



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

**COMMUNITY FIRST CHOICE
Policy Manual**

**Section: CFC/PAS Person Centered
Planning**

**Subject: Plan Facilitator Change: Intake to
Waiver/Case Management,
Switch in Agency, and Waiver
Discharge**

PURPOSE:

When a member is on Community First Choice/Personal Assistance Services (CFC/PAS) and the Plan Facilitator changes, a transition to the new Plan Facilitator must occur. This may happen as a result of the following:

1. **Member enrolls in case management:** This could be triggered by enrollment to a waiver or DD case management. The case manager becomes the new Plan Facilitator.
2. **Member switches agency:** The new agency would become the Plan Facilitator.
3. **Member discharges from waiver services and remains on CFC/PAS.**

PROCEDURE:

Scenario One:

Intake to Waiver– Case Manager becomes the new Plan Facilitator:

1. Case Manager enrolls a member on their caseload.
2. Case manager contacts MPQH to determine if the member is receiving CFC/PAS and identify the member's CFC/PAS provider agency.
3. If the member is receiving CFC/PAS the case manager proceeds with steps below:

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- a. Case manager becomes the member's new Plan Facilitator. The current Plan Facilitator is the CFC/PAS provider agency.
- b. Case manager contacts the current Plan Facilitator (i.e. provider agency) and notifies him/her that the member has a new Plan Facilitator.
- c. Current Plan Facilitator confirms the change in Plan Facilitator (i.e., waiver admit) with the member.
- d. Current Plan Facilitator sends a copy of the Person Centered Planning (PCP) form (SLTC-200) and CFC/PAS Service Plan (SLTC-170/175) to the new Plan Facilitator.
- e. CFC/PAS provider agency and the new Plan Facilitator (case manager) coordinate a transition of the Plan Facilitator role and PCP form.
- f. Since the member is already on CFC/PAS services, the new Plan Facilitator does NOT need to send the CFC/PAS handbook.
- g. The provider agency and Plan Facilitator have two options for completing the transition of the PCP form. The Case Manager Plan Facilitator should contact the member to discuss the options and obtain the member's preference.

Note: The provider agency and Plan Facilitator should document the member's preference for the option that is selected prior to implementing that option.

- i. Option 1: The member, provider and Case Manager Plan Facilitator have the option of updating the member's CFC/PAS PCP form and coordinated the PCP transition as part of the

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member's intake to case management and waiver services.

The coordinated visit will occur at the location determined appropriate by the case manager and member. The case manager is responsible for contacting the appropriate individuals to have at the meeting.

- ii. Option 2: The member, provider and Case Manager Plan Facilitator have the option of coordinating the CFC/PAS PCP form and PCP transition over the phone. The Case Manager Plan Facilitator must complete the PCP form during the waiver intake visit. The Case Manager Plan Facilitator must obtain the appropriate signatures and distribute the plan within 30 days of the member intake to waiver/case management. A coordinated CFC/PAS PCP visit must occur within six months of the member intake to waiver services. This can be done at the member's next case management visit.
4. The new Plan Facilitator (case manager) must review the current PCP form with the member during the waiver/case management intake visit and complete an updated PCP form with the new Plan Facilitator's signature.
 5. The new PCP form may require an amendment to the CFC/PAS Service Plan. The CFC/PAS agency can do this over the phone or in-person. The CFC/PAS agency may choose to conduct an in-person visit to complete the Recertification Form (SLTC-210) and CFC/PAS Service Plan (SLTC-170/175) as part of the Plan Facilitator transition.
 6. Once the intake to waiver/case management is complete the Case Manger is officially the member's Plan Facilitator. The CFC/PAS provider is no longer the Plan Facilitator.

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7. The annual CFC/PAS person centered planning meeting schedule will be based on the case management intake visit.
8. Case Manager Plan Facilitator submits waiver intake notification to MPQH and MPQH sends an updated overview/profile with case manager listed as the Plan Facilitator.

**Scenario Two:
Member Switches CFC/PAS Agency**

1. The new agency notifies the current CFC/PAS agency that the member intends to switch agencies.
2. Current Plan Facilitator confirms change to new Plan Facilitator (switch in agency) with the member.
3. Current Plan Facilitator receives a signed release form from the member and sends a copy of the PCP form to the new Plan Facilitator (new agency).
4. New Plan Facilitator must review the PCP form with the member during the new Plan Facilitator's intake visit and complete an updated PCP form with the new Plan Facilitator's signature.
5. The current provider agency submits the Unable to Admit/Discharge form (SLTC-158) to MPQH and closes the member file.
6. The new Plan Facilitator and new CFC/PAS provider agency complete a new intake according to CFC/PAS member intake requirements.

Scenario 3:

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Member discharges from waiver services and remains on CFC/PAS

1. Current Case Manager Plan Facilitator notifies the CFC/PAS agency that the member will be discharged.
2. Current Case Manager Plan Facilitator notifies MPQH that the member will be discharged.
3. Current Case Manager Plan Facilitator sends a copy of the PCP form to the new Plan Facilitator (CFC/PAS agency).
4. New Plan Facilitator must review the current PCP form with the member and complete a new PCP form with the new Plan Facilitator's signature.
5. The new PCP form must be completed within 10 working days of the member's discharge from waiver.
6. The new PCP form can be done in the member's home or over the phone based on member preference.
7. If the updated plan is completed over the phone the Plan Facilitator must obtain a copy with the member's signature within 30 working days.