

## PERSONAL CARE SERVICES PROGRAM TRANSFER REQUEST INSTRUCTIONS

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Name: Transfer Request Instructions (Policy Section 517.26) Purpose: To request a transfer to another agency any time. The form must be complete and signed by the Member or Legal Representative (if applicable). The form must be attached to the member's file in the UMC web portal and the transfer submitted through the web portal.

Member Information: Document the member's

- Last Name
- First Name
- Street Address, City, State, Zip Code and County
- Phone number
- Date of Birth
- Medicaid Number
- Circle current Service Level
- Legal Representative (if applicable)
- Phone Number Home/Cell of Legal Representative (if applicable)

1. Name of Current agency:
2. Name of agency member would like to transfer to:
3. Document why the member wants to transfer.
4. Service preferences: hours per day and days per week
5. Signature of member or legal representative (if applicable)
6. 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
7. The transferring agency is responsible for:
  - Providing services until the OA notifies the agency that the transfer is complete.
  - Providing the receiving agency with the current PAS, the Member Assessment (PC, ADW, or TBIW), PC POC, DD-05, and ICAP,(when

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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.
8. The receiving agency PC RN is responsible for:
- 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.