Senior & Long Term Care Division
Community Services Bureau

Community First Choice/Personal Assistance Program
Agency Based Policy Manual

Title: **AB-CFC/PAS 412**
Section: **ELIGIBILITY FOR SERVICES**
Subject: **Request to Change Agencies**
Reference:
Supersedes: **AB-CFC/PAS 412 (April 2017)**

DEFINITION

This policy is intended to provide Community First Choice/Personal Assistance Service (CFC/PAS) provider agencies with a protocol to use when a member decides to change CFC/PAS provider agencies.

PROCEDURE

1. Member makes a decision to change provider agencies.
2. Member contacts new provider agency to request services.
3. New provider agency encourages the member to notify the current provider agency of the change request.
4. ➢New provider agency notifies the member of the "Request to Change Agency" policy; which includes the new provider contacting the current provider to coordinate the change.
5. New provider agency contacts the current provider agency and notifies the agency of the member's request to change agencies.
6. Member's current provider agency confirms the change in agency request and name of the new agency with the member, receives approval from the member to share the member's Mountain Pacific Quality Health (MPQH) Service Profile (SLTC-155) with the new agency, and provides the new provider agency with a copy of the member's current Service Profile.
7. New provider agency receives the MPQH Service Profile from the current agency and determines that they are able to admit the new member.
8. New provider agency completes the Referral Form (SLTC-154), completes the "Change in Agency" section; which includes the provider agency name, provider agency representative, and phone number, and faxes the form to MPQH.

9. MPQH contacts the member to confirm the request and notes the date of the change in agency request in the member Overview comments section. MPQH sends the current agency and new agency page 1 of the member's Overview (SLTC-154).
10. New provider agency contacts current provider agency to coordinate the member's transition and ensure continuity of care.
11. New provider agency notifies the current provider agency of intended intake date and the current provider agency confirms the date of the transition with the member.
12. ➢The new provider agency must have a current Person Centered Plan (PCP) form in order to complete the intake visit. For a PCP form to be current, it must have been completed in the last year.
    a. If the provider agency will be the Plan Facilitator, the new provider agency requests a copy of the PCP form (SLTC-200) from the current agency to use as a reference.
        i. The provider agency Plan Facilitator must review the current PCP form and create a new PCP form at the visit.
    b. If the case manager is the Plan Facilitator, the new provider agency contacts the Plan Facilitator, notifies them of the change in agency, requests a copy of the PCP form, and determines the month of the annual coordinated visit.
13. The new provider agency completes the intake visit with the member. The provider agency must complete the intake visit paperwork with the member, as outlined in CFC/PAS 411 and 702.
14. After the intake visit the new provider agency completes the following steps:
    a. Notifies the previous provider agency that the intake is complete;
    b. Submits the Admit form (SLTC-163) to MPQH within ten days of the intake visit; and

c. Provides the member and the member's Plan Facilitator with a copy of the Admit form.

15. MPQH receives the Admit form and updates the member's Service Profile with the new provider agency name. MPQH submits the member's Service Profile to the previous provider agency and the new provider agency.

16. Previous provider agency completes the following steps once they receive the updated profile from MPQH:

    a. Submit the member's Unable to Admit/Discharge form (SLTC-158) to MPQH within ten days of receiving the member's new Service Profile; and

    b. Provide a copy of the member's Unable to Admit/Discharge form to the member and the member's Plan Facilitator.

➢SERVICE BILLING

1. The agency may bill CFC/PAS Medicaid services once the intake has been completed as long as the steps, outlined above, have been completed and documented.

2. The agency must retain page 1 of the member's Overview with the change in agency note (Step 9).

3. The provider agency must submit the Admit form to MPQH within ten days of the intake visit. The submission of the Admit form to MPQH will trigger a new Service Profile with the new agency listed as the CFC/PAS provider agency.