



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

**COMMUNITY FIRST CHOICE
Policy Manual**

Section: ELIGIBILITY FOR SERVICES

Subject: Switch in Option

DEFINITION

This policy is designed to provide a standard protocol for provider agencies to use when a member decides to switch program option. There are two types of program options in the Community First Choice/Personal Assistance Service (CFC/PAS) program: self-directed (SD) and agency-based (AB).

**PROCEDURE:
SWITCH FROM
AB TO SD**

When a member switches from the AB service option to the SD service option the AB provider and SD provider must communicate and work together to ensure a smooth transition. The following steps must be performed regardless of whether the member switches options and stays with the same agency or change to a new agency to switch program option.

1. SD provider agency receives a request from the member/Personal Representative (PR) asking to change from AB to SD service option.
2. ➤SD provider agency provides information to the member/PR on the SD program option and the agency hiring policy. SD agency discusses the member's CFC/PAS care needs and determines if the member is able to find workers to staff their CFC/PAS services and is appropriate to switch to SD services.

NOTE: The SD provider cannot initiate services and complete an intake until they have received the SD Service Profile from MPQH (see number 10 and 11).

3. ➤SD provider agency notifies the member of the "Switch in Option" policy; which includes the SD provider contacting the AB provider to coordinate the switch.
4. ➤SD provider agency contacts the AB provider agency and notifies the agency of the member's request to switch program option.
5. ➤Member's current AB provider confirms the switch in option request and the name of the new agency (when applicable) with the member.

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6. ➤SD provider agency requests information from the member on their personal care attendants (PCA) and begins processing the member's PCA hiring paperwork.

NOTE: The SD provider agency should not submit a referral to MPQH for a switch in option until they have determined that they can complete an intake and begin serving the member (see number 11).

7. SD provider agency must fax the Referral form (SLTC-154) to MPQH and mark the "Change in Option" box to request the change in option.

8. ➤MPQH makes a note on the current AB Overview/Referral that a Change in Option has been received by the SD agency. MPQH sends the updated AB Overview to the current AB provider.

- a. AB provider must contact the SD provider if communication and coordination has not previously been established for the member to switch option.

9. MPQH enters new referral under the SD option.

- a. MPQH nurse coordinator completes the capacity addendum for CFC/PAS services and completes a review of the Service Profile to determine whether the change in option will impact the member's service authorization.

- i. If member/PR meets capacity, the MPQH nurse enters the capacity and SD service authorization and a new SD Service Profile is completed and forwarded to the SD agency.

- ii. MPQH will assess the member for Health Maintenance Activities (HMA). If the member requests HMA the MPQH nurse will adjust them to the SD Service Profile.

- b. If the capacity addendum determines the member/PR does not meet capacity, a referral is made to the referring SD agency for follow-up education and CFC/PAS services continue through the AB option.

- i. ➤MPQH will repeat the capacity screen after the SD provider agency provides education about the SD program. If the member/PR meets capacity, the new SD Service Profile is sent to the SD agency. If the

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member/PR does not meet capacity, MPQH will send a note to the SD agency.

10. ➤ SD provider agency receives the SD Service Profile and Capacity assessment from MPQH.
11. ➤ SD provider agency intake must be completed within ten working days of receiving the MPQH Service Profile.
12. ➤ SD provider agency notifies the AB provider agency of intended intake date and the AB provider agency confirms the date of the transition with the member.
13. ➤ SD provider agency must have a current Person Centered Plan (PCP) form in order to complete the SD intake visit.
 - a. ➤ If the provider agency will be the Plan Facilitator, the SD provider agency requests a copy of the PCP form (SLTC-200) from the AB provider agency. The SD provider agency Plan Facilitator must create a new PCP form at the intake visit (Refer to CFC/PAS 1112).
 - b. If a case manager is the Plan Facilitator, the SD provider agency contacts the Plan Facilitator, notifies them of the switch in option, requests a copy of the PCP form, and determines the month of the annual coordinated visit.

NOTE: If the case manager is the Plan Facilitator, the Plan Facilitator does not need to complete a new PCP form when there is a switch in option.
14. ➤ SD provider agency must have a plan in place with the member to obtain the Health Care Professional (HCP) Authorization (SLTC-160) prior to the intake visit. The HCP Authorization must correspond to the SD Service Profile.
15. ➤ SD provider agency completes the intake visit with the member and completes the intake visit paperwork (Refer to SD CFC/PAS 411 and 702).
 - a. Once the SD intake visit has been completed the member is no longer eligible to receive AB services.
 - b. The agency intake must be completed within ten working days of receiving the MPQH SD Service Profile. If the SD provider agency is unable to complete an intake visit within 10 days, the

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SD provider agency must submit the Unable to Admit/Discharge form (SLTC-158) to MPQH, select "Unable to Admit", and notify the AB provider agency that the member will not be switching options.

16. ➤After the SD intake visit, the SD provider agency completes the following steps:
 - a. Notifies the AB provider agency that the SD 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.

