

P-Transfers

P-110 Transfers Between Regions

Support Coordinators (SCs) should routinely advise waiver participants that they must notify the SC immediately of any plans to relocate from their current region. The SC must begin planning as soon as possible, while working with the Interdisciplinary Team (IDT), to ensure that there will be no interruption of services. Cooperation and coordination between the transferring and receiving Support Coordination Agencies (SCAs) is imperative. Failure of the waiver participant to provide advance notification of the relocation may result in a lapse of service.

If the transfer involves an address change for the individual/participant, once they have moved into the new residence,

The SC will:

- Submit a 148W status change for the demographic update in the LaMEDS portal
- Update the address in LaSRS®.

The RO will:

- Update the individual/participant's address in the OAAS Participant Tracking System (OPTs).

P-110.3 Procedures

When a participant determines they are relocating to another region, the participant/their representative (legal or responsible) will:

- Contact the RO 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.

In cases involving transition from Nursing Facilities (NFs), the transition team (participant, Transition Coordinators, Regional Office, transferring SCA & any other applicable service providers) must ensure the following is completed before requesting a transfer:

- A transfer date and NF discharge date is determined.
NOTE: It is imperative that these dates are determined collaboratively by the transition team.
- Accessible housing is secured.
- Medical, health, pharmaceutical and behavioral health (if applicable) treatment and providers are established.
- The Transition Services Form (TSF) with a determined designated purchaser is completed.
- A Direct Service Provider (DSP) in the new Region is located and agrees to provide services.
- The need for waiver services, including, but not limited to, Assistive Devices and Medical Supplies, PERs, and EAA is evaluated and documented.

The Transition team will inform Regional Office (RO) of the request to transfer.

RO will:

- Contact the Data Management Contractor (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. If the participant is a NF resident, the RO will instruct SRI to email the new SCA FOC to the TC for hand delivery.

The DMC will:

- Send a Support Coordination and Release of Information FOC form to the participant for selection of a new SCA.

NOTE: If the participant is a NF resident, the DMC will email the new SCA FOC to the TC for hand delivery.

The participant will:

- Select a new SCA and return the signed/dated FOC to the DMC.

The DMC will:

- Email the FOC linkage form to the receiving SCA and the receiving RO.
Note:

Receiving SCA will:

- Send the Support Coordination and Release of Information FOC form to the transferring SCA to arrange record transfer and coordination of the transfer.

Upon receipt of the Release of Information FOC form from the receiving SCA, the transferring SC will:

- Print the current/appropriate provider list(s) in the new region from Medicaid's online Provider Locator Tool (PLT).
- Offer the participant FOC of provider(s) for each service.
- Complete a POC Revision to update demographics and to change providers (including SCA).
- Send the POC, including the CAPS and Flexible Schedule, and signed FOC 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 "good cause" reasons to the SCA in writing. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify the provider for resolution prior to reporting to LDH Health Standards Section (HSS). If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Submit the completed POC Revision to SC supervisor.

Transferring SC supervisor will:

- Review the entire POC Revision, including the Demographic Page, POC Budget and POC Signature Page to ensure it is complete and contains the required signature and dates.

- Review the POC budget to ensure all provider names are entered correctly, populating correct provider numbers, nits and total cost.

If the transferring SC supervisor determines it is not approvable, the entire packet will be returned to the transferring SC to make appropriate corrections.

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

- Complete the following on the POC:
 - “Date POC Approved”: Actual date that the Transferring SC supervisor approves the POC Revision.
 - “POC Revision Begin Date”: Projected Move Date of the Participant.
 - “POC Revision End Date: End date appropriate for the POC Revision.
 - “Date POC Packet mailed to individual/DSP”: Date that the transferring SC mails the POC Revision to the participant and Direct Service Provider (DSP).

Once all pages are completed the transferring SCA will:

- Submit the following documents to the DMC:
 - POC Demographic Page
 - POC Signature Page
 - Budget Worksheet
- Notify the transferring provider(s) of the participant’s last date of services.
- Send the receiving provider(s) a copy of the POC Revision.

Transferring SCA will:

- Send copies of the following information to the receiving SCA within 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;
 - BHSF Form 142, Notice of Medical Certification;
 - Medicaid Decision Notice;
 - Last 6 months of progress notes and/or Support Coordination Documentation (SCD);
 - Transfer 148W (Section III.C. indicating new parish/region and projected move date and Section III. E. indicating Agency Transfer); and
 - Signed and dated Support Coordination Choice and Release of Information Form (Section 5, Transferring Agency). Ensure the transferring section is correct on the 148W.
- Submit 148W for transfer.

NOTE: The transferring SCA will provide services until the transfer of records and may bill for services after the 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.

