



**Detroit Wayne
Integrated Health Network**
Residential Services Department
707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 989-9513
residentialreferral@dwihn.org
FAX: (313) 989-9525
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Internal Transfer Process in a Specialized Residential Setting

This process outlines the process of relocating a resident between specialized residential settings of specialized **licensed** or **unlicensed** facilities.

Member/Guardian Notification

Request for relocation will be submitted via Residential Internal Relocation Request form and will be forwarded to DWIHN Residential Unit via fax line (313) 989-9525 or email to the residentialreferral@dwihn.org

Request for relocation will be submitted via Residential Internal Relocation Request form and will be forwarded to the assigned CRSP Case Manager/Supports Coordinator.

The new location must be a contracted facility with DWIHN. **Failure to adhere to this will result in a lack of payment as no authorization will be entered.**

Member and Guardian will receive notification of the intent to relocate member to a Specialized Licensed/Unlicensed and contracted facility. **Member/Guardian must document consent to the move in writing (must be signed and dated).**

If approved, the provider will be notified in writing by DWIHN and copied to the assigned CRSP Case Manager / Supports Coordinator.

Residential Internal Relocation Request form (PAGE 3)

- Reason for relocation
- Name, address and phone number of the contracted facility
- Provider ID Number
- Member ID Number
- Date of Birth
- Guardian name and phone number (if applicable)
- Assigned Clinically Responsible Service Provider



Clinically Responsible Service Provider

Case Manager/Supports Coordinator will acknowledge receipt of the notification via email residentialreferral@dwihn.org to provider and DWIHN.

Case Manager/Supports Coordinator will obtain the new address and verify that the home is contracted with DWIHN. If not, contact DWIHN immediately prior to the move.

Case Manager/Supports Coordinator will update the clinical record and the IPOS as needed by Addendum.

Case Manager/Supports Coordinator will email DWIHN at residentialreferral@dwihn.org noting the request is clinically appropriate for the listed when the member to be transferred to the new facility.

DWIHN Residential Department

The Residential Internal Relocation Request form will be reviewed and assigned to a Residential Care Coordinator.

The Residential Care Coordinator will review the request to determine if the member will require a new residential assessment (if the member is AMI); or contact the Supports Coordinator (if the member is IDD) to schedule a time to have assessment completed prior to the relocation.

Document case assignment and phone call to Residential Provider in MHWIN chart notes.

The Residential Care Coordinator will submit the new authorization entry request to DWIHN Authorizations Team.

Authorization Process

- The address of the original facility will be verified prior to entering the authorization.
- The current authorization is end-dated in MHWIN.
- Admission date to the original facility is verified.
- New authorization is entered for the original facility.
- Updates member assignment in MHWIN.
- Email all parties to advise of transfer approval.



DWIHN RESIDENTIAL INTERNAL RELOCATION REQUEST FORM

This Form is to be completed the by DWIHN Residential Provider.
Transfers of Members is not permitted without DWIHN Approval.

Current Specialized Residential Facility: _____

DWIHN Provider ID Number: _____

Date of Admission: _____

Reason for Relocation:

Name, Address and Phone Number of the proposed **DWIHN-Contracted** facility:

DWIHN Provider ID Number: _____

Member's MHWIN ID Number: _____

Date of Birth: _____

Guardian Name & Phone Number: _____

Assigned Clinically Responsible Service Provider: _____

Complete this form and email to residentialreferral@dwihn.org or fax to (313) 989-9525