

520 MEMBER TRANSITIONS

REVISION DATE: 5/8/2024, 5/10/2023, 1/27/2021

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EFFECTIVE DATE: October 1, 2019

REFERENCES: 42 CFR 431.300; 42 CFR 438.62; 42 CFR 440.70; 42 CFR 457.1216; 42 CFR 431.300 et seq; A.R.S. §§ 36-2931; A.R.S. §§ 36-2901.01; A.R.S. §§ 36-2981; AMPM 520; AMPM 1620-H; AMPM 1620-M; AMPM Exhibit 1620-9; AdSS 310-P

PURPOSE

This policy establishes the Administrative Services Subcontractors (AdSS) requirements for Division of Developmental Disabilities (Division) Member transitions between the AdSS.

DEFINITIONS

1. "Close Proximity" means within the geographic service area.
2. "Enrollment Transition Information" or "ETI" means Member specific information the relinquishing contractor shall complete and transmit to the receiving contractor or Fee-For-Service program for those Members requiring coordination of services as a result of transitioning to another contractor or FFS program.
3. "Medical Record" means all communications related to a patient's

physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of evaluation or treatment, including records that are prepared by a health care provider or by other providers. Records do not include materials that are prepared in connection with utilization review, peer review or quality assurance activities as specified in A.R.S. § 122291.

4. "Member" means an individual who is receiving services from the Division of Developmental Disabilities.
5. "Member Care Transition" means Member movement between care settings as their condition and care needs change during the course of a chronic or acute illness.
6. "Special Health Care Needs" or "SHCN" means a serious and chronic physical, developmental, or behavioral conditions requiring medically necessary health and related services of a type or amount beyond that required by Members generally that lasts or is expected to last one year or longer and may require ongoing care not generally provided by a Primary Care Provider

(PCP). All Division Members are designated as individuals with Special Health Care Needs.

POLICY

A. MEMBER TRANSITIONS

1. The AdSS shall identify and facilitate coordination of care for all Members eligible for Arizona Long Term Care System (ALTCS) during:
 - a. Changes or transitions between health plans,
 - b. Changes in service areas,
 - c. Changes in subcontractors, or
 - d. Changes in health care providers as specified in AMPM 520.
2. The AdSS shall implement a transition of care policy as specified in 42 CFR 457.1216, 42 CFR 438.62.
3. The AdSS shall receive transitioning FFS Member information via automated electronic transfer file accessible through the AHCCCS Secured File Transfer Protocol (SFTP Server).
4. The AdSS shall work collaboratively with Members with special circumstances which may require additional or distinctive

assistance during a period of transition to ensure Members do not experience a gap in services.

5. The AdSS shall develop policies or protocols to address the transition of Members with the following medical conditions or special circumstances:
 - a. Members who are pregnant, especially women who are high risk or in their third trimester;
 - b. Members in the process of or having major organ or tissue transplantation services;
 - c. Members who are on a high-cost specialty drug or biologic;
 - d. Members who are being considered for or are actively engaged in a transplant process and for up to one-year post transplant;
 - e. Member with a chronic illness, which has placed the Member in a high-risk category or resulted in any of the following:
 - i. Emergency department utilization,
 - ii. Hospitalization, or

- iii. Placement in nursing care or other facilities.
- f. Members with a significant medical or behavioral health conditions that require ongoing specialist care and appointments;
- g. Members receiving or in need of chemotherapy or radiation therapy;
- h. Members receiving or in need of dialysis;
- i. Members hospitalization at the time of Member Care Transition;
- j. Members with the following ongoing needs:
 - i. Durable Medical Equipment, including ventilators and other respiratory assistance equipment;
 - ii. Home health services;
 - iii. Medically necessary transportation on a scheduled basis or ongoing basis;
 - iv. Prescription medications including those that have been stabilized through a step therapy process; or
 - v. Pain management services.

