

## Resource: MnCHOICES lead agency transfer and communication form: Scenarios for people on AC, EW or ECS

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Case managers and care coordinators use the information on this page to communicate with other lead agencies and take actions to support a person who receives services through one of the following programs during transition periods:

- Alternative Care (AC).
- Elderly Waiver (EW).
- Essential Community Supports (ECS).

The [MnCHOICES Lead Agency Transfer and Communication Form, DHS-6037 \(PDF\)](#) helps lead agencies share information when a person:

- Moves to a different county of residence (COR).
- Changes to or from a tribal nation.
- Enrolls in a managed care organization (MCO) or changes to a different MCO.
- Disenrolls from an MCO and changes to fee-for-service (FFS) coverage.

**Note:** All references to MCOs in this document mean the person is enrolled in Minnesota Senior Health Options (MSHO)/Minnesota Senior Care Plus (MSC+).

### Effective date and communication between lead agencies

The lead agency currently responsible to provide waiver, AC or ECS case management/care coordination communicates to the receiving lead agency via the [MnCHOICES interagency contact point \(MICP\) list](#). The current lead agency must upload DHS-6037 and needed attachments to MnCHOICES.

The effective date of transfer is as follows:

- Transfers to and from MCOs: Enrollment, reenrollment and disenrollment dates determine effective dates of transfers.
- Transfers from FFS to FFS: The effective date cannot be earlier than the date the lead agency sent DHS-6037 and the required documents. The lead agency that completes DHS-6037 must indicate the effective date on the form.

If Lead Agency A receives DHS-6037 from Lead Agency B in error, Lead Agency A must communicate with Lead Agency B to request that they send DHS-6037 to the correct lead agency.

### Additional information

#### Other forms

This document explains how to use DHS-6037 for people who receive services through AC, EW or ECS. Lead agencies also may use this form in conjunction with the following forms:

- [Communication of Long-Term Supports and Services Eligibility Form, DHS-5181](#): Lead agencies use this form to communicate with the county/tribal nation eligibility worker about address changes and all other changes noted on the document.
- [Lead Agency Communication Form: Recommendation for State Plan Home Care Services, DHS-5841](#): Lead agencies use this form to communicate about MA home care services.

#### Scenarios for disability waivers

For scenarios about people on a disability waiver, refer to [CBSM – Resource: MnCHOICES lead agency transfer and communication form: Scenarios for people on a disability waiver \(BI, CAC, CADI or DD\)](#).

### Scenarios

### Change in lead agency

Type of change	DHS-6037 transfer and communication form	Screening document (SD)	New lead agency	Service agreement (SA)	Additional steps
<p>1. County FFS to county FFS: The person moves from one COR to another COR.  <b>Note:</b> A person may enroll in managed care in the near future. However, the HCBS case management transfer must occur between counties based on the person's FFS status when the person moves.</p>	<p>The previous county completes and sends DHS-6037 to the new county:</p> <ul style="list-style-type: none"> <li>As soon as they know the person is moving or has already moved.</li> <li>Upon request by the new county.</li> </ul>	<p>The previous county does not enter an exit SD. The new county enters an SD to update the case manager information.</p>	<p>The new county case manager must contact the person within 30 days of the transfer effective date to determine the need for an in-person visit and the need for updates to the support plan. An in-person case management visit must occur if the person has a change in condition or needs/requests a support change.</p>	<p>The previous county coordinates SA line closure with the new county's entry of the new SA line(s) to avoid unnecessary gaps in the person's services.</p>	<p>The previous county uses DHS-5181 to notify the person's current eligibility worker of the changes. Once the new county receives the information from the previous county, it is best practice to respond/confirm receipt of DHS-6037.</p>
<p>2. County FFS to tribal nation FFS: The person chooses tribal nation management of their HCBS program.  <b>Note:</b> Counties must offer people who are eligible the choice between a county or tribal nation to manage their waiver. The county or tribal nation</p>	<p>The county completes and sends DHS-6037 to the tribal nation:</p> <ul style="list-style-type: none"> <li>As soon as they know the person is moving or has already moved.</li> <li>Upon request by the new tribal nation.</li> </ul>	<p>The county does not enter an exit SD. The tribal nation enters an SD to update the case manager information.</p>	<p>The new tribal nation case manager must contact the person within 30 days of the transfer effective date to determine the need for an in-person visit and the need for updates to the support plan. An in-person case management visit must occur if the person has a change in condition</p>	<p>The county coordinates SA line closure with the tribal nation's entry of the new SA line(s) to avoid unnecessary gaps in the person's services.</p>	<p>The county uses DHS-5181 to notify the person's current eligibility worker of the changes. Once the new tribal nation receives the information from the previous county, it is best practice to respond/confirm receipt of DHS-6037.</p>

