

APPENDIX E

**Level of Care
Change/Patient
Transfer**

Level of care changes as determined by MSA Exception Operations based on the MDPH review will result in referrals by MSA to local office adult services staff in the following situation:

- Patient’s level of care is evaluated as non-nursing and the MA recipient is residing in a nursing facility.

MSA Exception Operations will first determine if the recipient has been in continuous residence for one year or more or was involuntarily transferred within the past year. This is done to see if the ‘transfer trauma’ provision of the Borton v. Califano case applies. (Note: Transfer trauma does not apply if a facility is decertified.) Continuous residence means the recipient has resided in a specific facility without a break for at least one year. An absence for impatient care in a hospital with immediate re-admission to the same facility does not interrupt the continuity of residence. A referral packet will be sent to local office adult service staff for action as follows:

**Continuous
Residence**

One Year or More (A)	Less Than One Year (B)
<ol style="list-style-type: none"> 1. Referral Packet FIA-133 R-10/R-19 MSA Letter Transfer Trauma Information Client/Worker Form Supplemental Information Form 2. Worker contacts recipient, guardian, designated represent active or family, and facility staff to determine if recipient is willing to move; 	<ol style="list-style-type: none"> 1. Referral Packet FIA-133 FIA-1184 R-10/R-19 2. Worker contacts recipient, guardian, designated representative or family, and facility staff to determine if recipient is willing to move;

One Year or More
(A)

3. If recipient **is** willing to re-locate, the worker:
- a. Completes client/worker form and returns to MSA by date specified; MSA sends new referral packet;
 - b. Assists the recipient/family in transfer if requested; client must move within 21 days of date on FIA-1184;

If there is no appropriate vacancy,

- c. Completes supplemental form and returns to MSA within 21 days to secure a 30-day extension; additional 30-day extensions require a memo signed by L.O. Director or designate to MSA indicating reasons for request, i.e.,
 - 1)No available placement within 50 miles of nearest family member, or
 - 2)No available placement within the county and more time is needed to search in other counties;

Less Than One Year
(B)

3. If recipient **is** willing to re-locate, the worker:
- a. Assists the recipient/family in transfer if requested; client must move within 21 days of date on FIA-1184;
 - b. Notifies MSA Exception Operations by Rite-O-Gram when move is completed;

If there is no appropriate vacancy,

- c. Sends a memo signed by L.O. Director or designate to MSA requesting a 30-day extension and indicating reasons for the request; i.e.,
 - 1)No available placement within 50 miles of nearest family member, or,
 - 2)No available placement within the county and more time is needed to search in other counties;

One Year or More
(A)Less Than One Year
(B)

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| <p>4. If recipient is not willing to relocate, the worker:</p> <p>a. Completes the client/worker form and returns to MSA by date specified, adding comments as appropriate;</p> <p>b. MSA will refer case to MDPH for review to see if transfer trauma may result from the involuntary move; if yes, recipient remains in the facility and MA payments continue; if no, MSA sends referral packet to local office and procedures 1-4 in Column B are followed.</p> | <p>4. If recipient is not willing to relocate, the worker:</p> <p>a. Advises recipient/family MA payments for care will stop on date specified on FIA-1184 unless client files for an administrative hearing within 10 days;</p> <p>b. Assists recipient/family in filing for hearing if requested noting this may only delay need to relocate; if hearing decision is favorable, recipient remains in the facility and MA payments continue; if unfavorable, MSA sends another Referral Packet to local office and procedures for relocation are followed.</p> |
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