



Managed care organization/County/Tribal agency communication form

# HCBS Waiver, AC and ECS Case Management Transfer and Communication Form

This form will assist care coordinators and case managers to share information when the person receiving home and community-based services (HCBS) has one of the following changes. Check all that apply:

- Person moves to a different county of residence (COR)
- Person has a change in the county of financial responsibility (CFR)
- Person enrolls in a managed care organization (MCO) or changes to a different MCO
- Person changes to or from a tribal lead agency
- Person is assessed to change from CAC, CADI, or BI to EW
- Person was enrolled in MSHO/MS+ but has lost Medical Assistance (MA) financial eligibility

This form should be completed by the current lead agency and faxed or otherwise sent securely to the new lead agency as soon as the transfer is known.

TODAY'S DATE	TO (new lead agency)	FROM (current lead agency)
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DATE OF TRANSFER	REASON FOR TRANSFER
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CURRENT WAIVER/AC/ECS CASE MANAGER/CARE COORDINATOR NAME	PHONE NUMBER	FAX NUMBER
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EMAIL ADDRESS
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MEMBER/CLIENT NAME	CLIENT PMI NUMBER	DATE OF BIRTH	CLIENT PHONE NUMBER
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CLIENT HOME ADDRESS	CLIENT MAILING ADDRESS (if different from home address)
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LANGUAGE Spoken: _____ Written: _____	INTERPRETER NEEDED? ASL            Yes    No Language    Yes    No	Is person currently in a hospital?    Yes    No	LTCC CASE MIX
		Is person currently in the NF?        Yes    No	
		Is person currently in an ICF/DD?    Yes    No	

GUARDIAN OR CONSERVATOR Yes – complete below    No    Unknown
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NAME	ADDRESS	PHONE NUMBER
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REPRESENTATIVE PAYEE/AUTHORIZED REPRESENTATIVE Yes – complete below    No    Unknown
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AGENCY OR PERSON'S NAME	ADDRESS	PHONE NUMBER
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<b>PROGRAM</b>			
MSHO	MSC+	SNBC Families & Children (PMAP)	
<b>HEALTH PLAN</b> (if applicable)	ENROLLMENT BEGIN DATE (if applicable)	ENROLLMENT END DATE (if applicable)	
<b>CURRENT HCBS PROGRAM</b>			
AC	BI	CAC CADI DD ECS EW None	
EFFECTIVE DATE	CURRENT SA END DATE	NEXT ANNUAL ASSESSMENT DUE DATE	
PRIMARY DIAGNOSIS		ICD CODE	
SECONDARY DIAGNOSIS		ICD CODE	
MH DIAGNOSIS		ICD CODE	
BI DIAGNOSIS		ICD CODE	
DD DIAGNOSIS		ICD CODE	
CASE MANAGEMENT – In addition to waiver/AC/ECS case management/care coordination, person receives:			
Rule 185 Rule 79			
CASE MANAGER NAME	CASE MANAGER PHONE	CASE MANAGER EMAIL	
CURRENT FINANCIAL WORKER NAME	N/A for AC or ECS	WORKER PHONE NUMBER	CLIENT'S MAXIS NUMBER (if known)
PRIMARY CARE CLINIC		PHONE NUMBER	
PHYSICIAN/PRIMARY CARE PROVIDER		PHONE NUMBER	
LAST CASE MANAGEMENT CONTACT Include a brief report of the last contact made directly with client or with providers, or other supports on the client's behalf.			
LAST ASSESSMENT DATE AND TYPE		Was a MnCHOICES Assessment completed for this person? Yes No	

**CURRENT ISSUES/CONSIDERATIONS**

Attach recent assessment narrative, including health concerns, adult/child protection concerns, upcoming tasks, scheduled meetings, other information helpful to the new case manager/care coordinator.

**Community Support Plan**

Attach the current HCBS community support plan or complete the following section for each service.

**Formal services/supports**

Provider name, phone and NPI/UMPI	Service/support name and HCPC code	Frequency	Units	Total amount authorized

**Informal services/supports**

Name and phone	Type of service/support	Frequency

## Next steps if transferring case management responsibility: After completing this form

### Current Case Manager/Care Coordinator

- Enters a screening document into MMIS if instructed in the scenario (see DHS-6037A, DHS-6037B or DHS-6037C).
- Closes the service agreement in MMIS if instructed in the scenario (which creates notification to provider(s)).
- Forwards this form along with current HCBS community support plan to new case manager/care coordinator including the Supplemental Waiver – Personal Care Assistance (PCA) Assessment and Service Plan (DHS-3428D) and/or Recommendation for State Plan Home Care Services (DHS-5841), if applicable. Attach additional relevant information, as needed.

### New Case Manager/Care Coordinator

- Contacts previous case manager/care coordinator to let them know they received form and documents.
- Enters new screening document into MMIS if instructed in the scenario (see DHS-6037A, DHS-6037B or DHS-6037C).
- Contacts individual per scenario and schedules next assessment or care coordinator visit if needed. Updates care plan as needed.
- As directed in the scenario, enters the service agreement into MMIS if FFS or the health plan record system if managed care. Both will create a notification to the provider.
- Completes the Health Risk Assessment if the new lead agency is a health plan.

## Contact Information for Lead Agencies

If you are uncertain about where to send DHS-6037 and attachments, please use the following lead agency contact information.

- [Health Plan Contacts for Care Coordinator or Navigator Information \(DHS-6581A\)](#)
- County/Tribal Contacts:
  - [Long Term Care Consultation Contacts](#); OR
  - [County/Tribal Contact List \(DHS-0005\)](#)