<p>must document the person's choice in writing.</p>			<p>or needs/ requests a support change.</p>		
<p>3. Tribal nation FFS to county FFS: Person moves to new COR. The tribal nation no longer will provide case management.</p>	<p>The tribal nation completes and sends DHS-6037 to the county:</p> <ul style="list-style-type: none"> <li>As soon as they know the person is moving or has already moved.</li> <li>Upon request by the new county.</li> </ul>	<p>The tribal nation does not enter an exit SD. The county enters an SD to update the case manager information.</p>	<p>The county case manager must contact the person within 30 days of the transfer effective date to determine the need for an in-person visit and the need for updates to the support plan. An in-person case management visit must occur if the person has a change in condition or needs/requests a support change.</p>	<p>The county coordinates SA line closure with the tribal nation's entry of the new SA line(s) to avoid unnecessary gaps in the person's services.</p>	<p>The tribal nation sends DHS-5181 to the new county eligibility worker. Once the new county receives the information from the previous tribal nation, it is best practice to respond/confirm receipt of DHS-6037.</p>
<p>4. MCO to county/tribal nation FFS: The person changes COR and therefore is disenrolled from managed care. <b>Note:</b> This scenario occurs when the person's current MCO does not provide coverage in the new COR. To know when the enrollment month ends, the case</p>	<p>The MCO completes and sends DHS-6037 to the county or tribal nation:</p> <ul style="list-style-type: none"> <li>As soon as they know the person is moving or has already moved.</li> <li>Upon request by the new county or tribal nation.</li> </ul>	<p>The MCO does not enter an EW exit SD. The county or tribal nation enters an SD to update the case manager information.</p>	<p>The county or tribal nation case manager must contact the person within 30 days of the transfer effective date to determine the need for an in-person visit and the need for updates to the support plan. An in-person case management visit must occur if the person has a change in condition</p>	<p>The county or tribal nation enters an EW SA effective on the first day of the month following disenrollment.</p>	<p>The previous MCO care coordinator uses DHS-5181 to notify the person's current eligibility worker of the changes. Once the new county/tribal nation receives the information from the previous MCO, it is best practice to respond/confirm receipt of DHS-6037.</p>

<p>manager can refer to the RPPH screen in the recipient subsystem of the Medicaid Management Information System (MMIS).</p>			<p>or needs/requests a support change.</p>		
<p>5. Tribal nation FFS to county FFS: The person no longer uses tribal nation management. Case management responsibility transfers to the COR.</p>	<p>The tribal nation completes and sends DHS-6037 to the county:</p> <ul style="list-style-type: none"> <li>As soon as the person chooses county case management.</li> <li>When the person no longer is eligible for tribal nation case management of HCBS.</li> </ul>	<p>The tribal nation does not enter an exit SD. The county enters an SD to update the case manager information.</p>	<p>The county case manager must contact the person within 30 days of the transfer effective date to determine the need for an in-person visit and the need for updates to the support plan. An in-person case management visit must occur if the person has a change in condition or needs/requests a support change.</p>	<p>The tribal nation coordinates SA line closure with new county's entry of the new SA line(s) to avoid unnecessary gaps in the person's services.</p>	<p>The tribal nation sends DHS-5181 to notify the person's eligibility worker. Once the new county receives the information from the previous tribal nation, it is best practice to respond/confirm receipt of DHS-6037.</p>
<p>6. County or tribal nation FFS to MCO: The person enrolls in managed care and changes from county or tribal nation case management to MCO. <b>Note:</b> The MCO must offer people</p>	<p>The county or tribal nation completes and sends DHS-6037 to the MCO as soon as either:</p> <ul style="list-style-type: none"> <li>They know the person is enrolled in managed care.</li> <li>By request of the new agency.</li> </ul>	<p>The county or tribal nation does not enter an EW exit SD. The MCO enters an SD to update the case manager information.</p>	<p>The MCO care coordinator contacts the person to perform the health risk assessment according to their contract guidelines. The care coordinator determines the</p>	<p>The county or tribal nation closes the EW SA one day before the managed care enrollment span on the RPPH screen in MMIS.</p>	<p>Once the new MCO receives the information from the previous county/tribal nation, it is best practice to respond/confirm receipt of DHS-6037.</p>

