

PM FORM 10.17.1
NARBHA Responsible Agency Transfer Checklist

Client Name: _____ **Client ID:** _____
Transfer Effective Date: _____

(This is the date the new agency assumes responsibility. The date should be within 14 days of the transfer request, unless otherwise agreed on by the member or guardian and documented on the Behavioral Health Service Plan.)

Reason for Transfer: _____ **Select from List**

*(Member Move includes Foster Care and HCTC placements and Halfway Houses and Shelters. RA does not change for Level I, II or III placements.)
Reference Policy 10.17 for any exceptions to this requirement.
(24-Hour responses continue to be completed by the RA area from which the child was removed. This agency can then transfer if the child will remain in the new area beyond 14 days.)*

Transfer FROM Agency: _____ **Select from List** **Transfer TO Agency:** _____ **Select From List**

Transfer FROM Agency (The RA with which the person is currently enrolled)

- Contact Transfer TO Agency within 3 days of request for transfer **Date of contact:** _____
- Agree on Transfer Effective Date and request Transfer TO agency to submit data to NARBHA

Establish Transition Plan that includes at a minimum:

- Date of first service at Transfer TO Agency. **Date:** _____
- Provide sufficient prescriptions to last until psychiatric appointment N/A
- Crisis Plan
- Safety Plan (if applicable)
- Provide Member/Guardian with point of contact information at new agency
- Check any pending/open authorizations to ensure end date is prior to Transfer Effective Date

(Transfer FROM Agency is responsible for service provision until Transfer Effective Date. The Transition Plan should ensure there are no service delays or gaps in critical services during the transition.)

Send copies of Transfer Packet immediately following request to transfer and no later than 5 days of request to Transfer that includes at a minimum:

- Transfer Summary
- Assessment and Annual Updates
- Current Behavioral Health Service Plan
- Medication list and current psychiatric information N/A
- SMI determination N/A
- 24-Hour CPS Response information N/A
- Obtain signature on Universal Consent to Treatment Form (PM Form 10.17.3)
- Obtain appropriate releases

Name of RA Person Completing Transfer: _____

Transfer TO Agency (The RA to which the person is requesting transfer)

- Within 3 days of Transfer Effective Date, ensure the MIS Department submits an electronic "Transfer In Request" to NARBHA that includes the Transfer Effective Date and the Reason for Transfer
(NARBHA will generate electronic notifications to both the Transfer FROM and Transfer TO agencies verifying the RA Transfer Agreement. Both agencies should ensure receipt of notification.)
- Review documentation from Transfer FROM Agency
- Initiate new authorizations for existing services concurrent with the Transfer Effective Date
- Ensure plan is in place to provide for crisis/safety and interim service needs identified in the Transition Plan
- Provide initial appointment within 7 days of receipt of Transfer Packet and within a maximum of 14 days of Transfer Effective Date. **First Date Offered:** _____ **Date Held:** _____

(OBHL requirements state "A licensee may use a documented assessment completed by a BHP or BHT not affiliated with the licensee's agency if: 1. The assessment was completed in compliance with this section [R9-20-209]. 2. The assessment was completed within 12 months before the date of the client's admission to the licensee's agency; and, 3. The BHP or BHT at the licensee's agency updates the documented assessment to include any changes to the client's condition since the assessment was completed." [DBHS has approved the use of the Annual Behavioral Health Update and Review Summary to update assessments over 12 months.]

Name of RA Person Receiving Transfer: _____