RO will :

- Process the 148W for transfer in the Medicaid Systems Database.
- Assign the participant to the receiving SCA via the Home and Community Based (HCBS) tab in the OAAS Participant Tracking System (OPTS) in order for the SCA to access/view the participant's information.
 - RO will input the transfer date as the start date for the participant's assignment to the receiving SCA in OPTS.

NOTE: There can be an overlap in the end date for the transferring SCA and the start date for the receiving SCA.

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 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 7 business days of the actual move.

During this meeting the receiving SC will:

- Introduce him/herself to the individual;
- Get to know the individual;
- Gather any necessary information;
- Obtain signatures on any SCA specific documents;
- Complete a Change in Status interRAI (iHC) assessment if there has been a significant change in participant's condition;
- Review the current POC and approved services with participant;
- Update the Emergency Plan;
- Request Back-Up Staffing Plan from receiving Direct Service Provider (DSP);
- Submit the following documents to the DMC:
 - Support Coordination Choice and Release of Information form with both SCA Signatures.

- Submit the 148W (Section III.C. indicating new parish/region and projected move date and Section III. E. indicating Agency Transfer) to the Medicaid Systems Database;
- Submit the following documents to the receiving RO:
 - Emergency Plan;
 - Updated pages of the POC;
 - Back-up Staffing Plan; and
 - 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 an SCA for a 6-month period before they can transfer to another SCA, unless there is determined good cause for the transfer. Good cause is can be demonstrated under the following circumstances:

- The participant moves to another LDH region. Refer to “Transfers between Regions” section above.
- The SCA is closing.
- There are irreconcilable differences between the SCA and the participant, as verified by RO.

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 FOC Form to select a new SCA, the FOC can be requested for the participant from the DMC by the SC. If RO determines that the participant can select a new SCA, RO will contact the DMC to request a Support Coordination and Release of Information FOC Form.

- DMC will mail the 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 148W (Section III.E. indicating transfer and linkage date) to the Medicaid Systems Database within 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 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 POC, if applicable;
 - BHSF Form 142, Medicaid Notice of Medical Certification;
 - Medicaid Decision Notice;

- Last 6 months of Progress Notes and/or Support Coordination Documentation (SCD);
- Copy of the transfer 148W (Section III.E. indicating transfer and linkage date); and
- Signed and dated Support Coordination Choice and Release of Information Form (Section 5, Transferring Agency).

Transferring SCA will:

- Submit 148W to Medicaid Systems Database.

RO will:

- Process the 148W for transfer in the Medicaid Systems Database.
- Assign the participant to the receiving SCA via the Home and Community Based (HCBS) tab in the OAAS Participant Tracking System (OPTS) in order for the SCA to access/view the participant's information.
 - RO will input the transfer date as the start date for the participant's assignment to the receiving SCA in OPTS.
NOTE: There can be an overlap in the end date for the transferring SCA and the start date for the receiving SCA.

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 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 7 business days of receiving the transfer of records.

During this meeting the receiving SC will:

- Introduce him/herself to the participant.
- Get to know the participant.
- Gather any necessary information.
- Obtain signatures on any SCA specific documents.
- Complete a Change in Status interRAI (iHC) assessment (if there has been a significant change in participant's status).
- Review current POC and approved services with participant.
- Obtain participant signature on POC Revision signature page.

Receiving SC will:

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

Receiving SC supervisor will:

- Review the entire POC Revision, including the Demographic Page, POC Budget and POC Signature Page to ensure it is completed and contains the necessary signature and dates.
- Review the POC budget to ensure all provider names and numbers are entered correctly, as well as units and total cost.

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

- Complete Plan of Care Action Section on the POC with the following:
 - “Date POC Approved”: Actual date that the SC supervisor approves the POC Revision.
 - “POC Revision Begin Date”: Linkage Date from Support Coordination Choice and Release of Information form.
 - “POC Revision End Date: End date appropriate for the POC Revision.
 - “Date POC Packet sent to individual/DSP”: Date that the SC will send 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; and
 - 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; and
- 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 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 receiving Long Term-Personal Care Services (LT-PCS) accepts an Adult Day Health Care (ADHC) Waiver or Community Choices Waiver (CCW) and is linked to ADHC waiver or CCW, the following procedures will be followed.

P-130.3 Procedures

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

SC will:

- Complete the assessment and Plan of Care (POC) according to specific requirements as outlined in this manual, refer to Section H- Assessment/Re-assessment and Section K-Plan of Care (POC).

The LT-PCS iHC assessment may be used in lieu of conducting a new assessment if the following conditions are met:

- The assessment is current (less than 90 days since it was completed).
- The assessment reflects the current status of the individual.
- The assessment needs no changes or corrections.
- The individual meets Nursing Facility Level of Care (NFLOC).
NOTE: If the participant does not meet NFLOC, another assessment must be completed by the SCA.

