

520 MEMBER TRANSITIONS

EFFECTIVE DATE: October 1, 2019

REFERENCES: 42 CFR 431.300 et seq

The Division of Developmental Disabilities (Division) and its Administrative Services Subcontractors (AdSSs) must identify and facilitate coordination of care for all members eligible for ALTCS during changes or transitions between AdSSs and changes in service areas and/or health care providers. Members with special circumstances (such as those listed below) may require additional or distinctive assistance during a period of transition. Policies or protocols is developing to address these situations. Special circumstances include members designated as having "special health care needs" and members who:

- A. Have medical conditions or circumstances such as:
 - 1. Pregnancy (especially women who are high risk and in third trimester, or are within 30 days of their anticipated delivery date)
 - 2. Major organ or tissue transplantation services which are in process
 - 3. Chronic illness, which has placed the member in a high-risk category and/or resulted in hospitalization or placement in nursing, or other facilities, and/or
 - 4. Significant medical conditions (e.g., diabetes, hypertension, pain control, or orthopedics) that require ongoing specialist care and appointments
- B. Are in treatment such as:
 - 1. Chemotherapy and/or radiation therapy
 - 2. Dialysis
- C. Have ongoing needs such as:
 - 1. Durable medical equipment, including ventilators and other respiratory assistance equipment
 - 2. Home health services
 - 3. Medically necessary transportation on a scheduled basis
 - 4. Prescription medications
 - 5. Other services not indicated in the State Plan, but covered by Title XIX for Early and Periodic Screening, Diagnosis and Treatment-eligible members
- D. At the time of transition, have received prior authorization or approval for:
 - 1. Scheduled elective surgery(ies)
 - 2. Procedures and/or therapies to be provided on dates after their transition,

- including post-surgical follow-up visits
3. Sterilization and have a signed sterilization consent form, but are waiting for expiration of the thirty-day period
 4. Appointments with a specialist located out of the AdSS service area
 5. Nursing facility admission.

Notifications Required of AdSS

- A. The relinquishing AdSS must provide relevant information regarding members who transition to a receiving AdSS. The *ALTCS Enrollment Transition Information (ETI) (DDD-1541A)* form must be sent to the Division for at least those members with special circumstances, listed in this policy, who are transitioning enrollment to another AdSS.
- B. The relinquishing AdSS that fails to notify the receiving AdSS of transitioning members with special circumstances, or fails to send the completed *ALTCS Enrollment Transition Information (ETI) (DDD-1541A)*, will be responsible for covering the member's care resulting from the lack of notification, for up to 30 days.
- C. The relinquishing and receiving AdSSs must also provide protocols for the transfer of pertinent medical records, as discussed in this policy, and the timely notification of members, subcontractors or other providers, as appropriate during times of transition.
- D. The receiving AdSS must provide new members with its handbook and emergency numbers as specified in contract.
- E. The receiving AdSS must follow up appropriately for the needs identified on *ALTCS Enrollment Transition Information (ETI) (DDD-1541A)*.

Transition Policies

The Division has specific policies for member transition issues including, but not limited to:

- A. Transition from the Division to an acute care contractor
 1. If a member is determined through Pre-Admission Screening (PAS) reassessment to no longer need long term care through ALTCS or the ALTCS-Transitional program, and the member is determined eligible for acute care enrollment, he/she will be transitioned to an acute care contractor.
 2. The Division will receive a prior plan list for members that are being disenrolled. The Division uses this list to identify members needing an *ALTCS Enrollment Transition Information (ETI) (DDD-1541A)*, completes, and forwards it and any other appropriate information to the acute care contractor.

