



The Resource Exchange (TRE) Member Exception Process 11-1-2023 updated 10-2025
DSA 11 (El Paso, Park and Teller County) and DSA 12 (Pueblo)

This plan outlines TRE's process for the Member Exception Process:

- Those who would like to receive services from TRE but who reside outside of our designated service area of El Paso, Park, and Teller County (DSA 11) and Pueblo (DSA 12).
- Those requesting case management services from a Case Management (CMA) other than TRE while living in DSA 11 or 12.

In both situations, TRE strives to be an option for members and applicants while providing excellent case management services. This process will be free of solicitation, influence, and retaliation in any form. We recognize and will continue to support that case management is a customized service and that finding the best match for the individual is the ultimate goal.

TRE will adhere to any procedures and rules applicable to transfers.

- ❖ For those who would like to receive services from TRE but who live outside of DSA 11 or 12. The Member Exception Process will be available in

The person making the request will send an email to TREtransfer@tre.org for TRE to be the CMA.

- The current CMA will be copied on the email.
- TRE will request the following information, preferably, in the format listed below: Subject: Requesting TRE as CMA

Email body:

Name of person in services:

Address:

County:

DOB:

Medicaid ID:

Contact information (if there is a guardian or authorized representative, this paperwork will need to be attached):

Current needs:

Current Provider agencies:

A brief explanation of why they are requesting this change:

Requests will only be accepted from the person in services, their legal guardian, or an authorized representative (CMAs may also make the request on a member's behalf but must include them on the email or provide a phone number if they do not have email).

- TRE shall not accept a member's request if it is determined that the contracted provider or other member of the team is coercing the member for financial gain or due to an allegation of mistreatment, abuse, neglect, or exploitation until resolution of the allegation where said individual is the "target" of the investigation.

If a member wants to make this request, and they do not have access to email, they can call 719- 380-1100 and ask for the transfer team.

TRE will consider the following in its decision:

- Reason for wanting to be served by TRE.
- Confirmation of all points of eligibility being met through the CMA and DHS.
- Determination of staffing levels and TRE's ability to meet geographical, contractual, regulatory, and federal requirements.
- Determination if TRE can efficiently support the individual while considering any urgent or follow up requests to support the member.
- Information shared with/by the current CMA. Current crisis/issues/conflicts/complaints will be encouraged to be worked through with the current CMA for resolution.
 - TRE shall not accept a member's request if it is determined that the contracted provider is coercing the member for financial gain or due to an allegation of mistreatment, abuse, neglect, or exploitation until resolution of the allegation where said individual is the "target" of the investigation.
- Status of CSR/Enrollment.
 - TRE will not accept anyone within 90 days of their CSR unless and until the PAR is fully processed and approved with the appropriate Medicaid coverage.
 - TRE will determine on an individual basis if we can support someone who has not completed the Intake process. TRE shall request detailed information on where the member is in the intake process and what steps have not been completed.

Decisions will only be made by the Directors or Managers in Service Coordination. This decision will be outlined in CCM system notes for the individual.

TRE will respond to the requestor within 10 business days of the initial email. If all information is received, a decision will be included in that response. If it is determined that TRE can support the individual, TRE will request a transfer packet from the CMA. After a complete packet is received, a date to transfer will be coordinated with the current CMA for continuity of care of the member. For those receiving services in a residential setting, TRE will request the transfer to occur on the 1st of a month. The start date for serving the individual and their location will be tracked on our internal Member list. In addition, TRE shall track and submit the prescribed Member Exception Tracking form to Health Care Policy and Financing no later than the fifth business day of the following month.

- TRE has a CMA Transfer request form that is preferred (some agencies require different forms that will be both accepted and utilized as required/agreed upon). As implementation of the Care and Case Management system (CCM) and rules evolve, this form and what is required in a transfer packet will be modified.

- ❖ For those requesting case management services from a CMA other than TRE while living in DSA 11 or 12.
 - An email or conversation should occur by the member/guardian/authorized representative with the assigned case manager at TRE.
 - The Case Manager will discuss why they are looking for a new agency with the person. If it is related to a complaint, all parties are encouraged to see if issues can be resolved, TRE will make all attempts to resolve pending issues/needs. The Case Manager will include the manager for their team in these discussions and the supervisor and manager will participate in any resolutions that may be possible. If appropriate, this information shall be included in TRE's Complaint Log to ensure appropriate follow-up and resolution occurs.
 - If the issue(s) cannot be resolved, TRE will assist them with identifying the CMA of choice and continue to provide support with the transition through attending meetings, exchange of information, and ensuring all rules, contract requirements, and procedures are followed. The CMA of choice has the discretion to approve or deny the request.
 - TRE shall notify the possible CMA of any coercion, if it is determined that the contracted provider, is seeking financial gain or due to an allegation of mistreatment, abuse, neglect, or exploitation if the allegation where said individual is the "target" of the investigation.
 - If the person is enrolling, or in active services with TRE, this will be tracked with the termination information. In addition, TRE shall track and submit the prescribed Member Exception Tracking form to Health Care Policy and Financing no later than the fifth business day of the following month.
 - The manager will notify the appropriate Case Management Director when it is a member's choice to leave TRE and receive services from another CMA.
 - An internal Transfer Form will be submitted within 1 business day of the decision to leave TRE.