March 6, 2017

New Personal Care Transfer/Closure Form for Personal Care Services Providers

Presbyterian Health Plan Inc. (Presbyterian) is committed to keeping you updated about changes that may affect your practice. This communication contains information regarding the new Medical Assistance Division (MAD) 062 Personal Care Transfer/Closure Form.

Effective immediately, all personal care services providers must begin using the new MAD 062 Personal Care Transfer/Closure Form when requesting any of the following:

- A change in model.
- When a member has not received personal care services for 90 days or has passed away.
- When a member wishes to transfer personal care services agencies.

When a PCS agency transfer request is received, Presbyterian Care Coordination will facilitate outreach to both the current and the receiving agencies to ensure appropriateness and capacity. It is imperative that we receive the necessary signatures as soon as possible to ensure a seamless transition. Please fax completed MAD 062 forms to Presbyterian intake at (505) 843-3150.

Thank you for your continued partnership with Presbyterian. If you have any questions regarding this notification, please contact your Provider Network Management long-term care relationship executive using the contact box below.

Enclosure: Medical Assistance Division (MAD) 062 Personal Care Transfer/Closure Form

<table>
<thead>
<tr>
<th>Provider Network Management</th>
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<tbody>
<tr>
<td>Hours: Monday through Friday, 8 a.m. to 5 p.m.</td>
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<tr>
<td>Phone: (505) 923-5141</td>
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<tr>
<td><a href="http://www.phs.org/ContactGuide">www.phs.org/ContactGuide</a></td>
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<tr>
<td>Mailing address: P.O. Box 27489, Albuquerque, NM 87125</td>
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<tr>
<td>Location: 9521 San Mateo Blvd NE, Albuquerque, NM 87113</td>
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MEDICAL ASSISTANCE DIVISION  
PERSONAL CARE TRANSFER/CLOSURE FORM

Date: ____/____/____

Consumer Name: ___________________________  Consumer Date of Birth: ______

TRANSFER

You are currently receiving Personal Care Services through: __________________________.  
You have indicated that you want to change your Personal Care Agency to: __________________________.  
The reason you would like to transfer agencies is because:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

The agreed date of the transfer is __________________________. By signing this form, all parties agree the 
above to be true and agree to this transfer. If someone other than the consumer is initiating the transfer, the 
Personal Care Agency must have verification on file that the person is the consumer’s legal representative. All 
signatures must be present to validate the transfer.

Consumer/Legal Guardian Signature  ____/____/____  Consumer/Legal Guardian’s Phone #  ______________

Consumer/Legal Guardian’s Street Address  __________________________________________________

Consumer/Legal Guardian’s City, State, Zip  ______________

Receiving Agency Name  ___________________________  Provider Phone #  ______

Agency Signature  ____/____/____  Date  ______

CLOSURE

Reason

Agency Name  ___________________________  Provider Number  ______________  Provider Phone #  ______

Agency Signature  ____/____/____  Date  ______

If you have any questions about Personal Care, you may contact your assigned Managed Care Organization (MCO).

TO BE FILLED OUT BY THE MCO ONLY

Review Date  ____/____/____  Effective Date  ____/____/____  Expiration Date  ____/____/____  Authorization Number  ______

MCO Care Coordinator name: ____________________________________________________________.

Date copy of completed transfer form sent to the originating agency ____/____/____.

Date copy of completed transfer form sent to the receiving agency ____/____/____.

Date ending authorization sent to the originating agency ____/____/____.

MAD 062 Revised 01/23/2017  Original – MCO, Copies – Receiving and Originating Agencies