



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE  
Policy Manual**

**Section: SERVICE REQUIREMENTS**

**Subject: Shared Cases**

**PURPOSE**

This policy provides direction to a provider agency when the provider agency is unable to staff the full Community First Choice/Personal Assistance Service (CFC/PAS) authorized hours and needs to share the hours with another provider agency.

**POLICY**

1. If a member's Service Plan cannot be staffed by one provider agency should work to recruit additional personal care attendants to fully serve the member's plan. When the provider agency cannot find additional workers the member and the provider agency may look to a second Medicaid enrolled agency-based provider agency to provide additional attendants to deliver services according to the member's Service Profile. In these case the member. In this case the member will be on CFC/PAS services with shared agencies.
2. The provider agency that staffs the majority of the member's CFC/PAS service hours will be the lead provider agency and the other agency is referred to as the secondary provider agency. If the time is split evenly between the two provider agencies the member must decide which provider agency will be the lead agency.
3. The lead provider agency is responsible for the following:
  - a. Notifying MPQH that there is a shared case and provide MPQH with the name of the secondary provider agency;
  - b. Faxing the MPQH Service Profile and member Service Plan to the secondary provider agency;
  - c. Meeting the requirements for initial visits and 180-day and annual recertification visits;
  - d. Fulfilling the responsibilities of the Plan Facilitator when there is no plan Facilitator, and,
  - e. Completing temporary authorizations and amendment requests.