



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

**COMMUNITY FIRST CHOICE
Policy Manual**

Section: ELIGIBILITY FOR SERVICES

Subject: Request to Change Agencies

PURPOSE

This policy is intended to provide Self Directed (SD) Community First Choice/Personal Assistance Services (CFC/PAS) agencies with a protocol to use when a member decides to change CFC/PAS service providers.

PROCEDURE

1. Member makes a decision to change agencies.
2. Member contacts new agency to request services.
3. New agency completes the Referral form (SLTC-154), completes the "Change in Agency" section, which includes the agency name, agency representative, and phone number, and faxes the form to Mountain Pacific Quality Health (MPQH).
4. New agency notifies current agency of member request to change agencies.
5. MPQH forwards member's current Overview and Service Profile to new agency and enters change of agency and reason into database.
6. New agency contacts previous agency to coordinate the member's transition
7. Person Centered Plan (PCP) form: The provider agency must have a current PCP form in order to complete the CFC/PAS intake.
 - a. If the provider agency will be the plan facilitator, the new agency requests a copy of the PCP form (SLTC-200) from the previous agency.
 - i. The provider agency must complete an intake visit with the Plan Facilitator, member and Personal Representative (PR), when applicable, as outlined in SD-CFC/PAS 411. The agency Plan Facilitator must review the current PCP form and create a new PCP form at the visit.
 - b. If the case manager is the Plan Facilitator, the new agency

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contacts the case manager, notifies them of the change in agency, requests a copy of the PCP form, and determines the month of the annual coordinated person centered planning meeting.

- i. The provider agency oversight staff must complete an intake visit with the member and PR, when applicable, as outlined in SD-CFC/PAS 411.