- k. Members who frequently contact:
 - i. AHCCCS;
 - ii. State and local officials;
 - iii. The Governor's Office; or
 - iv. The media.
- l. Members with qualifying CRS conditions and Members with qualifying Children's Rehabilitation Services (CRS) conditions who are transitioning into adulthood;
- m. Members diagnosed with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS);
- n. Members enrolled in the ALTCS EPD and DDD or Tribal ALTCS program;
- o. Members who are engaged in care or services through the Arizona Early Intervention Program (AzEIP);
- p. Members with a Serious Mental Illness (SMI) designation.
- q. Any Member under 18 years of age that has an Early Childhood Service Intensity Instrument Child and

Adolescent Level of Care Utilization System

(ECSII/CALOCUS) score of 4+;

- r. Members who have a current Seriously Emotionally Disturbed (SED) diagnosis flag in the system or who qualified for the SED designation through the SED Eligibility Determination process in the AHCCCS system;
- s. Member that is a substance exposed newborn or infant diagnosed with Neonatal Abstinence Syndrome (NAS);
- t. Members diagnosed with Severe Combined Immunodeficiency (SCID);
- u. Members with a diagnosis of autism or who are at risk for autism;
- v. Members diagnosed with opioid use disorder (OUD); separately tracking pregnant women and Members with co-occurring pain and OUD;
- w. Members enrolled with the Division of Child Safety (DCS) Comprehensive Health Program (CHP);

- x. Members who transition out of the CHP up to one-year post transition;
 - y. Members identified as a High Need or High Cost Member;
 - z. Members on conditional release from Arizona State Hospital;
 - aa. Other services not indicated in the State Plan for eligible Members but covered by Title XIX and Title XXI for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) eligible Members, including Members whose conditions require ongoing monitoring or screening.
6. The AdSS shall ensure Members have received prior authorization (PA) or approval for the following at the time of transition:
- a. Scheduled elective surgery(ies);
 - b. Procedures or therapies to be provided on dates after their transition, including post-surgical follow-up visits;

- c. Sterilization and have a signed sterilization consent form, but are waiting for expiration of the 30 calendar day period;
- d. Behavioral health services;
- e. Appointments with a specialist located out of the AdSS service area; and
- f. Nursing facility admission.

B. NOTIFICATION REQUIREMENTS

- 1. The relinquishing AdSS shall provide relevant information regarding Members who transition to a receiving AdSS.
- 2. The relinquishing AdSS shall utilize the following ALTCS Enrollment Transition Information (ETI) for those Members with special circumstances who are transitioning enrollment to another AdSS:
 - a. Attachment A of this policy, and
 - b. AMPM Exhibit 1620-9 used by ALTCS Contractors and the Tribal ALTCS program.

3. The relinquishing AdSS shall complete and electronically transmit the appropriate ETI Form to the receiving AdSS or FFS program no later than 10 business days from the date of receipt of AHCCCS notification.
4. The relinquishing AdSS shall be responsible for covering the Member's care for up to 30 calendar days if they fail to notify the receiving AdSS of transitioning Members with special circumstances, or fail to send the completed ALTCS Enrollment Transition Information.
5. The AdSS shall have protocols for the transfer of pertinent Medical Records and the timely notification of Members, subcontractors, or other providers, as appropriate during times of transition.
6. The receiving AdSS shall provide new Members with its Member Handbook, provider directory, and emergency numbers as specified in ACOM Policy 460.
7. The receiving AdSS shall follow up with the Member to address the needs of the Member identified on the ETI form to include:

- a. Support coordination,
 - b. Care management,
 - c. Pharmacy,
 - d. Behavioral health services, and
 - e. Transportation.
8. The receiving AdSS shall extend previously approved PA's for a minimum period of 30 calendar days from the date of the Member's transition, unless a different time period is mutually agreed to by the Member or Responsible Person.
 9. The receiving AdSS shall provide at a minimum a 90 calendar day transition period allowing the Members with Special Health Care Needs to continue seeking care from their previously established PCP that does not participate in the AdSS network while the Responsible Person, Support Coordinator, Care Manager or Provider Case Manager identifies an alternative PCP within the AdSS provider network.

C. TRANSITION TO ALTCS

1. The relinquishing AdSS shall coordinate transition with the receiving AdSS or Tribal ALTCS if a Member is approved for ALTCS enrollment.
2. The AdSS shall ensure applicable protocols are followed for any special circumstances of the Member and that continuity and quality of care is maintained during and after the transition.

