

## P-Transfers

### P-110 Transfers Between Regions

Support Coordinators (SCs) need to routinely advise waiver participants that they should notify the SC immediately of any plans to relocate out of their current region. The SC must start pre-planning as soon as possible to ensure that waiver services will continue after the move. Cooperation and coordination between the transferring and receiving Support Coordination Agencies (SCAs) are imperative. Failure of the waiver participant to provide advance notification of their relocation may result in a lapse of service.

#### P-110.3 Procedures

Participant must:

- Contact DMC to request a Support Coordination and Release of Information Freedom of Choice (FOC) Form to select a new SCA in the region of new residence.

**NOTE: If the participant cannot request the Support Coordination and Release of Information Freedom of Choice (FOC) Form to select a new SCA, the SC can request this form from the DMC for him/her.**

DMC will:

- Mail Support Coordination and Release of Information FOC form to the participant for selection of new SCA.
- Upon receipt of signed and dated FOC from participant, DMC will email the FOC linkage form to the receiving SCA and the receiving RO.

Receiving SCA will:

- Send the Support Coordination and Release of Information FOC form to the transferring SCA to arrange for transfer of records and assistance with coordination of transfer.

Transferring SC will:

- Offer Freedom of Choice of provider(s) for each service (Print current/appropriate list(s) in the new region from the Provider Locator Tool).
- Complete a POC Revision to update demographics and to change providers (including SCA).
- Send copies of the following information (Demographic POC page Signed FOC & Flexible Schedule) to the chosen provider(s) for determination of whether or not the provider(s) can meet the participant's needs.

**NOTE: If the provider cannot meet the individual's needs, the provider must submit to the SCA "good cause" reasons in writing. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.**

- Submit the completed POC Revision packet to SC supervisor.

Transferring SC supervisor will:

- Review entire POC Revision packet to be sure all documentation is included:
  - POC Demographic Page
  - Budget Worksheet
  - POC Signature Page
- Review POC Revision Packet to ensure they contain necessary signatures and dates.

- Review budget worksheet to ensure all provider names and numbers are entered correctly, as well as units and total cost.
- If the SC supervisor determines it is not approvable, the entire packet will be returned to the SC to make appropriate corrections.

Once the POC Revision Packet is approvable, the SC supervisor will:

- Complete Plan of Care Action Section on the POC with the following:
  - “Date POC Approved”: Enter the actual date that the SC supervisor approves the POC Revision.
  - “POC Revision Begin Date”: Enter Projected Move Date of Participant.
  - “POC Revision End Date: Enter the end date appropriate for the POC Revision.
  - “Date POC Packet mailed to individual/DSP”: Enter the date that the SC will mail the POC Revision to the participant.

Once all pages are completed the SCA will:

- Submit the following documents to the DMC:
  - POC Demographic Page
  - POC Signature Page
  - Budget Worksheet
- Contact the transferring provider(s) to advise of last date of services.
- Send the receiving provider(s) a copy of the Plan of Care/POC Revision.

Transferring SCA will:

- Send copies of the following information to the receiving SCA within seven (7) business days of projected move date:
  - Most current approved POC and any subsequent POC Revisions
  - Home Health or Hospice Plan of Care, if applicable
  - Notice of Medical Certification (Form 142)
  - Medicaid Decision Notice
  - Last six (6) months Progress Notes and/or Support Coordination Documentation (SCD).
  - Transfer e148-W (Section III.C. indicating new parish/region and projected move date and Section III. E. indicating Agency Transfer)
  - Signed and dated Support Coordination Choice and Release of Information Form (Section 5, Transferring Agency) double check to make sure the section is correct on the e148W
- Complete CMIS Closure Summary
- Submit e148-W to Medicaid Office
- Submit CMIS Closure Summary to DMC and RO

**NOTE: The transferring SCA will provide services up to the time of transfer of records and may bill for services after dated notification is received (transfer of records) by the receiving SCA. All assessments and/or POCs in process must be completed by the transferring SCA. Transferring RO will mail Participant Case Record to Receiving RO upon this notification.**

Receiving SCA will:

- Sign and date the Support Coordination Choice and Release of Information form (Section 5, Receiving Agency) on the date records are received.

- Contact the participant and/or responsible representative within three (3) business days of receiving verification of actual move to schedule a face-to-face initial meeting.
- Conduct a face-to-face meeting with the participant and/or members of his/her support network within seven (7) business days of the actual move.

