

WORK Independent Living Counseling (ILC) Change Form

WORK participants are expected to make decisions about what agency they want to provide their ILC services.

Name of Consumer: _____

Date: _____

Date that change is to occur:

A consumer can make an ILC change at any point but the change to a new agency will go into effect on the first of the month. To make this change to a new agency this form must be submitted by the 18th of the previous month in order to provide timely notice to all agencies involved. Example: this form is due by December 18th in order for a January 1st change.

ILC billing: The Current ILC cannot bill after the end date noted below.

Current ILC Agency: _____

End Date for this ILC: _____

Current ILC Name: _____

ILC billing: The New ILC cannot bill before the beginning date noted below.

New ILC Agency: _____

Beginning Date for this ILC: _____

New ILC Name: _____

The new ILC will complete this form at the time they meet with the WORK participant to complete ILC agency required forms. Please note that the new agency will need a release before requesting information from the current provider.

The New ILC will:

Complete and Sign this form, and forward to the current ILC, MCO, and WORK Program Manager

The MCO Case Manager will:

Notify the previous agency and confirm the date that services will change

Make the changes in the PPL system to link the WORK participant to the new ILC

Notify PALCO of the change so they can make the appropriate changes in their system

Make the prior authorization changes in the KMAP system for billing of ILC support units

The WORK Program Manager will:

Notify the Working Healthy Benefits Specialist of the change

Transfer of Documentation

The WORK Assessment, Individualized budget, Consumer agreement form, and Emergency Backup plan may be requested by the new ILC and will be sent by the WORK Program Manager or the MCO.

Documentation that may be requested from the previous ILC and may be released to the new ILC with a current and signed release: Case notes; Assistive Service Requests, approval and denial letters; Medical history that may be relevant; Guardianship or DPOA documents; Current releases of Information.

Member signature: _____ **Date:** _____

New ILC: _____ **Date:** _____

Current ILC notified of this change on: _____

By: Select