AOT COUNTY TRANSFER GUIDANCE

* If a client under an Active AOT order plans to move to another county in NYS, their AOT order remains in effect according to amendments to Kendra's Law as part of the SAFE Act of 2013. The following guidelines can be used to help counties address issues that arise when an AOT recipient moves to another county.

*Please note, if the client moves out of NYS, the AOT order is not-transferable, since Kendra's Law is a NYS law.

1. The County AOT Coordinator will contact the Director of Community Services or designated AOT county coordinator in the new county, to inform of the pending transfer, discuss treatment plan, and forward the current AOT Legal Forms, treatment plan, and transfer form. It is also encouraged that the Regional Program Coordinator be notified as well by the county with the active AOT order.

2. An AOT order mandates the client to a category of service, it is best to keep the services the same, if possible (ACT team client would be referred to ACT team in new county, if available, or Clinic/PROS w/ Care Manager through Health Home).

3. For private housing (or Section 8, or other landlord-tenant rental situation), the Care Coordinator in the new county should attempt to verify/visit the housing before the client moves into the place, if possible, to ensure the client has a viable plan.

4. The Care Manager is responsible for filling out applications for Care Management in the new county, along with making referral to a new treatment provider. Copies of all applications should be forwarded to the AOT program staff.

5. Once the new AOT team has opened the case, the former AOT team can close out. During care planning, AOT programs should schedule planning calls in which collaboration on housing and treatment plans are discussed to avoid drastic changes in categories of service wherever possible.

6. In the case of an unplanned transfer where the recipient ends up in a different New York State County the receiving and sending county should begin to collaborate to share information and develop a plan.

- The sending county should share any information that would help the receiving county in establishing a relationship with the recipient.

- The sending county should continue to try and attempt to contact the recipient to ascertain what the recipient's goals and plans are while attempting to share information with the receiving county.

- Whenever possible, the sending and receiving counties should attempt outreach collaboratively while making considerations regarding travel and outreach and what makes most sense given the shared resources of the two counties.

- The sending county should start making referrals to services in the receiving county as soon as possible to help facilitate the transfer. Collaboration benefits the AOT recipient the most, so reasonable time negotiations should be considered by both sending and receiving counties.

- The sending county should forward the AOT legal forms to the AOT Coordinator in the receiving county along with the treatment plan and transfer form. Current level of compliance as well as Significant events and/or risk factors should be shared as relevant and available. Phone contact should focus on compliance and most relevant information. Record Sharing between DCS is not prohibited under record sharing laws as long as the AOT order is "active". (reference Section 9, subdivision (b), as well as section 12, subdivision (d) of 9.60).

- For complex situations (i.e. when an ACT Recipient moves to a county with no ACT team or a long wait list) the Field office AOT Program Coordinators can be utilized. In these types of cases, creativity in service planning is suggested.

- If an AOT recipient needs a removal order while they are in the new county and before the order is changed to the new county, it will need to be written by the physician from the county with the active AOT order. This will need to be coordinated with the Director of Community Services in the new county to help guide the drafting of the order.