During this meeting the SC will:

- Introduce him/herself to the individual
- Get to know the individual
- Gather any necessary information
- Obtain signatures on all SC agency specific documents
- Complete a Change in Status reassessment MDS-HC if there has been a significant change in participant's condition
- Review current Plan of Care and approved services with participant
- Complete Emergency Plan
- Request Back-Up Staffing Plan from receiving Direct Service Provider
- Submit the following documents to the DMC:
  - Support Coordination Choice and Release of Information form with both SCA Signatures
- Submit the e148-W (Section III.C. indicating new parish/region and projected move date and Section III. E. indicating Agency Transfer) to Medicaid Office
- Submit the following documents to the receiving RO:
  - Emergency Plan
  - Updated pages of the POC

- Back-up Staffing Plan
- Support Coordination Choice and Release of Information form with both SCA Signatures

The receiving SCA may bill for services the first FULL month after the transfer of records.

## **P-120 Transfers Between Support Coordination Agencies**

Participants must be linked to a SCA for a six (6) month period before they can transfer to another SCA, unless there is good cause for the transfer. Good cause is determined to exist under the following circumstances:

- The participant moves to another DHH region (Refer to Transfer from Region to Region section).
- The SCA is closing.
- There are irreconcilable differences between the SCA and the participant.

### **P-120.3 Procedures**

Participant must:

- Contact RO to request a Support Coordination and Release of Information Freedom of Choice (FOC) Form to select a new SCA.

**NOTE: If the participant cannot request the Support Coordination and Release of Information Freedom of Choice (FOC) Form to select a new SCA, the SC can request for him/her.**

**If RO determines that participant can select a new SCA, RO will contact DMC to request a Support Coordination and Release of Information Freedom of Choice (FOC) Form.**

- DMC will mail Support Coordination and Release of Information FOC form to the participant for selection of new SCA.
- Upon receipt of signed and dated FOC from participant, DMC will e-mail the FOC linkage form to the receiving SCA and the RO.

Receiving SCA will:

- Fax/email the Support Coordination and Release of Information FOC form to the transferring SCA to arrange for transfer of records.

SC will:

- Submit e148-W (Section III.E. indicating transfer and linkage date) to Medicaid office and RO within three (3) working days from date of receipt of the Support Coordination and Release of Information FOC form.

Transferring SCA will:

- Send copies of the following information to the receiving SCA within three (3) business days of notification of the transfer:
  - Most current approved Plan of Care (POC) and any subsequent POC revisions
  - Home Health and/or Hospice Plan of Care, if applicable
  - Notice of Medical Certification (Form 142)
  - Medicaid Decision Notice
  - Last six (6) months Progress Notes and/or Support Coordination Documentation (SCD)
  - Copy of the transfer e148-W (Section III.E. indicating transfer and linkage date)

- Signed and dated Support Coordination Choice and Release of Information Form (Section 5, Transferring Agency)

Transferring SCA will:

- Complete CMIS Closure Summary.
- Submit e148-W to Medicaid Office.
- Forward CMIS Closure Summary to DMC and RO.

Receiving SCA will:

- Sign and date the Support Coordination Choice and Release of Information form (Section 5, Receiving Agency) on the date records are received from the transferring SCA.
- Contact the participant and/or responsible representative within three (3) business days of receiving the transfer of records to schedule a face-to-face initial meeting.
- Conduct a face-to-face meeting with the participant and/or members of his/her support network within seven (7) business days of receiving the transfer of records.

During this meeting the SC will:

- Introduce him/herself to the participant.
- Get to know the participant.
- Gather any necessary information.
- Obtain signatures on all SCA specific documents.
- Complete a Change in Status MDS-HC reassessment (if applicable - only if there has been a significant change in participant's condition).
- Review current POC and approved services with participant.



- Obtain participant signature on POC Revision signature page.

SC will:

- Update POC Demographic page and budget worksheet to reflect new SCA.
- Update any changes to the POC, if needed.
- Send POC Revision packet to SC supervisor.

SC supervisor will:

- Review entire POC Revision packet to be sure all documentation is included:
  - POC Demographic Page
  - Budget Worksheet
  - POC Signature Page
- Review POC Revision Packet to ensure they contain necessary signatures and dates.
- Review budget worksheet to ensure SC provider name and number is entered correctly, as well as units and total cost.

Once the POC Revision Packet is approvable, the SC supervisor will:

- Complete Plan of Care Action Section on the POC with the following:
  - “Date POC Approved”: Enter the actual date that the SC supervisor approves the POC Revision.

