

1915(i) Transferring and Terminating Member Services

This guideline instructs providers on what to do when it is necessary to stop providing services to a member. Stopping services can mean transferring them to another provider or ending some/all agency services to a member.

Eligibility

This guideline applies to all providers rendering care coordination and/or supportive services and supports.

Definition

Termination of a service – Means when a provider needs to stop providing care coordination or supportive services to a member.

Requirements

It is the responsibility of the provider agency stopping services to notify the member of service termination thirty (30) calendar days before stopping services. Limited exceptions to this requirement apply and are discussed below.

Termination Notice – 30 Days Prior to Service Termination

The member and/or parent/legal guardian and their 1915(i)-care coordinator must be informed of the termination by providing a 30- calendar day advance notice indicating the provider agency will no longer be providing the service(s). The notice must be dated 30 calendar days from the date of mailing.

This requirement ensures that the member's care coordinator has time to work with the member to find another service provider to minimize service disruption for the member. It also ensures the member is informed about service changes.

Note: If you are terminating care coordination services, you only need to send written notification of termination to the member and/or their parent/legal guardian. When terminating care coordination services, the member's current care coordinator must send the member a Termination Notice.

Immediate Termination Notice

There may be situations where a 30-day advanced notice is not possible. In these situations, written notification of service termination from the current provider agency is still required. Reasons for less than 30 calendar days of advanced notice for service termination are listed below.

If a member:

- Is deceased (see Member Discharge Form section of this guideline)
- Chooses to terminate services
- Cannot be located
- Moved from the area
- Transitioned to a setting which does not meet the Home and Community-Based Setting (HCBS) Rule
- No longer meets one or more of the 1915(i) eligibility requirements

If a service provider:

- Terminates employment or
- A service provider's employment is terminated.

When a member's care coordinator is terminated or terminates employment, the care coordination agency must send a termination notice to the member and submit a Member Discharge Form per the Member Discharge Form section of this guideline.

Sample Termination Notice

A sample member termination notice is located under the forms section.

Member Discharge Form

A Member Discharge Form is only required in the following situations. Email it to 1915i@bcbsnd.com

- Member death.
- Provider termination of care coordination with no care coordination referral accepted (i.e., when you are stopping care coordination and have been unsuccessful in locating another service provider for the member).
- Provider is terminating services immediately without a transfer of services to a new provider.

1915(i) Program Discharge of Member from Provider Due to No Approved Plan of Care

It is expected that members will have a plan of care in place thirty (30) days after initial contact with a care coordination agency. Members may be discharged from a care coordination agency for failure to have a finalized plan of care in place 30 days post initial contact.

1915(i) staff will notify the member and care coordination provider using the Member Discharge form. Discharged members will work with a new care coordination agency to develop a plan of care when this occurs.

Transferring Services to Another Service Provider

Providers should use the Service Provider Request form when the member has selected alternate service provider preferences. Accepted Requests are emailed to the 1915i@bcbsnd.com inbox so a service provider transfer can occur in Therap.

Transferring Care Coordination Services

Care coordinators who can no longer serve a member should use the 30 calendar days after notifying the member of service termination to assist the member in selecting a new care coordination provider.

Additionally, the current care coordinator should work with the member to identify their preferred care coordination providers and fill out Service Provider Request form(s) for a transfer of care coordination. Care coordinators should send a ROI to share the member's current plan of care along with the member's plan of care to providers with the Service Provider Request form(s). Contact 1915i@bcbsnd.com if that is unable to happen.

Once a new care coordination agency has accepted the request and sent a completed Service Provider Request form, it must be emailed to the 1915i@bcbsnd.com inbox so a transfer can be made in Therap. New care coordination providers cannot bill for care coordination until the Request for Service Provider form is received and processed by 1915i@bcbsnd.com.

A member's new care coordinator must draft and submit a new plan of care in Therap within five (5) business days after accepting the member for care coordination. If the member does not have a current plan of care, the new care coordinator has thirty (30) days after accepting the referral to draft an initial plan of care.

If a new care coordinator has not accepted a referral, please see the Member Discharge Form section of this policy to discharge a member from your agency.