A new assessment must be completed if any of the above conditions are not met.

- Obtain a back-up staffing plan from the provider to include in the POC packet.
- Submit the POC packet to the SC supervisor.

SC supervisor will:

- Review the POC packet per the process outline in Section K—POC, SC Supervisor Review Process, of this Manual.

If the SC supervisor approves the POC packet, the SC Supervisor will:

- Complete the BHSF Form 142, Medicaid Notice of Medical Certification.
 - The “Waiver Services Effective Date” is the same date that the SC supervisor approves the POC – “Date POC Approved”.
 - The ‘Vendor Payment May Begin Date’ is left blank.
- Email the BHSF Form 142 to the Medicaid Office.
- Upon receipt of the Medicaid Decision Notice (Approval), enter the ‘Vendor Payment May Begin Date’ as the **14th calendar day after receipt of the Decision Notice.**

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

- Submit the following documents to the DMC:
 - Medicaid Decision Notice
 - Form 142
 - POC Demographic Page
 - POC Signature Page
 - Budget Worksheet
 - Flexible Schedule
- Fax or securely email the new provider the following documents:
 - Entire POC (NOT including Budget Worksheet)
 - Form 142
 - Emergency Plan
 - Back-Up Staffing Plan
- If there is a change in providers, contact the old **AND** new providers by phone to inform them of the prospective changes and coordinate service delivery. If there is no change, contact the provider to ensure the provider is aware of the change in program and schedule (if applicable).

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 a 148W discharge form.
- Submit the signed declination form to RO for review.

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. This includes Medicaid behavior health services.

RO will:

- Approve the 148W 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 SPOE/LTC Access Contractor the proposed date of discharge from the waiver (14 calendar days from the date the POC was mailed to SPOE).

SPOE/LTC Access Contractor will:

- Complete a LOCET to determine programmatic eligibility with the Initial Target Criteria (ITC).
- Schedule an iHC assessment and develop a POC for LT-PCS, if the outcome of the LOCET is an approval,
- Send a copy LT-PCS approval packet, containing the POC and FOC to the participant.

Once the participant selects a Direct Service Provider (DSP), the LTC Access Contractor will:

- Send a copy of the POC and the Agreement to Provide Services (APS) to the selected DSP.

NOTE: The DSP has 30 days to complete and return the APS to the LTC Access Contractor.

RO will:

- Notify the DMC and the Medicaid office to close the existing waiver case via the discharge 148W. The “Reason for Discharge:” field in Section IV. A. of the form 148W should indicate that the participant is voluntarily discharging from waiver services to LT-PCS only.
- Email the LTC Medicaid segment end date to the OAAS LTC Access Contract Manager and LTC Access Contractor.

NOTE: Until Medicaid closes the LTC segment, the LTC Access Contractor cannot complete a LOCET for initiation of LT-PCS process.

LTC Access Contractor will:

- Notify the DMC to issue a new PA for LT-PCS only with the previously determined effective date and the PA end date.

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

Following are the procedures for 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 per Service Review Panel (SRP).

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 148W to the Medicaid Systems Database. (Refer to Community Linkages and Notification of Admission, Status Change, or Decertification/Discharge for HCBS Waiver (148-W) Procedures, OAAS-ADM-13-016).
- Contact the participant to schedule the initial visit (Refer to Section G-Initial Visits of this Manual).

NOTE: A new iHC assessment is not required if the iHC assessment has been completed within a 90 day time frame and is reflective of participant's current status.

- Schedule a Plan of Care (POC) meeting (Refer Section K—Plans of Care, Initial POC Development for Individuals Residing in the Community of this Manual).
- Input the POC and required attachments into LASRS® (Refer to LASRS® Electronic Plan of Care (ePOC) Support Coordination User Manual.)
- Approve and submit the POC to route to the Support Coordination Supervisor (SCS) for review and final approval.

SCS will:

- Review the entire POC and attachments listed below to ensure it is complete and all documentation is attached.
 - Responsible Representative form (If applicable);
 - FOCs for all services;
 - All POC pages;
 - CAPs;
 - Budget sheet;
 - Flexible Schedule;
 - Emergency Plan; and
 - Back-up staffing plan (for PAS).
- Review all POC attachments to ensure the pages contain the necessary signatures and dates from the participant, responsible representative (if applicable), and/or provider(s) (Refer to LOC/POC Review Checklist, OAAS-PF-12-008).
- Review the interRAI (iHC) assessment for accuracy and to ensure the individual meets Nursing Facility Level of Care (NFLOC). (Refer to LOC/POC Review Checklist, OAAS-PF-12-008).
- Review the budget sheet and flexible schedule to ensure the budgeted amount is within the allocation for the individual's RUG score for the CCW program.

NOTE: If there is evidence that that the individual is at risk of Nursing Facility institutionalization and MAY need additional supports, refer to Section L-SHARE Exceptions of this Manual.

