

Date: June 15, 2009

To: TCM – PD Agency Directors

From: Candace M. Cobb
HCBS/PD Waiver Program Manager

RE: TCM Agency Transfers of Consumers Policy

Effective July 1, 2009, when a consumer, or guardian on the consumer's behalf, chooses to transfer from one Targeted Case Management (TCM) agency to another, the following steps shall be followed:

1. The consumer will contact the current Targeted Case Management (TCM) agency to notify the agency of the decision to change agencies.
2. If the consumer contacts the “receiving” agency, (the agency to which they wish to transfer), instead of the current TCM agency, (the agency from which they wish to transfer), the consumer will be advised to contact the current TCM agency. If the consumer states an inability to make contact, or if the consumer does not wish to have any contact with the current TCM agency, the receiving TCM agency shall contact the consumer's current TCM agency on the consumer's behalf. The receiving TCM agency will inform the agency of the consumer's wishes, and request that a TCM agency choice form, a release of information, and a self-addressed, stamped envelope be sent to the consumer. As a professional courtesy, when possible, the consumer's current TCM agency may email the receiving agency to inform that agency the forms have been sent to the consumer.
3. Once the request is made, the current TCM agency, in a one-time contact (within 3 business days, shall discuss with the consumer the reason(s) for requesting the transfer. If the current TCM agency cannot reach the consumer by telephone, the agency may send a one-time written contact regarding the consumer's TCM agency transfer in addition to the Notice of Action (NOA) discussed in item 7.
4. The current TCM agency will send the consumer a TCM agency choice form, a release of information, and a self-addressed, stamped envelope. This information will be postmarked within three business days of the request made in either #1 or in #3.

5. The consumer will indicate the choice of TCM agency, and sign a release of information upon which the consumer will indicate the agency with which the current agency can share information. The consumer shall sign and date both forms, and return both forms to their current agency in the agency's self-addressed, stamped envelope or by hand-delivery.
6. The only additional, unsolicited contact regarding Targeted Case Management initiated by the agency which the consumer is transferring from shall be the final Notice of Action (NOA).
7. If the consumer requests follow-up in order for the current agency to share information regarding the transfer, then additional contact may be made after the NOA has been sent.
8. Once the signed TCM agency choice form and the release are returned to the current TCM agency, the current TCM will contact the receiving TCM agency. The current TCM agency will fax, within 72 hours (3 business days) of receipt of the *signed* agency choice form and the *signed* release of information from the consumer, copies of the most current Plan of Care(s) (POC) and Attendant Care Worksheet(s) (ACW). Also faxed at that time shall be the consumer-signed forms: the TCM agency choice form and the release of information.
9. The current agency will submit a 3161 to the consumer's Medicaid eligibility worker stating the date of last TCM affiliation with the consumer. The current TCM shall write on the 3161, "TCM AGENCY TRANSFER ONLY."
10. A Termination Form is NOT to be sent to the HCBS/PD Program Manager.
11. Both the current TCM agency and the receiving TCM agency will communicate by email with SRS/DBHS/CSS Plan of Care Approver to relate transfer information including the end date of affiliation with the current agency and the start date of affiliation with the receiving agency.
12. The receiving TCM agency will submit a 3161 to the consumer's Medicaid Eligibility worker with the start date of that TCM agency's affiliation with the consumer. The start date (the date negotiated with the consumer and agreed upon by both agencies) is to be the date immediately following the current agency's end date. The receiving TCM will write on the 3161, "TRANSFER TO _____." ***There should be no interruption of HCBS services for the consumer.***
13. Both the current TCM agency and the receiving TCM agency shall each submit an MMIS POC reflecting the end date/start date information contained in item 12 to the SRS/DBHS/CSS Plan of Care approver for MMIS approval.

15. All case information for *at least* the past year from the date the consumer signed the agency choice form indicating the choice to transfer, shall be forwarded (mailed, emailed, faxed, or hand-delivered) to the receiving agency within 10 business days, (two business weeks). Case information is not limited to, but shall include the following as applicable:
 - a. all Plans of Care (POC)
 - b. Uniform Assessment Instrument(s) (UAI)s
 - c. Threshold Guides
 - d. Attendant Care Worksheet(s) (ACWs)
 - e. choice forms (including the Age 65 Choice Form)
 - f. releases of information
 - g. any HCBS/PD Waiver QA Summary information
 - h. Physician/RN Statement(s) (if applicable)
 - i. any Cost Cap/Assistive Services Request(s)
 - j. DPOA/Guardianship documents (if applicable)
 - k. any statements of kennel care (if applicable)
 - l. any 3161s, including the most recent one
 - m. copies of the past year's case narratives,
 - n. a copy of the Current Agency Checklist for Consumer Transfer .

16. Closed or transferred case files are to be kept by agencies for five (5) state fiscal years.