3. The member's Division Support Coordinator and AdSS must be involved in the transition process in order to assure that continuity and quality of care for the member is maintained.
 4. The Division and the AdSS must implement protocols for the special circumstances that members transitioning from ALTCS may experience. The following protocols must be included:
 - a. Conduct a comprehensive evaluation to determine the treatment and service regimen.
 - i. The member must continue receiving the Division treatment and service regimen until that determination is made.
 - ii. The exception is for Division services that are not covered by acute care contractors (e.g., attendant care or home delivered meals).
 - iii. The evaluation must encompass each service the member is currently receiving from the Division and the AdSS.
 - b. Develop an individualized treatment plan based on the member's needs, past progress and projected outcomes, using information gathered from the comprehensive evaluation, the care plan, medical history, and information obtained from the Division Support Coordinator and the AdSS.
- B. Transition of members hospitalized during an enrollment change
1. The AdSS must make provisions for the smooth transition of care for members who are hospitalized on the day of an enrollment change. The provisions must include protocols for the following:
 - a. Authorization of treatment by the receiving AdSS on an individualized basis. The receiving AdSS must address contracting for continued treatment with the institution on a negotiated fee basis, as appropriate.
 - b. Notification to the hospital and attending physician of the transition by the relinquishing AdSS.
 - i. The relinquishing AdSS must notify the hospital and attending physician of the pending transition prior to the date of the transition and instruct the providers to contact the receiving AdSS for authorization of continued services.
 - ii. If the relinquishing AdSS fails to provide notification to the hospital and the attending physician relative to the transitioning member, the relinquishing AdSS will be

responsible for coverage of services rendered to the hospitalized member for up to 30 days. This includes, but is not limited to, elective surgeries for which the relinquishing AdSS issued prior authorization.

- c. Coordination with providers regarding activities relevant to concurrent review and discharge planning must be addressed by the receiving AdSS, along with the mechanism for notification regarding pending discharge.
 - d. Transfer of care to a physician and/or hospital affiliated with the receiving AdSS.
 - i. Transfers from an out-of-network provider to one of the receiving AdSS providers cannot be made if harmful to the member's health and must be determined medically appropriate.
 - ii. The transfer may not be initiated without approval from the relinquishing AdSS Primary Care Provider (PCP), or the receiving AdSS Medical Director.
2. Members in critical care units, intensive care units, and neonatal intensive care units require close consultation between the attending physician and the receiving AdSS physician. If a member is admitted to an inpatient facility while still assigned to the relinquishing AdSS, and discharged after transition to the receiving AdSS, both must work together to coordinate discharge activities.
 3. The relinquishing AdSS will be responsible for coordination with the receiving AdSS regarding each specific prior authorized service.
 4. For members known to be transitioning, the relinquishing AdSS must not authorize hospital services such as elective surgeries scheduled less than 15 days prior to enrollment with the receiving AdSS.
 5. If authorized to be provided during this time frame, the service for the transitioning member will be the financial responsibility of the AdSS who authorized the service.
- C. Transition during major organ and tissue transplantation services
1. If there is a change in AdSS enrollment, both the relinquishing and receiving AdSS will be responsible for coordination of care and coverage for members awaiting major organ or tissue transplantation from the time of transplantation evaluation and determination through follow-up care after the transplantation surgery.
 2. If a member changes AdSS enrollment while undergoing transplantation at

an AHCCCS-contracted transplant center, the relinquishing AdSS is responsible for contracted components or modules of the service up to and including completion of the service modules that the member is receiving at the time of the change.

3. The receiving AdSS is responsible for the remainder of the module components of the transplantation service.
4. If a member changes to a different AdSS while undergoing transplantation at a transplant center that is not an AHCCCS-contracted provider, each AdSS is responsible for its respective dates of service. If the relinquishing AdSS has negotiated a special rate, it is the responsibility of the receiving AdSS to coordinate the continuation of the special rate with the respective transplant center.

Enrollment Changes for Members Receiving Outpatient Treatment for Significant Conditions

- A. AdSSs must have protocols for ongoing care of active and/or chronic "high risk" (e.g., outpatient chemotherapy, home dialysis) members and pregnant members during the transition period. The receiving AdSS must 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.
- B. The receiving AdSS must address methods to continue the member's care, such as contracting on a negotiated rate basis with the member's current provider(s) and/or assisting members and providing instructions regarding their transfer to providers affiliated with the receiving AdSS.
- C. Receiving AdSS are also responsible for coordinating the transition of pregnant women to maintain continuity of care. Pregnant women who transition to a new AdSS within the last trimester of their expected date of delivery must be allowed the option of continuing to receive services from their established physician and anticipated delivery site.

