



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

**BIG SKY WAIVER  
Policy Manual**

**Section: PERSON  
CENTERED PLANNING**

**Subject: Case Manager Plan Facilitator Role  
When Member Changes CFC/PAS  
Provider Agency**

**PURPOSE**

When a member on Community First Choice/Personal Assistance Services (CFC/PAS) has a Case Manager (CM) for their Plan Facilitator and elects to change CFC/PAS provider agencies the Plan Facilitator is responsible for sharing the member's Person Centered Plan (PCP) Form (SLTC-200) with the new CFC/PAS provider to ensure continuity of planning and service delivery.

**PROCEDURE**

The following process should be followed by a CM Plan Facilitator when a member switches CFC/PAS provider agencies.

1. Member makes a decision to change provider agencies or an agency is no longer able to serve the member.
2. Member contacts new CFC/PAS provider agency to request services.
3. ➤ New CFC/PAS provider agency completes the steps outlined in CFC/PAS 412 and submits a Referral Form (SLTC-154) to Mountain Pacific Quality Health (MPQH).
4. ➤ MPQH contacts the member to confirm the request and notes the date of the request on the member's Referral/Overview.
5. New CFC/PAS provider agency contacts the CM Plan Facilitator, notifies them of the change in agency, requests a copy of the current PCP Form, and determines the month of the

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case manager's annual coordinated person centered planning meeting.

6. New CFC/PAS provider agency completes an intake visit with the member and completes a new Service Plan (SLTC-170/175). The CFC/PAS Service Plan must be signed by the member, provider, and CM Plan Facilitator. The CM Plan Facilitator is not required to be present at the provider agency's intake visit.
  - a. If the CM Plan Facilitator is not present at the agency's intake visit, the provider agency must obtain the Plan Facilitator's signature and distribute copies of the CFC/PAS Service Plan within 30 days.
  - b. If the CM Plan Facilitator is present at the agency's intake visit, the Plan Facilitator may sign the Service Plan during the visit.
7. ➤After the new CFC/PAS provider completes the intake visit the new provider agency submits the Admit form (SLTC-163) to MPQH, the CM Plan Facilitator and the member.
8. ➤MPQH receives the Admit form and updates the member's Service Profile with the new provider agency name.
9. ➤Previous provider agency submits the Unable to Admit/Discharge form (SLTC-158) to MPQH, the CM Plan Facilitator and the member,