D. TRANSITION FROM CHILD TO ADULT SERVICES

1. The AdSS shall ensure the following occurs for transitions involving co-occurring behavioral and physical health conditions:
 - a. Coordination plan between child providers and the anticipated adult providers including development of a transition plan for the member that focuses on assisting the Member with gaining the necessary skills and knowledge to become a self-sufficient adult and facilitates a seamless transition from child services to adult services;
 - b. A process that begins no later than when the child reaches the age of 16;

- c. An SMI eligibility determination that is completed when the adolescent reaches the age of 17.5 years old, if clinically indicated, and lives in Arizona or plans to live in Arizona:
 - d. A transition process that includes any additional stakeholder and behavioral or physical healthcare entity involved with the child as applicable; and
 - e. A coordination plan to meet the unique needs for Members with Special Health Care Needs, including Members with CRS designation, as specified in Contract.
- 2. The AdSS shall ensure ALTCS eligible Members under age 21 receiving Licensed Health Aide services are engaged in transition planning and communication, if offered to families prior to the Member's 21st birthday.
 - 3. The AdSS shall not provide LHA services to Members 21 years and older as specified in AMPM Policy 1240-G and A.A.C. R4-19-90124.

E. MEMBERS HOSPITALIZED DURING ENROLLMENT CHANGE

1. The AdSS shall provide a smooth transition of care for Members who are hospitalized on the day of an enrollment change with the following steps:
 - a. Notification to the receiving AdSS or FFS Program prior to:
 - i. The date of the transition,
 - ii. Continued authorization of treatment, and service coordination.
 - b. Notification of the following to the hospital and attending physician of the transition by the relinquishing AdSS:
 - i. Pending transition prior to the date of the transition,
 - ii. Instruct the providers to contact the receiving AdSS or FFS Program for authorization of continued services,
 - iii. Cover services rendered to the hospitalized Member for up to 30 days if they fail to provide notification to the receiving AdSS, hospital, and the attending physician, including elective surgeries for which the relinquishing AdSS issues PA.

- c. Coverage of the hospital stay by the AdSS in which the Member is enrolled upon discharge per Diagnosis Related Group (DRG).
- d. Coordination with providers regarding activities relevant to concurrent review and discharge planning.

**F. TRANSITION DURING MAJOR ORGAN AND TISSUE
TRANSPLANTATION SERVICES**

1. The relinquishing and receiving AdSS shall coordinate care and coverage for Members who have been approved for major organ or tissue transplant if there is a change in AdSS or FFS enrollment.
2. The receiving AdSS shall submit a request for continuation of previously approved transplant reinsurance, as specified in Contract, to AHCCCS Medical Management (MM).
3. The AdSS shall cover transplantation at a center that is not an AHCCCS contracted provider for a Member undergoing transplantation on the effective date of the transition to the AdSS.

**G. ENROLLMENT CHANGES FOR MEMBERS RECEIVING
OUTPATIENT TREATMENT**

1. The AdSS shall have protocols for ongoing care of Members with active or chronic health care needs during the transition period.
2. The receiving AdSS shall have protocols to address the timely transition of the Member from the relinquishing PCP to the receiving PCP, in order to maintain continuity of care.
3. The AdSS shall ensure pregnant women who transition to a new AdSS within the last trimester of their expected date of delivery be allowed the option of continuing to receive services from their established physician and anticipated delivery site through the postpartum visits included in the all-inclusive maternity care as specific in AMPM 410.

H. MEDICALLY NECESSARY TRANSPORTATION

1. The AdSS shall provide information to Members on what and how medically necessary transportation can be obtained as specified in AMPM 310-BB.

2. The AdSS shall cover transportation, and room and board for the transplant candidate, donor and, if needed, one adult caregiver as identified by the transplant facility.
 - a. Coverage is limited to medical treatment transportation, to and from the facility, during the time it is necessary for the Member to remain in Close Proximity to the transplant center.
 - b. Coverage includes the periods of evaluation, on-going testing, transplantation, and post-transplant care by the transplant center.