17. ➤After the SD intake visit the AB provider agency completes the following steps:
 - a. Confirms the date of the SD intake visit with SD agency;
 - b. Submits the Unable to Admit/Discharge form (SLTC-158) to MPQH within ten days of the member's SD intake visit; and
 - c. Provides a copy of the member's Unable to Admit/Discharge form to the member and the member's Plan Facilitator.

NOTE: The AB provider agency must submit the Unable to Admit/Discharge form to MPQH to indicate the member discharge from AB services, regardless of whether the agency continues to serve the member under SD services.

**PROCEDURE:
SWITCH FROM
SD TO AB**

When a member switches from the SD service option to the AB service option the SD provider and AB provider must communicate and work together to ensure a smooth transition. The following steps must be performed regardless of whether the member switches option with the same agency or changes to a new agency to switch program option.

1. AB provider agency receives a request from the member/Personal Representative (PR) asking to change from SD to AB service option.

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2. ➤ AB provider agency provides information to the member/PR on the AB program option and availability of PCA. AB provider agency discusses the member's CFC/PAS care needs and determines if agency is able to find workers to staff their CFC/PAS services and switch the member to AB CFC/PAS services.
 - a. SD Health Maintenance Activities (HMA) cannot be delivered under the AB option. If the member has SD HMA authorized on the MPQH Service Profile, the AB provider agency should discuss the transition of these services, either through informal support or waiver, prior to completing the switch in option referral.

NOTE: The AB provider cannot initiate services and complete an intake until they have received the AB Service Profile from MPQH (see number 10 and 11).

3. ➤ AB provider agency notifies the member of the "Switch in Option" policy; which includes the AB provider contacting the SD provider to coordinate the switch.
4. ➤ AB provider agency contacts the SD provider agency and notifies the agency of the member's request to switch program option.
5. ➤ Member's current SD provider confirms the switch in option request and name of the new agency with the member.
6. ➤ AB provider agency determines they have the personal care attendants (PCA) to meet the members CFC/PAS service needs.

NOTE: The AB provider agency should not submit a referral to MPQH for a switch in option until they have determined that they can complete an intake and begin serving the member (see number 11).

7. ➤ AB provider agency must fax the Referral/Overview form (SLTC-154) to MPQH and mark the "Change in Option" box to request the change in option.
8. ➤ MPQH makes a note on the current SD Referral/Overview that a Change in Option request has been received by the AB agency. MPQH sends the updated SD Referral/Overview to the current SD provider.

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- a. SD provider must contact the AB provider, if communication has not previously been established, to coordinate the member switch in option.
9. ➤MPQH enters new referral under the AB option.
 - a. MPQH contacts the member to confirm the request to change options and updates the Service Profile to remove any SD Health Maintenance tasks from the member's service authorization.
 - b. MPQH updates the Service Profile with the AB service option and AB provider agency and faxes the new Service Profile to the AB provider agency.
10. ➤ AB provider agency receives the AB Service Profile from MPQH.
11. ➤AB provider agency intake must be completed within ten working days of receiving the MPQH Service Profile.
12. ➤AB provider agency notifies the SD provider agency of intended intake date and the SD provider agency confirms the date of the transition with the member.
13. ➤AB provider agency must have a current PCP form in order to complete the AB intake visit.
 - a. ➤If the provider agency will be the Plan Facilitator, the AB provider agency requests a copy of the PCP form (SLTC-200) from the SD provider agency. The new AB provider agency Plan Facilitator must create a new PCP form at the intake visit (Refer to CFC/PAS 1112).
 - b. If a case manager is the Plan Facilitator, the AB provider agency contacts the Plan Facilitator, notifies them of switch in option, requests a copy of the PCP form, and determines the month of the annual coordinated visit.

NOTE: If the case manager is the Plan Facilitator, the Plan Facilitator does not need to complete a new PCP form when there is a switch in option.
14. ➤AB provider agency completes the intake visit with the member. The provider agency must complete the intake visit paperwork with the member (Refer to CFC/PAS 411 and 702).

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- a. Once the AB intake visit has been completed the member is no longer eligible to receive SD services.
 - b. The agency intake must be completed within ten working days of receiving the MPQH AB Service Profile. If the AB provider agency is unable to complete an intake visit within 10 days, the AB provider agency must submit the Unable to Admit/Discharge form (SLTC-158) to MPQH, select "Unable to Admit", and notify the SD provider agency that the member will not be switching options.
15. ➤After the AB intake visit, the AB provider agency completes the following steps:
- a. Notifies the SD provider agency that the AB intake is complete within 48 hours;
 - 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.
16. ➤SD provider agency completes the following steps once the AB intake has occurred:
- a. Confirms the date of the intake visit with the AB agency;
 - b. Submits the Unable to Admit/Discharge form (SLTC-158) to MPQH within ten days of the member's AB intake visit; and
 - c. Provides a copy of the member's Unable to Admit/Discharge form to the member and the member's Plan Facilitator.

NOTE: The SD provider agency must submit the Unable to Admit/Discharge form to MPQH to indicate the member discharge from SD services, regardless of whether the agency continues to serve the member under AB services.