Transferring Supportive Services

A service provider has notified the member's care coordinator of the need for a new service provider by sending the care coordinator the Discharge Form. Care coordinators are responsible for helping members select new supportive service providers using the Service Provider Request form. Care coordinators should include a ROI to share the member's current plan of care and send the plan of care along with the Service Provider Request form. Care coordinators must update the member's plan of care within five business days.

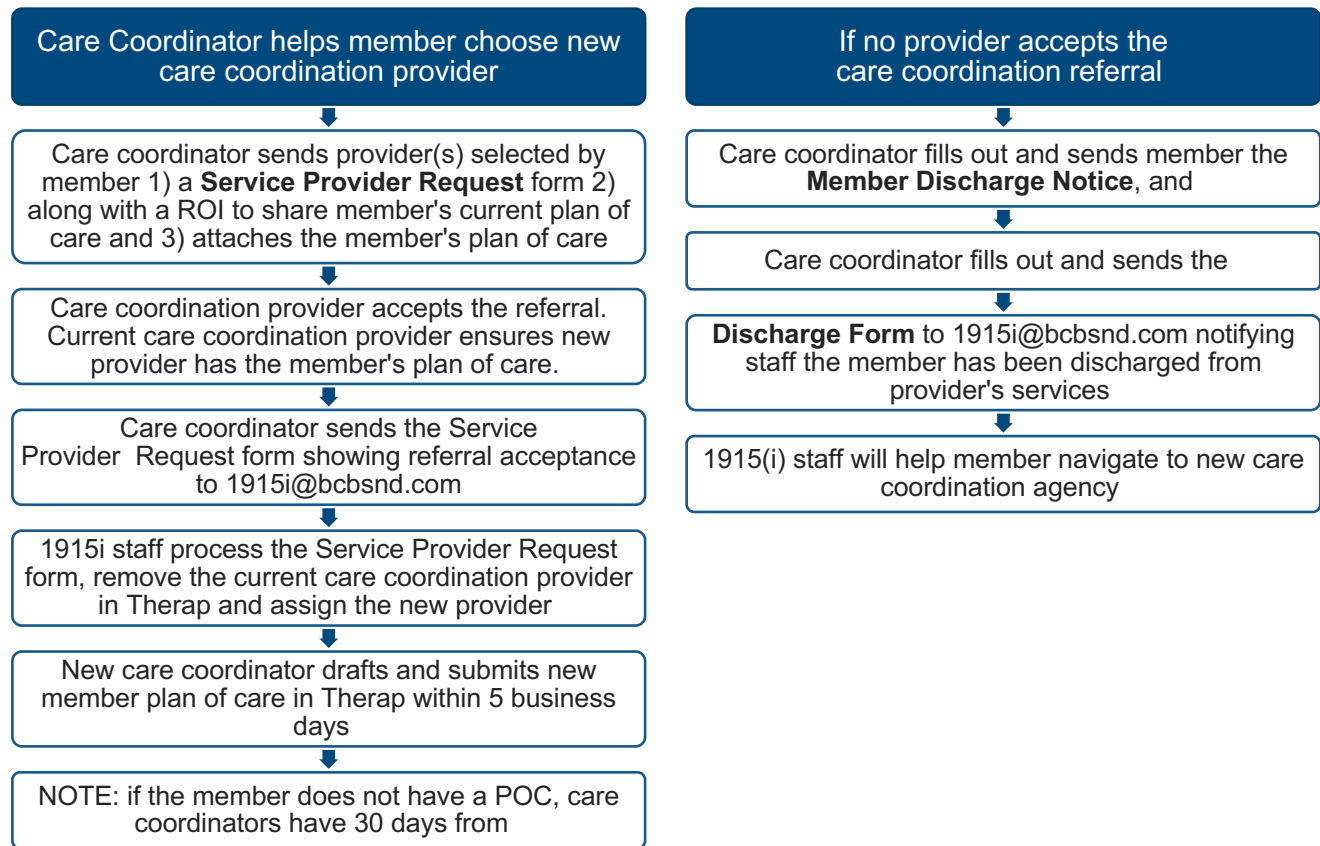
New Plan of Care

After a transfer of services has occurred as shown by the date of acceptance on a Service

Provider Request form, care coordinators must create a new plan of care showing the new service provider within five (5) business days of accepting a referral for transfer of services.

FAQs

Member Needs a New Care Coordinator



Member Needs a New Service Provider

