

DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING SERVICES (DoAS)

Subject: Participant Record Transfer Protocols

Policy: To establish the process for participants to continue receiving services in the GO program or the JACC program when a participant record(s) is transferred between Care Management Agencies.

PROCEDURES:

1. A Care Management Agency (CMA) is responsible for notifying the DoAS County Liaison of a request to transfer cases 30 calendar days in advance of the anticipated transfer date.
2. The transfer request must be in writing and specify the following information
 - Reason for transfer request
 - Requested transfer date
 - Number of participants included in the request
 - Placement settings and the number of participants in each setting
3. The Sending CMA is responsible for continued service until the receiving Care Manager has conducted a face-to-face assessment and developed an individualized Plan of Care, including signatures of participant, participant's designee or Authorized Representative, and services have been authorized or initiated in accordance with the participant's new plan of care.
4. The Receiving CMA is determined by DoAS' County Liaison, in consultation with the Regional Office of Community Choice Options OCCO if necessary, prior to the transfer date.
5. Before the participant record(s) is transferred to the new Care Management Agency(ies) (CMA), the Sending CMA Supervisor, must:
 - Assure that all forms in participant file are current (e.g. Plan of Care, Level of Care Re-evaluation, Need-Based Care Allocation Tool, AL/AFC Cost Share Worksheet, JACC Co-Pay Worksheet). Assure that a final contact with the participant for the month of transfer is completed and documented in the WPA-3 Monitoring Record.
 - Prepare copies of participant file to send to receiving care management site including all forms used in the enrollment process: NJChoice Assessment, Proof of Financial Eligibility, Plan of Care, Release of Information, Choice of Care, Agreement of Understanding, Monitoring Record notes of the past year, Service Cost Record, Level of Care Reevaluation, NBCAT, PEP documentation, and any additional information that would impact ongoing care management activity.
 - **A Participant Transfer Cover Sheet** shall be included as the front page in every record to be transferred for easy access by the receiving Care

Manager. The Participant Transfer Cover Sheet shall include information such as: participant contact information (Name, address, phone), emergency contact information (name and phone), and whether the case is categorized as High Risk in the HCBS Database. The Participant Transfer Cover Sheet to be used is attached for reference.

Note: The original record shall be retained by the Sending CMA.

- At this time, State Record Retention requirements stipulate that all supporting documents, statistical records, and other recipient records shall be retained for five years from the date of termination or transfer by the care management site. These records may be retained on microfiche.
 - Once advised by the DoAS County Liaison, of which CM agency(ies) is to receive the transfer(s), contact receiving Care Coordinator/Care Management Supervisor to conference transfer cases who are categorized as Critical in the High Risk Status of the HCBS Database. At a minimum, for those participants, the following will be discussed during a CM case conference between the Sending and the Receiving CM Agencies:
 - Participant's current functional/physical/mental status;
 - Current services;
 - Any unmet needs and any plans in development at time of transfer;
 - Any risk factors and back-up plans in place at time of transfer;
 - Contact information for providers involved with care of participant;
 - Existing informal supports (names and contact information);
 - The Receiving CMA shall ensure seamless service transition by arranging new services or providers, as warranted, for those participants.
 - Send a copy of all Participant Transfer Cover Sheets, via fax, to the applicable Regional Office(s) of Community Choice Options (OCCO). For record transfers, the program enrollment date and the Medicaid Number are not affected by an assignment to a new care management agency.
 - Update the participant(s) information in the HCBS website, as applicable.
 - For example, if different service providers need to be put in place the current providers will have to be notified of the date to stop services and their ISAs will need to be closed out. However, if service providers will remain the same, there is no need to close out those ISAs.
 - Once all updates are made to each individual's HCBS record, in each participant's Client View Tab, enter the name of the County of Supervision, if different; and enter the new Sub-County (designated care management agency) to ensure access to this record.
- Please note: When the Receiving CMA is entered into the HCBS Database, the Sending CMA will no longer be able to view that client record.
- Notify the participant of the new CMA and the official date of transfer. Again, the sending CMA shall have a final contact with the participant(s) and document such in the participant file(s).