<p>who are eligible the choice between an MCO or tribal nation to manage their waiver. The MCO or tribal nation must document the person's choice in writing.</p>			<p>need for an in-person visit and the need for updates to the support plan. An in-person visit must occur if the person has a change in condition or needs/requests a support change.</p>		
<p>7. MCO to MCO: The person disenrolls from one MCO and enrolls in another MCO.</p>	<p>The previous MCO completes and sends DHS-6037 to the new MCO as soon as they know the person has enrolled in a different MCO.</p>	<p>The previous MCO does not enter an EW exit SD. The new MCO enters an SD to update the case manager information.</p>	<p>The MCO care coordinator contacts the person to perform the health risk assessment and EW support plan according to their contract guidelines.</p>	<p>The MCO follows MCO SA protocols.</p>	<p>If there is a change in COR, the previous MCO sends DHS-5181 to the eligibility worker. Once the new MCO receives the information from the previous MCO, it is best practice to respond/confirm receipt of DHS-6037.</p>
<p>8. MCO to county/tribal nation FFS: The person disenrolls from the MCO and changes to FFS county/tribal nation case management.</p>	<p>The MCO completes and sends the DHS-6037 to the county/tribal nation as soon as they know the person disenrolled.</p>	<p>The MCO does not enter an EW exit SD. The county/tribal nation enters an SD to update the case manager information.</p>	<p>The case manager must contact the person within 30 days of receiving DHS-6037 to determine the need for an in-person visit and the need for updates to the support plan. An in-person case management visit must occur if the person has a</p>	<p>The county/tribal nation enters an EW SA effective on the first day of the month following disenrollment.</p>	<p>If there is a change in COR, the MCO sends DHS-5181 to the eligibility worker. Once the new county/tribal nation receives the information from the previous MCO, it is best practice to respond/confirm receipt of DHS-6037.</p>

			change in condition or needs/requests a support change.		
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**Transitions due to loss of Medical Assistance (MA) eligibility**

Type of change	Days 1-90 from loss of MA eligibility	Day 90 and beyond from loss of MA eligibility
<p>9. The person is enrolled in MSHO/MS C+, is on EW and loses MA eligibility. In most cases, if the person reestablishes MA eligibility within 90 days, they continue on their MCO with no break in MCO enrollment.</p>	<p>The MCO tracks the person's status and completes any necessary reassessments according to MCO-specific policies. The MCO cannot enter an LTC screening document in MMIS when the person is not eligible for MA.</p> <p>The MCO sends DHS-6037 to the COR by day 60 if the person has not reestablished MA eligibility.</p> <p>DHS strongly recommends the COR and MCO confirm with each other that they sent/received DHS-6037 to prevent service disruption and to confirm the responsible lead agency.</p> <p><b>Note:</b> The MCO sends DHS-6037 to the COR to communicate information, not to transfer EW case management responsibility. This form alerts the COR that the person lost MA eligibility and that the MCO will stop following the person at day 90 if the person has not reestablished MA eligibility and has not reenrolled with the MCO.</p>	<p>The COR tracks the person's MA eligibility. If the person did not reestablish MA eligibility and enroll with the MCO by day 90, the COR contacts the person and helps them access services and supports as needed.</p> <p><b>Note:</b> If the MCO provided the COR with a reassessment completed by the MCO during days 1-90, the COR must enter the MCO's reassessment in MMIS to establish EW eligibility within 70 days of the assessment. If the COR is unable to use a reassessment completed by the MCO due to timelines, the COR completes an initial assessment to reestablish EW eligibility. To open the person to EW, the COR may need to ask the MCO to close the EW span. The COR can open the person to AC if the person meets level of care criteria but not MA financial eligibility. For a person who no longer meets either MA financial eligibility or level of care criteria, the COR can open the person to ECS.</p>