

## **520 MEMBER TRANSITIONS**

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

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 requirements for Division of Developmental Disabilities (Division) Member Transitions between the Administrative Services Subcontractors (AdSS), Fee-for-Service (FFS) programs, and other AHCCCS contractors. It applies to the Administrative Services Subcontractors.

### **DEFINITIONS**

1. "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.
2. "Member" means an individual who is receiving services from the

Division of Developmental Disabilities (Division).

3. “Member Transition” means the process during which Members change from one contractor or Fee-for-Service (FFS) program to another.
4. “Medical Equipment and Appliances” means an item as specified in 42 CFR 440.70, that is not a prosthetic or orthotic; and
  - a. Is customarily used to serve a medical purpose, and is generally not useful to an individual in the absence of an illness, disability, or injury,
  - b. Can withstand repeated use, and
  - c. Can be reusable by others or is removable
5. “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, or
  - c. Changes in health care providers as specified in AMPM 520.
2. 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.
3. The AdSS shall develop policies or protocols to address the transition of Members with the following medical conditions or special circumstances:
  - a. Pregnancy;

- b. Major organ or tissue transplantation services which are in process;
- c. Chronic illness, which has placed the Member in a high-risk category or resulted in hospitalization or placement in nursing, or other facilities;
- d. Significant medical or behavioral health conditions that require ongoing specialist care and appointments;
- e. Chemotherapy or radiation therapy;
- f. Dialysis;
- g. Hospitalization at the time of transition;
- h. Members with the following ongoing health needs:
  - i. Durable Medical Equipment, including ventilators and other respiratory assistance equipment;
  - ii. Home health services;
  - iii. Medically necessary transportation on a scheduled basis;
  - iv. Prescription medications; or
  - v. Plan management services.

- i. Members who frequently contact AHCCCS, State and local officials, the Governor's Office or the media;
- j. Members with qualifying Children's Rehabilitation Services (CRS) conditions or are transitioning into adulthood;
- k. Members diagnosed with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS);
- l. Members who are being considered for or are actively engaged in a transplant process and for up to one-year post transplant;
- m. Members enrolled in the ALTCS program who are elderly or have a physical or developmental disability;
- n. Members who are engaged in care or services through the Arizona Early Intervention Program (AzEIP);
- o. Members who are diagnosed with a Serious Mental Illness (SMI).
- p. Any child that has an Early Childhood Service Intensity Instrument Child and Adolescent Level of Care Utilization System (ECSII/CALOCUS) score of 4+;

- q. Members who have a Seriously Emotionally Disturbed (SED) diagnosis flag in the system;
- r. Substance exposed newborns and infants diagnosed with Neonatal Abstinence Syndrome (NAS);
- s. Members diagnosed with Severe Combined Immunodeficiency (SCID);
- t. Members with a diagnosis of autism or who are at risk for autism;
- u. Members diagnosed with opioid use disorder, separately tracking pregnant Members and Members with co-occurring pain and opioid use disorder;
- v. Members enrolled with the Division of Child Safety Comprehensive Health Program (CHP);
- w. Members who transition out of the CHP up to one-year post transition;
- x. Members identified as a High Need or High Cost Member;
- y. Members on conditional release from Arizona State Hospital;

- z. 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;
4. The AdSS shall ensure members have received prior authorization 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 ALTCS Enrollment Transition Information (ETI) for those Members with special circumstances who are transitioning enrollment to another AdSS.
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.
8. The receiving AdSS shall extend previously approved prior authorizations 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 Member's representative.
9. The receiving AdSS shall provide at a minimum a 90 calendar day transition period, for children and adults with Special Health Care Needs who have an established relationship with a PCP that does not participate in the receiving 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 transitions involving co-occurring behavioral and physical health conditions include the following:
  - a. Coordination plan between child providers and the anticipated adult providers;
  - b. Process that begins no later than when the child reaches the age of 16;
  - c. A transition plan for the Member focused on assisting the Member with gaining the necessary skills and knowledge to become a self-sufficient adult within their capabilities and facilitates a seamless transition from child services to adult services;

- d. An SMI eligibility determination that is completed when the adolescent reaches the age of 17, but no later than age 17 and six months; and
  - e. A coordination plan to meet the unique needs for Members with special circumstances.
- 2. The AdSS shall ensure any additional stakeholder, behavioral or physical healthcare entity involved with the child shall be included in the transition process, as applicable.

**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 the date of the transition.
  - b. Notification to the hospital and attending physician of the transition by the relinquishing AdSS as follows:
    - i. Notify the hospital and attending physician of the 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, relative to the transitioning Member.
- 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 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. Each AdSS shall cover the respective dates of service if a Member changes to a different AdSS while undergoing transplantation at a transplant center that is not an AHCCCS contracted provider.

**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 new Members on what and how medically necessary transportation can be obtained.
2. The AdSS shall provide information to providers on how to order medically necessary transportation for Members.

## **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 prior authorizations 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 Member's representative.
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 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 PCP.

#### **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. Non-customized Medical Equipment
    - i. Relinquishing AdSS shall provide accurate information about Members with ongoing 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. The purchase cost of the equipment is the responsibility of the relinquishing AdSS.
  - ii. Customized Medical Equipment ordered by the relinquishing AdSS but delivered after the transition to the receiving AdSS shall be the financial responsibility of the relinquishing AdSS.
  - iii. Maintenance contracts for customized Medical Equipment purchased for Members by a relinquishing AdSS will transfer with the Member to the receiving AdSS.
  - iv. 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)



- i. 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.
- ii. If a Member Transitions from an AdSS during the 90-day trial period, one of the following shall occur:
  - 1) The device shall remain with the Member if the ACD is proven to be effective. Payment for the device shall be covered by the relinquishing AdSS.
  - 2) The cost of any maintenance contract necessary for the ACD shall be the responsibility of the receiving AdSS if they elect to continue the maintenance contract.
  - 3) The device shall be returned to the vendor if the ACD is proven to be ineffective. The receiving AdSS shall then coordinate a new device trial and purchase if it is determined to meet the Member's needs.

**K. MEDICAL RECORDS TRANSFER**

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.

**L. OUT OF SERVICE AREA PLACEMENT REFERRALS**

1. The AdSS shall initiate a referral for placement of a Member with SMI to a service provider for the purposes of obtaining behavioral health services when:
  - a. The resulting relocation of the Member may result in the eligibility source making corresponding changes to a Member's address in the Pre-paid Medicaid Management Information System (PMMIS), or
  - b. A change of address to another Geographic Service Area (GSA) will cause the Member with SMI to become enrolled with a RBHA Contractor in the other GSA for both behavioral health and physical health services.

2. The AdSS shall provide services out of state when medically necessary services are not available in state.

Signature of Chief Medical Officer:   
[Anthony Dekker \(May 3, 2023 15:22 PDT\)](#)  
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