I. TRANSITION OF PRESCRIPTION MEDICATION SERVICES

1. The relinquishing AdSS shall:
 - a. Cover the dispensation of the total prescription amount of either continuing or time-limited medications, if filled before midnight on the last day of enrollment; and
 - b. Not reduce the quantity of the ordered prescription unless it exceeds a 30-day supply or 100 unit doses.

2. The receiving AdSS shall extend previously approved PA's for a period of 30 calendar days from the date of the Member's transition unless a different time period is mutually agreed to by the Member or Responsible Person.
3. The AdSS shall ensure Member's transitioning from a Behavioral Health Medical Professional (BHMP) to a PCP for behavioral health medication management continue on the medication(s) prescribed by the BHMP until the Member can transition to their new PCP.
4. The AdSS shall coordinate care and ensure the Member has a sufficient supply of behavioral health medications to last through the date of the Member's first appointment with their new PCP.
5. The AdSS shall ensure Members receiving behavioral health medications from their PCP may simultaneously receive counseling and other medically necessary services.

J. DISPOSITION OF MEDICAL EQUIPMENT, APPLIANCES, AND MEDICAL SUPPLIES DURING TRANSITION

1. The AdSS shall ensure the disposition of Medical Equipment, appliances, and supplies during a Member's transition period and develop policies that include the following:
 - a. The relinquishing AdSS provides accurate information about Members with ongoing Non-Customized Medical Equipment needs to the receiving AdSS or FFS programs.
 - b. Customized Medical Equipment
 - i. Customized Medical Equipment purchased for Members by the relinquishing AdSS will remain with the Member after the transition.
 - ii. The purchase cost of the equipment is the responsibility of the relinquishing AdSS.
 - iii. Customized Medical Equipment ordered by the relinquishing AdSS but delivered after the transition to the receiving AdSS is the financial responsibility of the relinquishing AdSS.
 - iv. Maintenance contracts for customized Medical Equipment purchased for Members by a relinquishing

AdSS will transfer with the Member to the receiving AdSS.

- v. Contract payments due after the transition will be the responsibility of the receiving AdSS, if the receiving AdSS elects to continue the maintenance contract.
- c. Augmentative Communication Devices (ACD)
 - 2. The AdSS shall give Members a 90-day trial period to determine if the ACD will be effective for the Member, or if it should be replaced with another device.
 - 3. The AdSS shall require one of the following occurs if a Member transitions from an AdSS during the 90-day trial period:
 - i. The device remains with the Member if the ACD is proven to be effective and payment for the device is covered by the relinquishing AdSS;
 - ii. The cost of any maintenance contract necessary for the ACD is the responsibility of the receiving AdSS if they elect to continue the maintenance contract; or

- iii. The device is returned to the vendor if the ACD is proven to be ineffective and the receiving AdSS will coordinate a new device trial and purchase if it is determined to meet the Member's needs.

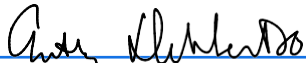
K. MEDICAL RECORDS TRANSFER DURING TRANSITION

1. The AdSS shall transition Medical Records, timely but no later than within 10 business days from receipt of the request for transfer to ensure continuity of Member care during the time of enrollment change as specified in AMPM 940.
2. The AdSS shall ensure if an organization distributes information electronically, it must indicate that the information is available in paper format upon request.

Supplemental Information

For members who transitions to an AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHA) from an ACC Contractor, and who have an established relationship with a Primary Care Provider (PCP) that does not participate in the ACC-RBHAs provider network, the ACC-RBHA shall provide, at a minimum, a six-month transition period. During this transition period, the member may continue to seek care from their established PCP while the member/HCDM/DR, the ACC-RBHA, and/or case manager finds an alternative PCP within the new ACC-RBHAs provider network. Refer to ACOM Policy 402.

Medical records are applicable to both paper and electronic Medical Records. If an organization distributes information electronically, it must indicate that the information is available in paper format upon request.

Signature of Chief Medical Officer: 
[Anthony Dekker \(May 3, 2024 14:12 PDT\)](#)
Anthony Dekker, D.O.