

## **520 MEMBER TRANSITIONS**

REVISION DATE: 03/01/2023

EFFECTIVE DATE: April 1, 2016

REFERENCES: A.R.S. §§36-2931, 36-2901.01 and 36-2981; 42 CFR 431.300, 438.62, 440.70, 457.1216; AMPM 280, AdSS Medical Manual Policy 540, ACOM Policy 402, Division Operations Policy 406

### **PURPOSE**

This policy establishes requirements applicable to the Division of Developmental Disabilities (Division) to identify and facilitate Member transitions between the Administrative Services Subcontractors (AdSS), the Division and other AHCCCS contractors and the Division's oversight of the AdSS.

### **DEFINITIONS**

1. "Enrollment Transition Information" or "ETI" means Member specific information the Relinquishing Contractor must complete and transmit to the Receiving Contractor or Fee-For-Service (FFS) program for those members requiring coordination of services as a result of transitioning to another contractor or FFS program.

2. “Medical Equipment and Appliances” means an item as specified in 42 CFR 440.70, that is not a prosthetic or orthotic; and
  - a. Can withstand repeated use, and
  - b. Can be reusable by others or is removable.
3. “Member” means an eligible individual who is enrolled in AHCCCS, as specified in A.R.S. §36-2931, §36-2901.01 and A.R.S. §36-2981.
4. “Member Transition” is the process during which members change from one contractor or Fee-for-Service program to another.
5. “Receiving Contractor” is the contractor with which the Member will become enrolled as a result of Annual Enrollment Choice (AEC), open enrollment, a contractor change or a change in eligibility.
6. “Relinquishing Contractor” is the contractor from which the Member will be leaving as a result of AEC, open enrollment, a contractor change or a change in eligibility.
7. “Special Health Care Needs” or “SHCN” means 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 Division 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 Division shall work collaboratively with Members with special circumstances which may require additional or distinctive assistance during a period of transition such as:
  - 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 and/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 and/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 and/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 and/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/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;
- 3. At the time of transition, have received prior authorization or approval for:
  - a. Scheduled elective surgery(ies);
  - b. Procedures and/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 Division shall ensure the relinquishing AdSS provides relevant information regarding Members who are transitioning to a receiving AdSS. The Enrollment Transition Information (ETI) Form shall be utilized for the transfer of information for Members with special circumstances who are transitioning enrollment to an AdSS, FFS program or other contractor.
2. The Division shall ensure the relinquishing AdSS completes and electronically transmits the appropriate ETI Form to the Division no later than 10 business days from date of receipt of the AHCCCS notification.
3. The Division shall ensure the relinquishing AdSS covers the Members care for up to 30 calendar days following the identified transition date if the relinquishing AdSS fails to notify the Division of transitioning Members with special circumstances, fails to send the completed ALTCS Enrollment Transition Information (ETI), or AHCCCS AMPM 520 Attachment for non-ALTCS Division Members.



4. The Division shall ensure the transfer of pertinent medical records as well as the timely notification to Members, subcontractors, or other providers during times of transition.
5. The Division shall provide new Members with a Member Handbook, provider directory and emergency numbers as specified in ACOM 406.
6. The Division shall follow-up with the Member to address the needs of the Member identified on the ETI form. Follow-up and care coordination may include support coordination, care management, pharmacy, behavioral health services, and transportation.
7. The Division, in coordination with AHCCCS DFSM, shall extend previously approved prior authorizations for a minimum 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.

### **C. COORDINATION ACTIVITIES**

1. The Division's transition coordinator shall:

- a. Ensure all pertinent Member information is communicated to support coordination to initiate assessment and review of a newly transitioned Member.
- b. Collaborate with the Division internal partners, AHCCCS department and/or AdSS for all identified existing authorizations to be extended for up to 90 calendar days, as appropriate. Activities may include continuation of medically necessary covered services during the transition through any of the following:
  - i. Contracting on a negotiated rate basis with the Member's current provider(s),
  - ii. Negotiating a single Member contract,
  - iii. Assisting Members with referrals to alternate in-network providers.
- c. Communicate with support coordination and, if applicable, Division Care Management to coordinate discharge planning with the relinquishing ALTCS or ACC contractor if the Member is hospitalized at the time of the transition.

