

Name: Member Request to Transfer Instructions (Policy Section 517.17)

Purpose: To request a transfer to another agency any time. The form must be complete and signed by the Member/Legal Representative. The form must be submitted to Bureau of Senior Services (BoSS) for coordination of the transfer and for the effective date of transfer.

1. Member Information: Document the member's

- Last Name
- First Name
- Street Address, City, State, Zip Code and County
- Date of Birth
- Medicaid Number
- Phone Number Home/Cell
- Circle current Service Level

1. **Service preferences:** Note the day of the week and the hours per day.

2. Document why the member wants to transfer.

3. The form must be returned to the Bureau of Senior Services, 1900 Kanawha Blvd., East, Charleston, WV 25305 by mail or faxed to 304-558-6647.

4. The transferring agency is responsible for:

- Providing services until BoSS notifies the agency that the transfer is complete.
- To provide the receiving agency with the current PAS, the Member Assessment (PC, ADW, or TBIW), PC POC, DD-05, and ICAP,(when applicable). In addition, the transferring provider agency should share other documents as needed.
- To maintain all original documents for monitoring purposes.
- Continue to provide services until the transfer process is complete.

5. The receiving agency PC RN is responsible for:

- The Initial Member Assessment.

- Development of the Plan of Care within 7 Business days.

Note: The existing Plan of Care from the transferring agency must continue to be implemented until the receiving agency can develop and implement a new plan to prevent a gap in services.