

Authorized by: Catherine Cooper, Deputy Assistant Director Date: September 12, 2003

Signature

Transmitting (check the box that best applies):

- New Policy
 Policy Change
 Policy Clarification
 Executive Letter
 Administrative Rule
 Manual Update
 Other _____

Applies to (check all that apply):

- Area Agencies on Aging
 Community Human Services
 Children Adults and Families
 Seniors and People with Disabilities
 Health Services
 All DHS employees
 Local Government (please specify): _____
 Other (please specify): _____

| | | | |
|-------------------|---|-------------|--|
| Policy Title: | Case Transfer Protocols for Service and Financial Cases | | |
| Topic Area: | N/A | | |
| Policy Number(s): | SPD-PT-03-035 | Release No: | |
| Effective Date: | Immediately | Expiration: | |
| References: | Replaces EL-97-30 | | |
| Web Address: | | | |

Discussion/Interpretation: To assure the smooth transition of services for clients transferring between Senior's and People with Disabilities' offices, the following transfer protocols have been updated to reflect present policies. These protocols are predicated on minimizing the disruption to the client. AAA and DHS Senior's and People with Disabilities' staff should apply a factor of "reasonableness" to the protocols, recognizing that not all case transfer situations will fit perfectly within the protocols. Although these guidelines are primarily

intended to reduce problems associated with the transfer of clients receiving services, they also apply to non-service clients transferring between offices and new applicants.

Implementation/Transition Instructions: Begin implementing the attached case transfer protocol upon receipt.

Training/Communication Plan: Local office should train staff on the protocols.

Local/Branch Action Required: See above.

Central Office Action Required: N/A

Field/Stakeholder review: Yes, reviewed by: Operations Committee No

Filing Instructions: File with Policy Transmittals

If you have any questions about this policy, contact:

| | | | |
|-------------|--|------|--------------|
| Contact(s): | Naomi Steenson | | |
| Phone: | 503.945.6414 | Fax: | 503.373.7902 |
| E-mail: | Naomi.r.steenson@stateor.us | | |

| | | | |
|-------------|--|------|--------------|
| Contact(s): | Joanne Schiedler | | |
| Phone: | 503.947.5201 | Fax: | 503.373.7902 |
| E-mail: | Joanne.r.schiedler@state.or.us | | |

Case Transfer Protocols Financial and Case Management

1. When possible, case planning and communication of information regarding the client move should occur between the transferring and receiving DHS/AAA offices. This communication should occur as soon as the transferring office is aware of the client's need or desire to move.
2. The transferring and receiving offices should reach an agreement on the service and financial plans prior to the transfer of the case.
3. DHS/AAA managers or their designee should review all case record material before transfer to, and after transfer from, another DHS/AAA to ensure that the documentation is accurate and complete. Case files should be in order as described in SPD Worker Guide G.5, *Case Files*.
4. Once the ACCESS case is transferred, the transferring DHS/AAA office should contact the receiving office by telephone or e-mail if additional information relevant to the case was not included.
5. All electronic paper forms should be current and as complete as possible prior to the transfer of the case record. If known, the transferring office should update all appropriate computer screens with the client's new address.
6. Unless there is a mutual agreement to delay the transfer, paper and electronic case record materials should be transferred to the receiving DHS/AAA office within 10 working days of the notification that the client has moved.
7. Cases in which eligibility or service plans have not been established should not be transferred without the approval of the receiving DHS/AAA office manager or their designee.
8. The affected managers should resolve significant problems arising from case transfers in a spirit of reasonableness and cooperation.

Case Transfer Protocols

For Clients Receiving Casemanagement Services

- 1) In known transfer situations, the transferring casemanager will assume the following responsibilities prior to transfer of the case:
 - a) Notification to the receiving casemanager of the pending transfer. In those DHS/AAA offices that do not assign service cases until the case arrives at the office, the casemanager should inform the receiving manager or their designee of the pending transfer and ask to have a contact person identified for purposes of case planning.
 - b) Discussion with the receiving casemanager on the client's needs and agreement on an appropriate placement, service plan and payment.
 - c) Completion and update of all financial and service information necessary to initiate ongoing payment and services, i.e., ACCESS, CMS screens, FCAS, SMRF, 546, etc. All forms should reflect the client's new situation, including new worker ID. Financial and service reviews should be current.
 - d) Arrangement and provision of payment for service necessary to facilitate the transfer, including miscellaneous medical expenses and transportation.
 - e) For clients transferring to a nursing facility or moving from one nursing facility to another, ensure that the client has been PAS screened, is appropriate for placement and the casemanager for the facility where the client wishes to be placed is in agreement with the plan. If the casemanager for the nursing facility in the receiving DHS/AAA office has reservations about the placement, these concerns should be discussed with the transferring casemanager or the managers of the respective offices to make sure the best placement decision is reached. Unless there is a restriction of admission in place, the receiving DHS/AAA office cannot refuse to prior authorize the placement if the client, family, physician and facility agree on selection.
- 2) Casemanager responsibility for new applicants or current clients in a hospital setting will be addressed in the following manner:
 - a) Existing clients, temporarily hospitalized in another district, remain the primary responsibility of the DHS/AAA office in which they normally reside.
 - b) A new applicant is the responsibility of the DHS/AAA office in which the hospital is located up to the time of the discharge if an initial contact has been made. If no initial contact has been made, then the DHS/AAA office nearest the client's residence becomes the responsible office after discharge. A new applicant is one who does not have an open case, including food benefits, OHP or other

services, in another DHS/AAA office that serves seniors and people with disabilities.

- c) Courtesy arrangements between DHS/AAA offices can be made when the family or client representative lives in an area other than where the client or applicant is hospitalized or resides.
- 3) For transfers initiated by the client moving, when the DHS/AAA office is unaware of the move, the following guidelines will apply:
- a) The receiving or transferring casemanager will notify that person's respective counterpart by phone or e-mail within two working days of discovering the client has moved.
 - b) Other actions will be followed as outlined under prearranged transfers.