

Transfer of Service Facilitation Summary (TOSF)

Expectations:

- Before transferring a CCS participant to a new service facilitation agency (SFA):
 - Identify issues and possible answers; include MHP in problem solving
 - Re-assign participant to a new service facilitator (SF) within your agency
 - Consider If CCS participant is not engaged or minimally engaged in CCS services, transfer to a new SFA is not likely the best option. Discharge from CCS may be more appropriate.
- **CCS Participant must be aware of transfer request**
 - CCS Participant can request a transfer to a new SFA by:
 - Discussing this with the current SFA and the current SF submitting a fully completed and signed TOSF to CCS@countyofdane.com or faxing to 608 283-2994.
 - Calling CCS intake team 608 242-6415, who will then direct the CCS Participant to talk to their SF/ MHP.
 - If the SFA is requesting a transfer of SF services for a CCS Participant for any reason, there must be documentation in progress notes of a conversation with the CCS participant and indication they are in agreement with the transfer request.
- **Currently assigned SF must ensure paperwork in CCS participant file is up to date.**
 - [Helpful Hints – Submitting Documents to CCS](#)
 - The recovery plan should be current and not set to expire within the next 60 days.
 - All information on the Assessment Summary (+ any old summaries) signature page(s) should be gathered and submitted.
 - Client signature on the current (+ any expired) Recovery Plan(s) should be gathered and submitted.
 - The Physician Prescription should be current and not set to expire within the next 60 days.
 - All Recovery Team Meeting Rosters should be on file.
 - All Columbia Suicide Severity Rating Scales (CSSRS) should be on file.
 - Should there be ANY missing or about to expire documents, the SF must explain the specific attempts they have made to obtain the documents and the specific barriers to obtaining the required documents.
- **Currently assigned SF must continue to provide services as usual during transfer process and up until the transfer to a new SFA.**
 - SF will provide a list of Dane County CCS SF agencies and assist participant with identifying the SFA they wish to transfer to. SF will contact the preferred agency(ies) to inquire if those agencies have availability to accept the transfer. SF will discuss with new SFA all paperwork concerns and agree upon a resolution prior to the TOSF being submitted to DCHS.
- **Currently assigned SF must ensure the TOSF is fully completed with strengths based/ respectful language.**

Process:

1. Current SFA works with CCS Participant to identify new SFA with availability to accept transfer, ensures all paperwork is complete and current, and ensures the TOSF is filled out completely and signed by all parties.
2. DCDHS receives a fully completed and signed (by all parties) TOSF.
3. Clerical staff review TOSF to ensure it is fully completed and signed.
4. CCS Intake will link new SFA to the participant in the module.
5. New SFA will assign SF. SF will add needed service authorizations and end date previous SFA authorizations.



Dane County Department of Human Services

Comprehensive Community Services (CCS)

Transfer of Service Facilitation Summary

Intake Staff Handling
Transfer:

CCS Participant Name: _____ Date of Transfer Request: _____

DOB: _____ Phone #: _____

Address: _____

Transfer Initiated By:

- ☐ CCS Participant/Guardian
- ☐ CCS Service Facilitation Agency

Recommended Tasks for Current Service Facilitation Agency:

- ☐ Provide consumer with current service facilitation directory & identify potential agencies to transfer to
- ☐ Ensure all paperwork on the chart audit is up-to-date

Reason for Transfer

Gender/Cultural Preferences for New Service Facilitator

Status of CCS Paperwork

- Next Assessment & Recovery Plan Due: _____
- Most Recent Functional Screen: _____
- Physician's Prescription Due: _____

*All paperwork is in
and current*

*See my explanation
in the notes section
for why paperwork is
not current or is
missing*

*Verified by
DCDHS Staff*

Providers & Supports

- Therapist: _____
- Psychiatrist: _____
- Primary Care Provider: _____
- Natural Supports/Guardian: _____
- Brief summary of consumer's engagement with CCS:

Upcoming Appointments

Clinical Recommendations/Important Things to Know

Current Service Facilitator's Information

Name: _____ Agency: _____

Phone #: _____ Email Address: _____

Notes

Participant Signature (*required for ages 14+*): _____ Date: _____

Guardian Signature: _____ Date: _____

Service Facilitator Signature: _____ Date: _____

Mental Health Professional Signature: _____ Date: _____

CASE CONSULTATION BETWEEN OLD AND NEW SERVICE FACILITATION AGENCY:

Notes: _____

New Mental Health Professional Signature: _____ Date: _____

Date to Transfer in CCS Module: **(Send form to CCS Intake after date identified.)**

Tasks for New Service Facilitation Agency

- ☐ Assign the Service Facilitator in the CCS module.
- ☐ End date ALL core service authorizations (SF/SA/SP) on the current recovery plan for the previous service facilitation agency.
- ☐ Authorize new core service authorizations (SF/SA/SP) for your agency.
- ☐ Review the assessment for any needed updates, SFs can add updates at any time using the "domain update" option.
- ☐ Review the recovery plan for any needed updates, SFs can add authorizations and action steps at any time.