|  |  |  |  |
| --- | --- | --- | --- |
| **General Information** | | | |
| **Individual Name:** | | | **DOB:** |
| **Address:** | | | |
| **Guardian Name:** | | **Guardian Phone Number:** | |
| **Type of guardianship:** Person  Estate  Person & Estate  Power of Attorney  Supported Decision Maker | | | |
| **Current Waiver:**  DD  ABD  IHS  CFI  Non-waiver  Private Pay | | | |
| **Current Service Model:**  Traditional  PDMS | | | |
| If currently on a waiver, is a transition to a different waiver needed, and why? | | | |
| Want to transfer to a new (click all that apply):  A. CMA  B. FMSA – Agency with Choice (PDMS)  C. FMSA – Employer of Record ( PDMS) If “C” enter the Current Employer of Record? | | | |
| Reason for transition: | | | |
| By when is transition needed? | | | |
| Is individual new to services?  Yes  No If yes, what is the registry status? | | | |
| Has the person’s HCBC 5-year look back been cleared?  Yes  No | | | |
| If on waiver and in service what is their HCBC renewal date? | | | |
| Included in the referral packet (check all that apply): | ISA & amendments (required for those not new to services)  Signed release of information (Required)  Behavior Plan/Safety Plan (If applicable)  HRST Summary of Ratings  Detailed Budget (not just face sheet) | | |
| **Current Providers** | | | |
| Case Management Agency: | | Current contact email: | |
| Financial Management Services Agency (if applicable): | | Current contact email: | |
| Area Agency: | | Current contact email: | |
| Mental Health Provider (if applicable): | | Current contact email: | |
| **Special Requirements** | | | |
| Special Medical Needs/Concerns: Yes  No | | Behavioral Needs: Yes  No | |
| Current or Needed Enviro. Mods or DME: Yes  No | | Special Transportation Needs: Yes  No | |
| Special Training Needs: Yes  No | | Risk Management Needs: Yes  No | |
| Mental Health Needs: Yes  No | | ITS Program Needed: Yes  No | |
| Please describe any pertinent information not already captured or in the ISA: | | | |
| **Please send responses/questions to the following person/email:** | | | |

**CASE MANAGEMENT AGENCY (CMA) TRANSFER REFERRAL FORM: STEP ONE**

**CASE MANAGEMENT AGENCY (CMA) TRANSFER REFERRAL FORM**

**AFTER CONFIRMATION: STEP TWO**

Signature of Person Sending:

Printed Name of Person Sending and Position:

Date Sent      To Where:

|  |
| --- |
| **Checklist of items for full record transfer to new CMA** |

Face Sheet with MID # and MCO #

Diagnosis Code

Medication list (if not updated in HRST)

Eligibility Letter (or NHEasy Screen Shot)

Copy of Social Security, Medicare & MCO card (if available)

Current Budget (full budget if different)

SIS (if not available in HRST)

Behavioral plan and/or other support plans (if different from the initial sent)

Incident reports for the past 6 months

Date of next HRC review (if applicable)

Last 3 months' progress notes

Most current monthly budget statement (PDMS)

Screenshot of web registry request if applicable

Last 3 months' contact notes (including last home visit, last face-to-face visit dates and notes)

Risk Management Plan (if applicable)

Guardianship, Power of Attorney, Supported Decision Making, Legal orders

Clinical records – Multi-Disciplinary Team records, Risk Assessments, Neuropsychological Assessments, Medication Reviews, etc. (most recent)

START Records (if applicable)

Health History- Updated in the last 12 months.

Transition Referral completed – Form sent separately

Any other records that would be useful

QSS Form (if not in HRST)

Any waivers in place? (FMS)

Justifications for services (FMS)

Qualifications and Exceptions (PDMS)

**CASE MANAGEMENT AGENCY (CMA) TRANSFER REFERRAL DIRECTIONS**

**(Traditional or PDMS)/ FMSA/Both**

1. The family/individual/guardian notes to the current CMA that they want a new CMA/FMSA or both.
2. Individual/Family/Guardian reviews choices with current CMA/FMSA. They may already have a particular agency in mind or may want to review several.
3. The current CMA obtains a release for agencies the individual/family/guardian would like to consider. Current CMA reaches out to other CMAs for which release(s) have been signed. Interested CMA(s) respond indicating their interest in moving forward with exploring options.
4. The current CMA sends referral form Step 1 above to the potential new CMA. CMA decides if they would like to proceed (meeting to meet individual/family/guardian may occur prior to decision), the decision is made and additional file items are sent as noted in Step 2 above.
5. CMAs current and new schedule a transition meeting.
6. CMAs determine whether a “shadowing” period is needed for the months before and after the transition; agree on who bills when.
7. Current CMA emails liaison and AA, to give them a heads up that there will be a transition. Send Universal change form to all team members including HRST access change. BDS Liaison confirms in writing that Medicaid Waiver Eligibility (if applicable).
8. The exiting CMA writes the amendment to the Service Agreement and enters the Service Authorization for the new CMA to begin on the transfer date, with the exiting CMA’s Authorization ending the day prior to the transfer.
   1. IF FMSA ONLY: All authorizations except service coordination need to be changed in NH EASY to the incoming FMSA.
9. The exiting CMA asks the NH Easy admin to transfer access to the new CMA on the selected date. When the flip happens in NH Easy, the new CMA needs to accept the reassignment.