Medically Necessary Transportation

Service delivery locations may necessitate changes in transportation patterns for the transitioning member. The AdSS must have protocols for at least the following:

- A. Information to new members on what, and how, medically necessary transportation can be obtained
- B. Information to providers on how to order medically necessary transportation.

Transfer and Interim Coverage of Prescription Medications

The AdSS must address the issues of dispensing and refilling prescription medications during the transition period, and develop protocols for at least the following:

- A. Relinquishing AdSS must 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. The relinquishing AdSS must also provide sufficient continuing medications for up to 15 days after the transition date.
- B. The receiving AdSS must address prior authorization of prescription medication and refills of maintenance medication within 14 days of the member's transition.
- C. The relinquishing AdSS must provide notice to the receiving AdSS primary care provider of transitioning members who are currently taking prescription medications for medical conditions requiring ongoing use of medication, such as, but not limited to, immunosuppressant, psychotropic and cardiovascular medications, or unusually high cost medications.

Disposition of Durable Medical Equipment, Orthotics, Prosthetics and Other Medical Supplies

- A. The AdSS must address the disposition of durable medical equipment (DME) and other medical equipment during a member's transition period and develop protocols for non-customized DME.
- B. The relinquishing AdSS must provide transitioning members with DME for up to 15 days after the transition date or until the receiving AdSS supplies the service. The receiving AdSS must supply necessary DME within 14 days following the transition date.
- C. To facilitate continuity of services, the receiving AdSS is encouraged to:
 - 1. Negotiate and/or contract for continued services with the member's current provider, and/or
 - 2. Provide instructions and assistance to new members on how to transfer to a DME provider who belongs to the new AdSS network.
- D. The receiving AdSS must assess medical necessity of DME if equipment was rented by the relinquishing AdSS.

Customized DME

- A. For purposes of this policy, customized DME is defined as equipment that has been altered or built to specifications unique to a member's medical needs and which, most likely, cannot be used or reused to meet the needs of another individual.
- B. Customized DME purchased for members by the relinquishing AdSS will remain with the member after the transition. The cost of the equipment is the responsibility of the relinquishing AdSS.
- C. Customized DME ordered by the relinquishing AdSS but delivered after the transition to the receiving AdSS will be the financial responsibility of the relinquishing AdSS.

- D. Maintenance contracts for customized DME purchased for members by a relinquishing AdSS will transfer with the member to the receiving AdSS. Contract payments due after the transition will be the responsibility of the receiving AdSS if they elect to continue the maintenance contract.

Transfer of Medical Records

- A. Medical records must be forwarded when there is significant consequence to current treatment, or if requested by the receiving PCP or specialty provider. The cost of copying and transmitting of the medical record information specified in this policy will be the responsibility of the relinquishing PCP unless otherwise noted.
- B. To ensure continuity of member care during the time of enrollment change, the AdSS must have the following procedures in place to ensure timely medical records transfer:
1. Procedure to be used by the relinquishing AdSS PCP to transfer member records to the receiving AdSS PCP.
 2. Procedure regarding:
 - a. The portions of a medical record to copy and forward to the receiving AdSS PCP

The relinquishing PCP must transmit at least those records related to diagnostic tests and determinations, current treatment services, immunizations, hospitalizations with concurrent review data and discharge summaries, medications, current specialist services, behavioral health quarterly summaries and emergency care.
 - b. A defined timeframe for the receipt of medical records by the receiving PCP (e.g., on the date of transfer, after hospital discharge, prior to transfer)
 - c. Maintaining confidentiality of each member's medical records. In accordance with federal or state laws and court orders, contractors must comply with the Health Insurance Portability and Accountability Act (HIPAA) requirements and 42 CFR 431.300 et seq.
 - d. Transfer of other requested medical records, exceeding the requirements of this policy, including resolution of payment for copying and transmitting medical record data.