- “POC Revision Begin Date”: Enter Linkage Date from Support Coordination Choice and Release of Information form.
- “POC Revision End Date: Enter the end date appropriate for the POC Revision.
- “Date POC Packet mailed to individual/DSP”: Enter the date that the SC will mail the POC Revision to the individual/DSP.
- Sign and date Budget Worksheet

Once all pages are completed the SCA will:

- Submit the following documents to the DMC:
  - POC Demographic Page
  - POC Signature Page
  - Budget Worksheet
  - Support Coordination Choice and Release of Information form with both Support Coordination Agency Signatures
- Submit the following documents to RO:
  - POC Demographic Page
  - Updated pages of the POC
  - POC Signature Page
  - Budget Worksheet
  - Support Coordination Choice and Release of Information form with both Support Coordination Agency Signatures
- Fax the provider(s) copies of the POC Revision
- Mail the participant a copy of the POC Revision

**NOTE: The transferring SCA will provide services up to the time of transfer of records and may bill for services after dated notification is received (transfer of records) by the receiving SCA. All assessments and/or POCs in process must be completed by the transferring SCA.**

In the month the transfer occurs, the receiving SCA will begin services within three (3) working days after the transfer of records and may bill for services the first FULL month after the transfer of records.

## **P-130 Long Term-Personal Care Services (LT-PCS) to Waiver**

When an individual is currently receiving Long Term-Personal Care Services (LT-PCS) and accepts and is linked for the CCW program, the following procedures will be followed.

### **P-130.3 Procedures**

The DMC will indicate on the Support Coordination (SC) FOC linkage form that the individual has LT-PCS, the name of the provider and the number of LT-PCS units per week.

SC will:

- Complete the assessment and Plan of Care (POC) according to specific requirements (Refer to Assessment/Re-assessment and Plan of Care (POC) Development sections).
- Submit the POC packet to the SC supervisor.

SC supervisor will:

- Review the POC packet (Refer to SC Supervisor Review Process section).

If SC supervisor approves the POC packet, he /she will:

- Complete the 142 form. The “Waiver Services Effective Date” will be the same date that the SC supervisor approves the POC

– “Date POC Approved”. The ‘Vendor Payment May Begin Date’ will be left blank.

- Email the 142 to Medicaid Office.
- Upon receipt of the Medicaid Decision Notice (Approval), enter the ‘Vendor Payment May Begin Date’ as the **fourteenth (14<sup>th</sup>) calendar day after receipt of the Decision Notice.**

On the day that the SC supervisor receives the Decision Notice from Medicaid and completes the “Vendor Payment May Begin” date on the 142, the SCA will:

- Email the following documents to the DMC:
  - Decision Notice
  - 142
  - POC Demographic Page
  - POC Signature Page
  - Budget Worksheet
  - Flexible Schedule
- Fax the new provider the following documents:
  - Entire POC (NOT including Budget Worksheet)
  - 142
  - Emergency Plan
  - Back-Up Staffing Plan
- Call the old **AND** new providers to inform them of the prospective changes and coordinate service delivery.

Provider will:

- Stop or start delivery of services based on the new PA received from the DMC.

## **P-140 Waiver to Long Term-Personal Care Services (LT-PCS)**

The support coordinator (SC) will follow the procedure identified below when a waiver participant requests to terminate waiver services and return to LT-PCS only services.

**NOTE: If the participant is voluntarily declining waiver services, the SC will obtain a signed declination form.**

### **P-140.3 Procedures**

SC will:

- Obtain signed declination form (Declining Current Community Choices Waiver or ADHC Waiver Services) from participant.
- Submit e148-W discharge form and complete CMIS Closure Form that indicates the participant wants to discontinue waiver services and return to LT-PCS only.
- Submit CMIS Closure Form, and appropriate signed declination form to RO for processing.

**NOTE: If the individual is not Medicaid eligible outside of the waiver, the SC will notify the participant that they will no longer be eligible for Medicaid benefits by declining waiver services.**

RO will:

- Approve the e148-W discharge.
- Email Medicaid Office to verify that the individual is Medicaid eligible outside of receiving waiver services.

- If the individual continues to be Medicaid eligible, RO will fax or email the current POC to the Single Point of Entry (SPOE).
- Email the proposed date of discharge from the waiver (which is 14 calendar days from the date the POC was mailed to SPOE).

