



**Detroit Wayne
Integrated Health Network**
Residential Services Department
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Detroit, MI 48202-2943
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Internal Transfer Process in a Specialized Residential Setting

This process outlines the process of relocating a resident between specialized residential settings.

Consumer/Guardian Notification

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

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

Consumer and Guardian will receive notification of the intent to relocate consumer to a Specialized, Licensed, and Contracted facility. Guardian must give consent to the move.

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

Residential Relocation Request form: See Attached Exhibit A

- 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
- Assigned Clinically Responsible Service Provider

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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 notify DWIHN via email residentialauthorizations@dwihn.org when the consumer is transferred to the new facility.

Case Manager / Supports Coordinator will submit the new authorization to DWIHN.

DWIHN Residential Department

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

The Residential Care Specialist will review the request to determine if the consumer will require a new Staff Planning Guide if the consumer is AMI or contact the Supports Coordinator if the consumer is IDD. Schedule a time to have assessments completed prior to the move.

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

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 consumer assignment in MHWIN.



Exhibit A

DWIHN RESIDENTIAL RELOCATION REQUEST FORM

Current Specialized Residential Facility: _____

Provider ID Number: _____

Date of Admission: _____

Reason for relocation:

Name, address and phone number of the proposed contracted facility:

Contract Number: _____

Member 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