6. Within one week of case transfer(s), unless hand-carried with signed acknowledgement of receipt, the Sending CMA contacts the Receiving CMA to ensure that all information was obtained.

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7. The Receiving CMA Care Coordinator/CM Supervisor:
 - Reviews participant file upon receipt and
 - Assigns any cases, which are categorized as High Risk, for priority attention; contact is to be made within 24 hours if case is considered Critical.
 - Assigns all cases to a Care Manager.
8. The Care Manager:
 - Reviews hard copy case file and HCBS Database records;
 - Contacts the participant(s) within three business days of receiving the case transfer, and arranges a Home Visit to occur within 7 business days of transfer receiving the case;
 - Contacts current providers, within three days of transfer receiving the case, to ensure continuation of services;
 - Within 30 calendar days from transfer, completes new Plan of Care with participant/caregiver, including signature of participant/participant's designee or Authorized Representative.

9. ASSISTED LIVING

Transfer of a GO participant's record between care management agencies, when the participant is *remaining* in the same Assisted Living Residence (ALR) or Comprehensive Personal Care Home (CPCH) is straightforward with little change occurring for the facility or the participant.

Transfer of records, however, for a GO participant who is *relocating* from one ALR/CPCH to another ALR/CPCH has several other considerations, especially if the relocation/transfer is occurring mid-month.

Room and Board:

- GO participants are required to pay Room and Board (fixed rate by State) to the AL/CPCH provider at the beginning of each month. If a participant transfers on the 1st of the next month to a new ALR/CPCH facility, then the full amount of the Room and Board for that new month is paid to the receiving AL provider.
- However, if the transfer occurs at any time after the first of the month the AL facility must refund the Room and Board fee minus any Room and Board costs for the days that the participant had resided at the facility. The refund is made to the participant so that he/she will have funds to pay Room and Board at the new AL facility. The GO Care Manager is responsible to remind the AL facility that is discharging the participant mid-month that the balance of that month's Room and Board funds have to be surrendered to the participant, or the participant's representative, prorated by the days he/she resided in the facility.

Cost Share:

- Participants who have income that exceeds the Room and Board and Personal Needs Allowance are required to pay this excess income to the facility as Cost Share. Cost Share reduces Medicaid's payment and is deducted from the invoice that the AL facility submits to Medicaid for

payment of services outlined in the Plan of Care. Cost Share is based on the participant's monthly income minus Room and Board, Personal Needs Allowance and any Allowable Deductions. The Cost Share amount is calculated on the Cost Share Worksheet prepared by the Care Manager.

- If the participant transfers to a different AL facility then the Cost Share is prorated based on the amount of days that the participant resided in the sending facility and the amount of the Cost Share. The Cost Share varies for each GO participant. To determine the amount that the provider must reimburse the participant so that he/she can pay the receiving AL facility, the total monthly Cost Share amount is divided by the per diem rate at the type of facility (\$60 for CPCH and \$70 for ALR). For example, if the individual has a \$140.00 cost share and resides in the transferring county's ALR facility then that would cover 2 days of cost share. If he/she transfers on the 4th day of the month then the AL provider keeps that cost share and the participant would not have a cost share at the new site for the month of transfer.
- The receiving Care Manager must complete a new Cost Share Worksheet immediately upon the receipt of the case and submit to the new facility. It is important that the Cost Share Worksheet be completed and submitted to the AL facility as this will enable them to correctly bill Medicaid for services rendered that month.

