address: _____ **Serial #:** _____
Current ALA City, State, Zip: _____ **Soc Sec #:** _____

Complete the applicable request information below:

Current ALA Type:	Pick Current ALA Type:	Requested ALA Type:	Pick Requested ALA Type:
_____	_____	_____	_____
Current ALA County:		Requested ALA County:	
_____		_____	
Current Day Program:		Requested ALA Name:	
_____		_____	
Current Region:		Require Barrier Free:	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____			_____
Case Manager Name:		Case Manager Office & Phone:	
_____		_____	

- Reason for Transfer Request: Attach written request from the Individual, family, guardian or IDT minutes.**

- Description of Individual's pertinent support needs: (Cover such areas as self care, socialization / leisure, medical including follow up, behavior, psychological/psychiatric and any other important areas.)**

Completed By: _____ **Date:** _____

Residential Transfer Request Confirmation Letter
Attachment #2

Re: _____

Dear _____:

The Division of Developmental Disabilities has received your request to move to another living situation. This is to advise you that _____'s name has been added to the Transfer Requested list effective_____.

This list is reviewed regularly to identify possible placement vacancies that would meet your request. When a potential vacancy becomes available, the case manager will notify you so you can decide if you would like us to make a referral. Your casemanager will keep you informed of the status of any referrals made.

Please be assured that the Division will make every attempt to honor your request.

If you have any questions or concerns, please feel free to contact your case manager,
_____at _____.

Sincerely,

CDU Supervisor

c: case manager