SPOE will:

- Develop an LT-PCS only POC of Care based on the MDS-HC and Waiver POC received from RO. No home visit is necessary.
- Send a copy of the newly developed LT-PCS POC and Agreement to Provide Services (APS) to both the participant and the Direct Service Provider (DSP). The SPOE will provide the DSP with a deadline to sign and return the APS denoting agreement to provide services in accordance with the newly developed LT-PCS POC.

RO will:

- Notify DMC and the Medicaid office to close the existing waiver case via discharge e148-W and support coordinator's closure report. The "Reason for Discharge:" field in Section IV. A. of the form e148-W is to be completed to indicate that the participant is voluntarily discharging from waiver services to LT-PCS only.

SPOE will:

- Notify DMC to issue a new PA for LT-PCS only with the previously determined effective date and the certification end date. As applicable, the SPOE will extend the certification period if additional time (up to 2 months) is needed for the reassessment process.

## **P-150 Adult Day Health Care (ADHC) Waiver to Community Choices Waiver (CCW) Transition**

When a current ADHC Waiver participant accepts a Community Choices Waiver (CCW) slot via the CCW Request for Services Registry OR the individual is granted a CCW slot due to health and welfare decline, the procedures identified below must be followed.

### **150.3 Procedures**

Once the SC is notified of the transition from the ADHC Waiver to the CCW via linkage document from the DMC, the SC will:

- Submit the Admission e148-W to the Medicaid Office and RO (Refer to Community Linkages and Notification of Admission, Status Change, or Decertification/Discharge for HCBS Waiver (e148-W) Procedures Sections).
- Contact the participant to schedule initial visit (Refer to Initial Visits section).
- Schedule a face-to-face plan of care (POC) meeting (Refer to Initial POC Development for Individuals Residing in the Community sections)

SC supervisor will:

- Review entire POC packet to be sure all documentation is included:
  - Responsible Representative form (If applicable)
  - FOCs for all services
  - All POC pages
  - CAPs

- Budget Worksheet
- Flexible Schedule
- Emergency Plan
- Back-up staffing plan (for PAS)
- Review all POC Packet pages to ensure they contain the necessary signatures and dates from participant, responsible representative, and/or provider(s) (Refer to LOC/POC Review Checklist).
- Review MDS-HC assessment for accuracy and ensures individual meets NF Level of Care (Refer to LOC/POC Review Checklist).

**NOTE: If participant meets NF level of care on Degree of Difficulty Questions (DDQs) or triggers Physician Involvement Pathway, Treatments and Conditions Pathway, Skilled Rehabilitation Therapies Pathway or Service Dependency Pathway, the SC supervisor must look for appropriate documentation in MDS-HC notebook.**

For CCW Only:

- Review the budget worksheet and flexible schedule to be sure budgeted amount is within the allotment given for the individual's RUG score for the CCW program.

**NOTE: If the SC supervisor thinks that the individual is at risk of entering a NF and MAY need more supports, refer to SHARE Exceptions section.**

For ADHC Waiver w/LT-PCS:

- Review the budget worksheet to be sure LT-PCS hours are within his/her ADL Index Score.
- Review budget worksheet to ensure all provider names and numbers are entered correctly, as well as # of units and total cost.



- Review flexible schedule to ensure it reflects the appropriate number of hours for the participant, and the weekly total/units are correct.

**NOTE: If any inconsistencies or concerns are found, SC supervisor will address with the SC, and send POC packet back to SC for corrections. Once all corrections have been made, the SC supervisor will proceed with approving the POC packet.**

Upon receipt of an approvable POC the SC supervisor will:

- Complete the Plan of Care Action Section with the following:
  - “Date POC Approved”: Enter the actual date the SCS approves the POC.
  - “MDS-HC Assessment Date”: Enter the actual date of the MDS-HC assessment.
- Complete the 142: (Refer to 142 Procedures).
- Complete Section III A – indicate the appropriate waiver name – the effective date is the 14th calendar day from the date the SCS approves the POC (exclusive of approval date).
- Send 142 to Medicaid Office.

Once the Decision Notice (Approval) is received from Medicaid, SC supervisor will:

- Document the date of receipt on the decision letter.
- Complete Section III D of 142– Vendor Payment May Begin – enter the date noted in the decision letter (this will be the same date as noted in Section IIIA) DO NOT enter a date for Date Completed.
- Complete Plan of Care Action Section with the following:

- “POC Begin Date”: Enter the same date as the “Effective Date” on 142.
- “POC End Date”: Enter the actual day before the POC Begin date for the following year. (Example: POC Begin Date: 8/25/13 & POC End Date: 8/24/14).
- “Date POC Packet Mailed to Individual/DSP”: Enter the date the SC will mail the POC to the participant.
- Sign & Date.
- Sign and date the budget worksheet & flexible schedule.
- Complete appropriate boxes on “Notice of Approval” Section on POC.
- Submit the e148W – Status Change – Section III D – enter the date as the date noted on the decision letter (this should be the same date as noted on the 142 Section IIIA) (if SC supervisor approved).