- d. Notify the behavioral health administrator when a Member who is receiving behavioral health services has transitioned between health plans.
- e. Work collaboratively with the support coordinator and the AdSS to:
  - i. Avoid any disruption in care during the transition, enrollment or disenrollment.
  - ii. Ensure access to appropriate providers, level of care and facilitate resolution of any barriers through the established processes.
    - 1) The support coordinator may request technical assistance from complex care and behavioral health specialists to ensure Members who are medically complex and require intensive physical, and/or behavioral health support services during the transition to avoid any disruption in care.
- 2. The support coordinator shall work with the Division transition coordinator and AdSS to ensure access to the appropriate level

of care, appropriate providers and facilitate the resolution of any barriers.

#### **D. TRANSITION FROM CHILD TO ADULT SERVICES**

1. The Division 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 Division shall ensure 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 Division shall provide a smooth transition of care for Members who are hospitalized on the day of an enrollment change. These provisions shall include processes for the following:
  - 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 calendar 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 Division shall ensure Members who have been approved for a major organ or tissue transplant are covered through the relinquishing or receiving AdSS.
2. The Division shall ensure each AdSS covers 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 Division shall ensure ongoing care of Members with active or chronic health care needs during the transition period.
2. The Division shall ensure timely transition of the Member from the relinquishing PCP to the receiving PCP, in order to maintain continuity of care.
3. The Division 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 as specified in AMPM 410.

#### **H. MEDICALLY NECESSARY TRANSPORTATION**

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

#### **I. TRANSITION OF PRESCRIPTION MEDICATION SERVICES**

1. The Division shall ensure the relinquishing AdSS:

- a. Covers the dispensation of the total prescription amount of either continuing or time-limited medications, if filled before midnight on the last day of enrollment;
  - b. Does not reduce the quantity of the ordered prescription unless it exceeds a 30-day supply or 100 unit doses; and
  - c. Provides sufficient continuing medications for up to 15 days after the transition date.
2. The Division shall ensure previously approved prior authorizations are extended 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 Division shall ensure Member's transitioning from a Behavioral Health Medical Professional (BHMP) to a PCP for behavioral health medication management shall continue on the medication(s) prescribed by the BHMP until the Member can transition to their PCP.



4. The Division 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 new 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 Division shall ensure transition of 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. THERAPEUTIC FOSTER CARE**

1. The Division shall work closely with the Department of Child Safety (DCS) and other entities to ensure continuity of care

including access to covered services, treatment and supports, in-network and out-of-network providers as determined by the transition plan for children receiving behavioral health services in out-of-home placement.


- a. The Division transition coordinator notifies the Division Behavioral Health Administration and support coordinator of all ALTCS Member transitions between health plans in which Members are receiving behavioral health services, including therapeutic foster care.
- b. The Division Behavioral Health Administration provides technical assistance to the support coordinator supervisor to identify circumstances in which the provider is not in the new health plan's network.
- c. The Behavioral Health Administration coordinates with the AdSS to ensure continuity of care is maintained for the Member.

#### **M. DIVISION OVERSIGHT RESPONSIBILITIES**

1. Health Care Services (HCS) shall review performance data and conduct quarterly meetings with the AdSS to ensure compliance,

evaluate performance, identify opportunities for improvement, make recommendations to refine processes and resolve barriers, identify successful interventions and care pathways to optimize results and improve outcomes.

2. The Division shall review compliance and performance during its annual operational review of the AdSS including performance metrics regarding Member Transitions for children and adults with behavioral health, complex care, and other Special Health Care Needs.
3. The HCS transition coordinator shall report performance metrics regarding Member Transitions to the Medical Management Committee quarterly. These metrics shall include the number of Member Transitions, unresolved barriers or concerns and any recommendations to improve performance.

Signature of Chief Medical Officer:   
[Anthony Dekker \(Feb 21, 2023 12:20 MST\)](#)  
Anthony Dekker, D.O.