

G-4 Transferring case files or services to another agency or service provider

Families can choose to change a service provider any time they feel it would be appropriate. If a family wants to change a service provider of Consultative Clinical and Therapeutic Services (Autism Specialist) the family must contact the Autism Program Manager to make that request. For other service providers such as IIS, PST, Respite and/or Family Adjustment Counseling the family must inform the Autism Specialist.

Process for transferring cases:

Assuming appropriate releases of information are in place:

- a. The sending Autism Specialist will contact the receiving Autism Specialist. To ensure uninterrupted services, discussions must include 1) type of services provided, 2) what will be the end date of services for the sending Autism Specialist and 3) what will be the start date of services for the receiving Autism Specialist.
- b. Once the dates have been determined each Autism Specialist will send the appropriate forms to their local SRS office (3161-sending Autism Specialist to close their case and 3161-receiving Autism Specialist to open their case).
- c. If a child or family chooses to change their Autism Specialist or service provider, they must secure services by a qualified, eligible provider within thirty (30) days of closing their case or ending services with their current provider. The parent and/or current Autism Specialist must advise the Autism Program Manager of case closure or transfer.
- d. When a request has been made by the family to change their Autism Specialist provider and another Autism Specialist provider has accepted the HCBS Autism case, all documentation including, but not limited to, will be sent from the sending Autism Specialist within two (2) weeks of the date of notification of transfer to the receiving Autism Specialist:
 - i. IBP/POC for the past 12 months (AW-004)
 - ii. Interventions that have been put in place
 - iii. All original Vineland II protocols (keep a copy for your files)
 - iv. All Notice of Actions for the past 12 months. (AW-007)
 - v. Current Choice Form for HCBS (AW-001)
 - vi. Current release of Information Form (AW-002)
 - vii. Current service provider selection form (AW-003)
 - viii. Copy of the initial ES-3160 form
 - ix. All ES-3161 forms for the past 12 months
 - x. Progress and program logs/notes for the last 3 months, QA will need documentation that reflects implementation of goals and strategies identified in the current IBP/POC.

- e. If the receiving Autism Specialist does not receive the above mentioned information within two weeks of receiving a release of information form from the child/parent(s)/guardian then the receiving Autism Specialist should be informing the Program Manager.

(The Autism Specialist documentation should reflect the Autism Specialist efforts in obtaining the required documentation).

- f. When a service provider of other services such as IIS, PST, Respite and/or Family Adjustment Counseling is changed, the Autism Specialist is responsible for ensuring the electronic Plan of Care is updated with current provider numbers so providers can be paid.

G-5 Service Discharge

The following are codes for Autism Waiver service discharge:

1. Death of child
2. Child and/or family moved out of state. If they move within the state but out of the Autism Specialist service area, the child's case remains open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved
3. Child or family chose to terminate services, including revoking release of information
4. Family or informal support will provide the level and/or intensity of services needed
5. Child no longer meets financial eligibility (loss of Medicaid eligibility)
6. Child no longer meets Autism functional eligibility criteria at annual re-evaluation
7. Lack of cooperation to the point that the child and/or family substantially interfere with the provider's ability to provide services, (e.g., inability to get along with providers or inappropriate child and/or family behaviors). All other options (i.e., training, counseling, etc.) must be explored prior to termination of services.
8. Family failed or refused to sign or abide by the plan of care.
9. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indication no forwarding address).

CASE FILE MANAGEMENT

- 10 If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.

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