Name: Member Request to Transfer Instructions (Policy Section 501.16)

Purpose: To request a transfer to another agency or to Personal Options at 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. At no time should the transfer take more than 45 calendar days from the date the member signed the request unless there is an extended delay caused by the member in returning necessary documents.

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
    - Service Level
    - Legal Representative if applicable.
    - Case Management Agency
    - Homemaker Agency

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

2. Mark appropriate box for the type of transfer:
    - Traditional Agency Transfer (I wish to transfer from my current provider):
        - Mark if Case Management Agency and/or
        - Mark if Homemaker Agency. (They may want to transfer both)

    - Personal Options Transfer must mark one.
        - I wish to transfer ***from Personal Options*** to a Traditional Agency Model.
        - I wish to transfer ***from the Traditional Agency Model*** to Personal Options.

3. Document why the member wants to transfer.

4. Explain to the member they will be contacted by the Bureau of Senior Services to explain the transfer process and freedom of choice options.

5. The Member/Legal Representative ***must sign and date*** the completed form.

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 BoSS notifies the agency that the transfer is complete.
    - If it is a Case Management transfer, to provide the receiving agency, **on the day of the transfer**, a copy of the PAS, DHS-2, the SP, a copy of the Member Enrollment Confirmation and any other pertinent documentation.
    - If it is a PA/Homemaker transfer, to provide the receiving agency, **on the day of the transfer**, with a copy of the current PAS, DHS-2, the Plan of Care and any other pertinent documentation.
    - To maintain all original documents for monitoring purposes.

8. The receiving agency is responsible for:
    - If it is a PA/HM transfer the PA/HM Member RN must conduct the Member Assessment **within 7 business days** of the transfer ***effective date***.
    - Develop the PA/HM RN Plan of Care **within 7 business days** of the transfer effective date.
      Note: When a member transfers agencies, the receiving agency PA/HM RN cannot bill for an initial Assessment (billing code T1001), if one has been completed within the calendar year (January – December). They can bill for a PA/HM RN assessment (billing code T1002).

- If it is a Case Management transfer, a Case Management Member Assessment must be conducted **within 7 business days** of the transfer effective date.
- Develop the Service Plan **within 7 business days** of the transfer effective date.

The Service Plan and 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.