- Review the budget worksheet to ensure the correct providers, services, # of units and total cost is entered.
- Review the flexible schedule to ensure it reflects the appropriate number of hours for the participant, and the weekly total/units are correct.

If any inconsistencies or concerns are found, the SC supervisor will address with the SC, sending the POC back to the SC for corrections. Once all corrections have been made, the SC supervisor will proceed with approving the POC.

NOTE: If Regional Office (RO) approval is needed, the POC form may be routed to RO by selecting RO form routing.

Once the POC is approvable, the SC supervisor will:

- Complete the BHSF Form 142, Medicaid's Notification of Medical Certification form. (Refer to 142 Instructions, OAAS-ADM-13-017).
- Complete Section III A of the 142 form, indicating:
 - The appropriate Waiver and
 - The Waiver Services Effective Date--the 14th calendar day from the date the SCS approves the POC (exclusive of approval date).
- Submit the Form 142 to the Medicaid Office.

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

- Complete a 148W status change for transfer to the CCW.
- Document the date of receipt on the decision letter.
- Complete Section III C of the 142 form:

- Vendor Payment May Begin – enter the date noted in the decision letter (this will be the same date as noted in Section III A, Waiver Services Effective Date) DO NOT enter a date for Date Completed.
- “POC Begin Date”: Enter the same date as the “Effective Date” on the Form 142.
 - “POC End Date”: Enter the actual day before the POC Begin date for the following year. (Example: POC Begin Date: 8/25/21 & POC End Date: 8/24/22).
 - “Date POC Packet Sent to Individual/DSP”: Enter the date the SC sends the POC to the participant.
- Electronically approve the budget worksheet & flexible schedule.
- Complete appropriate boxes on “Notice of Approval” Section on POC.
- Submit the 148W – Status Change – for the ADHC Waiver-- 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 III A) (if SC supervisor approved).

Once all pages are completed, the SC supervisor will:

- Send the following documents to the DMC:
 - Medicaid Decision Notice
 - Form 142
 - POC Demographic Page
 - POC Signature Page

- Budget Worksheet
- Flexible Schedule

**NOTE: If problems are identified by the DMC, the SC will be notified via the POC database alert system.
NOTE: DMC will cancel the existing waiver effective the same date as the Vendor Payment Date on the Form 142.**

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

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

NOTE: PERS and Home Delivered Meal providers receive the following documents: POC demographic page (page 1); Budget and Form 142.

- Contact the participant and the provider(s) via phone to notify them of the POC approval and ensure receipt of the POC documents.
- Contact the participant within 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.
- Fax and/or email the ADHC provider and if the participant is receiving LT-PCS, the LT-PCS provider, a copy of the 148W (status change).

NOTE: Provider will start delivery of services on the effective date 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 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 6 months of progress notes. If not available, provide documentation of services provided.
- Monthly and quarterly progress summaries.
- Current individualized ADHC Individualized Service Plan (ISP).
- Current ADHC 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 the DMC for prior authorization (PA) at least 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 the DMC.

If there are no other ADHC providers in the participant's commutable area:

The participant will be offered a CCW slot if all of the following criteria is met:

- Funding for non-priority “community” CCW slots is available,
- The participant continues to meet eligibility requirements, and
- There are no other ADHC providers in the commutable region/area.

RO will notify State Office that the above requirements are met.

State Office will request the CCW offer from the DMC.

The DMC e-mails an auto-assigned linkage to the current SCA, RO, and Medicaid Office.

Procedures outlined above in P-150 Adult Day Health Care (ADHC) Waiver to Community Choices Waiver (CCW) Transition should be followed.

If there are no other ADHC providers in the participant’s commutable area and there is no funding for non-priority “community” CCW slots, OAAS will offer a “temporary” CCW offer. The participant will sign an agreement to transfer back to the ADHC waiver should another ADHC open within commutable distance.

RO will:

- Send an ADHC transition letter and agreement form, OAAS-R-21-007, and CCW fact sheet to the participant/legal representative.
- Notify State Office once the signed agreement form is received from the participant/legal representative.
- Maintain a list of all participants transferred from ADHC Waiver to a temporary CCW due to there being no commutable ADHC provider within the region/area.

State Office will contact the DMC to auto assign the participant to a Community Choices Waiver (CCW) offer.

The DMC e-mails an auto-assigned linkage to the 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 148W, which is effective 14 days from the date of the Medicaid decision approval notice for CCW.
- Allow 14 days to begin CCW from ADHC Waiver.
- Coordinate the transfer from LT-PCS to CCW PAS, attentive to whether there is a Direct Service Provider (DSP) change.
 - ADHC Waiver case should not be closed until the new CCW has started.
 - CCW cannot begin until SC completes CCW 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).