Once all pages are completed, the SC supervisor will:

- Send the following documents to the DMC and if the participant is receiving LTPCS, send the documents to the Single Point of Entry Contractor (SPOE) also:
  - Decision Notice
  - 142
  - POC Demographic Page
  - POC Signature Page
  - Budget Worksheet
  - Flexible Schedule

**NOTE: If problems are identified by the DMC, a problem sheet will be sent directly to the SCA with a copy to RO (Refer to DMC Problem Sheet Procedures).**

**NOTE: The Single Point of Entry Contractor (SPOE) will cancel the existing waiver effective the same date as the Vendor Payment Date on the 142.**

- Send a copy of the entire POC Packet to RO.

On the day that the SC supervisor approves the POC, the SC will:

- Mail the participant copies of the following documents:
  - Entire POC/POC Revision
  - MDS-HC assessment
  - Emergency Plan
- Fax and/or email the CCW provider(s) copies of the following applicable documents:
  - Entire POC/POC Revision (NOT including the Budget Worksheet)
  - 142
  - Emergency Plan
  - Back-Up Staffing Plan

**NOTE: PERS and Home Delivered Meal providers receive the following documents: POC page 1; Budget Worksheet and 142.**

- Contact the participant and the provider(s) via phone to notify him/her of POC/POC Revision approval and ensure receipt of the POC/POC Revision documents.
- contact the participant within ten (10) calendar days from the date of provider service initiation as a follow up to assure the appropriateness and adequacy of the service delivery as reflected on the POC/POC Revision.
- Fax and/or email the ADHC provider and if the participant is receiving LT-PCS, the LT-PCS provider, a copy of the e148W (status change).

**NOTE: Provider will start delivery of services on the effective date as based on the flexible schedule.**

## **P-160 Adult Day Health Care (ADHC) Provider Closing**

Support coordinators must work closely with participants when an Adult Day Health Care (ADHC) provider is closing to avoid interruptions in the participant's services.

### **P-160.3 Procedures**

If there are other ADHC providers in the region the SC will:

- Provide the participant with the current freedom of choice (FOC) list of ADHC providers.
- Notify the new chosen ADHC provider of the participant's request.
- Complete POC Revision within five (5) days to transfer participant to new ADHC provider.
- Facilitate the transfer of documents from current ADHC provider to new ADHC provider:

Documents will include the following if applicable:

- Last six (6) months of progress notes. If not available, provide documentation of services provided.
  - Monthly and quarterly progress summaries
  - Current individualized service plan (ISP)
  - Current assessment upon which the ISP is based
  - Summary of participant's behavioral, social, health and nutritional status
  - Documentation of the amount of authorized services remaining in the POC, including direct service record documentation and documentation of exit interview.
- Forward copies of the following to the new ADHC provider:
    - Most current Plan of Care (POC)
    - Service Utilization Report (to indicate balance of service units remaining in the calendar year)
    - All other waiver documents necessary for the new ADHC provider to begin providing services.

SC supervisor will:

- Review and approve POC Revision (Refer to POC Revision section).
- Send the approved POC Revision to DMC for prior authorization (PA) at least fifteen (15) calendar days prior to the transfer or discharge date from the current provider.
- Send a copy of the approved POC Revision to RO simultaneously with submission to contract DMC.

For ADHC Waiver only, if there are no other ADHC providers in the region, the RO will:

- Contact DMC to make a Community Choices Waiver (CCW) offer to all ADHC Waiver participants with the closing agency.
  - DMC e-mails an auto-assigned linkage to current SCA, RO, and Medicaid Office

SC will:

- Receive “transition to CCW Waiver” linkage from DMC.
- Obtain a declination of current ADHC Waiver services.
- Submit e148-W, which is effective fourteen (14) days from the date of the Medicaid decision approval notice for CCW.
- Allow fourteen (14) days to begin CCW from ADHC Waiver.
  - ADHC Waiver case should not be closed until new CCW has started
  - CCW cannot begin until SC completes Initial POC and DMC issues PAs

For CCW only, if there are no other ADHC providers in the region the SC will:

- Complete a POC Revision without ADHC services (Refer to the POC Revision section).