Plan of Care (AL General Service Plan):

- The Sending Care Manager must include a current and completed Plan of Care (AL General Service Plan) in the file to the Receiving Care Management site.
- The Receiving Care Management Agency must authorize a new plan of care (AL General Service Plan) for the participant at a new facility.
- The Plan of Care is an agreement to ensure that the health and related needs of the participant are clearly identified, addressed and reassessed. It should also document the services necessary to meet the identified needs, informal supports and participant's personal goals. To determine this, the receiving Care Management site must visit the participant to evaluate them so that ADL and IADL needs are identified.
- The Plan of Care (AL General Service Plan) for a new AL facility should be completed, and services authorized, by the receiving Care Manager within 14 days of receiving the case from the sending Care Management site.
- The new Plan of Care (AL General Service Plan) must be signed by the Participant, the Assisted Living Administrator/Representative and the Care Manager and retained in the participant's file at the Care Management site, AL facility and given to the participant or his representative.

Additionally, the Receiving Care Manager for transferred participants in AL/CPCH facilities is also responsible for:

- Contacting the participant's Managed Care Organization (MCO) by, at a minimum, submitting an updated Service Coordination Form (ACS-30).
- Updating HCBS Database as necessary.

10. The initial care management fee (\$200), typically due upon enrollment of the GO or JACC programs, is not available to Receiving CMA for transfer cases of individuals, unless for some reason the case was never opened and never billed by the initial care management agency to whom it was assigned. Billing for transfer cases is to be processed similar to admission and discharge dates of Medicaid-reimbursed care facilities whereby the Sending CMA shall not bill for the month the client was 'discharged' from their care management services and the Receiving CMA will bill the monthly rate of \$95 for the month of transfer because they 'admitted' the participant to their agency for care management services.
11. For those individuals who are enrolled in the Jersey Assistance for Community Caregiving program and being transferred to another care management agency, the Receiving CMA continues to service the client on the program, through their current JACC County Allocation, even if there is a JACC Waiting List in the receiving county.

PARTICIPANT RECORD TRANSFER COVER SHEET

PARTICIPANT NAME: _____ DOB: _____

PROGRAM: Global Options for Long-Term Care DATE OF TRANSFER: _____
 Jersey Assistance for Community Caregiving

MEDICAID/JACC# _____ SOCIAL SECURITY #: _____

RESIDENTIAL SETTING: Private Residence AFC ALR CPCH ALP Class B Boarding Home

ADDRESS CHANGE: Yes No

OLD ADDRESS: _____ COUNTY: _____

NEW/CURRENT ADDRESS: _____ COUNTY: _____

PARTICIPANT PHONE #: _____

EMERGENCY CONTACT PERSON/PHONE #: _____

The participant identified above has been transferred to your agency for care management (CM).

Receiving Care Management Agency contact information:

Agency: _____ Phone: _____

Address: _____

Enclosed are copies of information from the original Referral Packet:

- PA-4 CP-2/SINQ CP-5 NJ Choice
 Release of Information Choice of Care Agreement of Understanding

Enclosed are also copies of the most recent documents:

- Monitoring Record (for month of enrollment and for past 12 months/1 year)
 Assisted Living/Adult Family Care Cost Share, if applicable
 LOC Reevaluation (WPA-1) NBCAT
 Plan of Care (WPA-2) HCBS Database updated:
 Service Cost Record (including ISAs and new CM Agency)
 PEP Approval Documentation **High Risk:** No Yes Critical*
 MCO: _____ **If Critical, date of CM phone conference: _____*
 Other: _____

	Date:		Date:	Next Due Date:
Change of Address Notifications Made: <input type="checkbox"/> N/A		Monthly Contact completed on:		
County Welfare Agency		Quarterly Visit completed on:		
Office of Community Choice Options <input type="checkbox"/> Northern <input type="checkbox"/> Central <input type="checkbox"/> Southern		Plan of Care completed on:		
Social Security Administration		LOC Reevaluation completed on:		

Sending Care Management Agency contact information:

Care Manager Name: _____ Agency: _____
Address: _____ County: _____
Phone: _____ Email address: _____

Sending Care Manager Signature _____ Date _____

Sending CM Supervisor Signature _____ Date _____