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

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,