



## Change of Circumstance: Community Behavioral Health Supports (CBHS) / 1915i

Please review instructions on Page 2 for more guidance on the completion of this form.

- To:  Managed Care Organization (MCO) or Health Care Authority (HCA)
- MCO / HCA: **Name and email of person notified**
- Other: **Name and email of person notified**
- From:  Home and Community Services (HCS)     Area Agency on Aging (AAA)

	Name	Email	Telephone Number (with area code)
Re:	Client Name (as written in the CARE assessment)	Client's ProviderOne ID	Date of Birth (MM/DD/YYYY)

**A. Change in Residence (complete this section if the client is moving)**

Current Facility Name		
Facility Address		
Provider Name	Provider Email or Fax	
Comments		
New Facility Name		
New Facility Address		
Provider Name	Provider Email or Fax	Planned Move Date
Comments		

**B. 1915i Services Closure Request to MCO / HCA**

<input type="checkbox"/> <b>1915i</b> service closure request was made by Client / AREP / Guardian. (MCO / HCA to confirm with decision maker.)	Date of Request:
<input type="checkbox"/> <b>LTC</b> services are closing: <input type="checkbox"/> No longer eligibility <input type="checkbox"/> Client withdrew	Effective Date:
<input type="checkbox"/> Client passed away.	Date of Death:
<input type="checkbox"/> Other:	
Comments	

HCS / AAA: When form is completed and sent, scan the PDF into DMS or print the form, and put it into the "File only" process at the local office.

Instructions for Completing Change of Circumstance: Community Behavioral Health Supports (CBHS) Services / 1915i  
**Use:** This form is used by Home and Community Services (HCS) and Area Agency on Aging (AAA) staff to report the following changes to the client's assigned Managed Care Organization (MCO) or the Health Care Authority (HCA) when the client has been authorized for a 1915i service:

- Changes or potential changes in a client's residential setting.
- A request to close a 1915i service has been made by the client / AREP / Guardian.
- Client is no longer eligible for HCS Long-Term Care (LTC) services or withdrew from LTC services.
- Client passed.

Demographic Information:

- To: Document who the form is sent to. Include both the MCO or HCA contact name and their email. Add the date the form was sent.
  - Wellpoint: [WACBHS@wellpoint.com](mailto:WACBHS@wellpoint.com)
  - Community Health Plan of Washington: [BHPC@chpw.org](mailto:BHPC@chpw.org)
  - \*Coordinated Care: [WA\\_Behavioral\\_Health\\_UM@coordinatedcarehealth.com](mailto:WA_Behavioral_Health_UM@coordinatedcarehealth.com)
  - Molina: [CBHSReferrals@molinahealthcare.com](mailto:CBHSReferrals@molinahealthcare.com)
  - \*United Health Care: [wa\\_behavioralhealthreferrals@uhc.com](mailto:wa_behavioralhealthreferrals@uhc.com)
  - HCA / Fee-For-Service (FFS) [hca1915iservices@hca.wa.gov](mailto:hca1915iservices@hca.wa.gov)

\*Please note: Coordinated Care and United Health Care have underscores in their email addresses

- From: Case manager to enter their contact information. Include name, email, and telephone number.
- RE: Case manager to document the client's information. Include the client's name as seen in CARE, client's ProviderOne ID (ending in WA), and the client's Date of Birth (DOB).

A. Change in Residence:

- Case manager completes this section as soon as they become aware the client is planning to move out of their current facility.
- Current Facility information:
  - Case manager to include client's current facility name, address, provider name, provider phone number and provider email or fax. Case manager can add additional known information in the comments box.
- New Facility Information:
  - Case manager to include the new facility name, address, provider name, provider phone number and provider email or fax. Case manager can add additional known information in the comments box.
  - Planned Move Date:
    - If there is a set move date, CM to include this.
    - If there is a tentative or unknown date, CM to document this in the comment box below and include as much information as possible about the move.

\*Please note: If the move date is tentative or unknown at the time initial form is sent, no additional form is needed once a set date is in place. The MCO / HCA will communicate with the provider to obtain this information.

B. 1915i Services Closure Request to HCA / MCO

- Case manager completes this section when there is a reason or a request to close 1915i services. Case manager to document one of the following options by selecting check box and include the effective or requested date.
  - **1915i service closure request was made by Client / AREP / Guardian:** Case manager will select this box if there was a choice made to close 1915i services. Case manager to include the date the closure request was made. MCO / HCA will confirm the closure request with client / AREP / guardian prior to ending the authorization.
  - **LTC services are closing:** Case manager will select this box if the client's LTC services are closing. LTC services are required to be eligible for 1915i services. Case managers to select one of the following options and include the date of closure:
    - Client lost eligibility for LTC services.
    - Client / AREP / Guardian withdrew from LTC services.
  - **Client passed away:** Case manager would select this box if the client died. CM to add the date of death.
  - **Other:** Case manager will select this box if there is alternative reason to close services. Case manager to include the date of request in this text box.

**Comments:** Case manager to document any additional information that is pertinent to the closure request. A comment is not required.

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