

Community Health Connections Health Home

CMA to CMA Transfer Protocols

Revised October 2022

The following steps must be taken to ensure a smooth transition from CMA to CMA and to minimize any disruption in services to the Member.

*****Due to communications between CareManager and MAPP and the Health Home billing structure, all transfers must occur on the first day of the month*****

Transfers Due to Member Behaviors	
<input type="checkbox"/>	Discuss Concerns with Member
<input type="checkbox"/>	<ul style="list-style-type: none"> Review Member Rights and Responsibilities
<input type="checkbox"/>	<ul style="list-style-type: none"> Complete Statement of Understanding with Member
<input type="checkbox"/>	If concerns persist, Contact Lead Health Home
<input type="checkbox"/>	<ul style="list-style-type: none"> Lead Health Home will contact the Member, if appropriate

Transfer Protocols (followed regardless of reason for transfer)	
<input type="checkbox"/>	Identify New CMA
<input type="checkbox"/>	<ul style="list-style-type: none"> Contact CMAs to determine who can take the case
<input type="checkbox"/>	<ul style="list-style-type: none"> Discuss transfer with Member, letting Member know which agency is taking case
<input type="checkbox"/>	Prepare case for transfer to new CMA
<input type="checkbox"/>	<ul style="list-style-type: none"> Obtain written consent for the new CMA on Page 3 of the DOH 5055
<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure all information in CareManager is up to date (notes, documents, etc.)
<input type="checkbox"/>	<ul style="list-style-type: none"> Schedule call or case conference with receiving agency to review most recent Comprehensive Assessment, Plan of Care and Member Concerns as well as the date of transfer. <i>Note: The date of transfer must be the first day of the month.</i>
<input type="checkbox"/>	<ul style="list-style-type: none"> Send transfer letter to the Member with the details of the transfer (date, contact information for new CMA and Care Coordinator)
<input type="checkbox"/>	Submit the Case Transfer Request Form to CRHC for transfer to occur in CareManager
<input type="checkbox"/>	New / Receiving CMA:
<input type="checkbox"/>	<ul style="list-style-type: none"> Review Assessment and Plan of Care with Member
<input type="checkbox"/>	<ul style="list-style-type: none"> Review note documentation from previous CMA