

520 MEMBER TRANSITIONS

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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; Division Medical Policy 320-P, 450 and 1620-J

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) or other Arizona Health Care Cost Containment System (AHCCCS) contractors or Fee-for-Service (FFS) plans.

DEFINITIONS

1. “Enrollment Transition Information” or “ETI” means Member specific information the relinquishing AdSS must complete and transmit to the receiving AdSS or Fee-For-Service (FFS) program for those Members requiring coordination of services as a result of transitioning to another AHCCCS contractor or FFS

program.

2. "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.
3. "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.
4. "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 SHCN.

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,
 - c. Changes in AdSS, or
 - d. Changes in health care providers as specified in AMPM 520.
2. The Division shall receive transitioning Fee for Service (FFS) Member information via automated electronic transfer file access through the AHCCCS Secured File Transfer Protocol (SFTP) Server.
3. The Division 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.
4. The Division 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. Members 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 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 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;
 - 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;
 - iv. The media; or
 - v. The Division.

- l. Members with qualifying Children’s Rehabilitation Services (CRS) conditions and Members with qualifying 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 an AdSS or THP 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. 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 newborns 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. Members who at the time of transition have received prior authorization (PA) or approval as needed for the following:
 - i. Scheduled elective surgery(ies);

- ii. Procedures or therapies to be provided on dates after their transition, including post-surgical follow-up visits;
 - iii. Sterilization and have a signed sterilization consent form, but are waiting for expiration of the 30 calendar day period;
 - iv. Behavioral health services; and
 - v. Nursing facility admission.
- bb. 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.

B. NOTIFICATIONS

1. The Division shall ensure relevant information is provided regarding Members who are transitioning to a receiving health plan.
2. The Division shall require that the following ETI Form is utilized for the transfer of information for Members with special

circumstances who are transitioning enrollment to another health plan:

- a. Attachment A of this policy, and
 - b. AMPM Exhibit 1620-9 used by ALTCS contractors and the Tribal ALTCS program.
3. The Division shall require that 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.
 4. The Division shall accept the electronic ETI Form submitted by the relinquishing AdSS or other AHCCCS contractors.
 5. The Division shall require the relinquishing AdSS be responsible for covering the Member's care for up to 30 calendar days if they fail to notify the receiving AdSS or other AHCCCS contractors of transitioning Members with special circumstances, or fail to send the completed ALTCS Enrollment Transition Information.
 6. The Division shall require protocols for the transfer of pertinent medical records as well as the timely notification to Members, the AdSS, or other providers during times of transition.

7. The Division shall provide Members with a Member Handbook, provider directory and emergency numbers as specified in ACOM 406.
8. The Division shall follow-up with the Member to address the needs of the Member identified on the ETI form to include:
 - i. Support coordination,
 - ii. Care management,
 - iii. Pharmacy,
 - iv. Behavioral health services, and
 - v. Transportation.
9. The Division, in coordination with AHCCCS Division of Fee for Service Management (DFSM), shall extend previously approved PAs 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 Responsible Person as applicable.
10. The Division shall require that the AdSS provides a minimum 90 calendar day transition period allowing the Members with SHCN 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 Division shall require that the relinquishing AdSS coordinate transition with the receiving AdSS, other AHCCCS contractors, or Tribal ALTCS if a Member is approved for ALTCS enrollment.
2. The Division shall require 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 as specified in ACOM Policy 402 and AMPM Policy 1620.
3. The Division's Transition Coordinator shall complete the following coordination related to Member AdSS or other AHCCCS contractors transitions:
 - a. Ensure all pertinent Member information is communicated to the Support Coordinator to initiate assessment and review of a Member who has had a transition to or from an AdSS or other AHCCCS contractor.

- b. Collaborate with the following for all identified existing authorizations to be extended for up to 90 calendar days, as appropriate:
 - i. Division,
 - ii. AHCCCS,
 - iii. AdSS, and
 - iv. Contracted health plans.
- c. 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 providers,
 - ii. Negotiating a single Member contract, or
 - iii. Assisting Members with referrals to alternate in-network providers.
- d. Communicate with the Support Coordinator and, if applicable, Health Care Services (HCS) designee to coordinate discharge planning with the relinquishing AdSS or other AHCCCS contractors if the Member is hospitalized at the time of the transition.

- e. Notify the Behavioral Health Administrator when a Member who is receiving behavioral health services has transitioned between health plans.
- f. Work collaboratively with the Support Coordinator and the health plans to:
 - i. Avoid any disruption in care during the Member transition, enrollment or disenrollment; and
 - ii. Ensure access to appropriate providers, level of care and facilitate resolution of any barriers through the established processes.

D. TRANSITION FROM CHILD TO ADULT SERVICES

- 1. The Division shall ensure transitions for Members involving co-occurring behavioral and physical health conditions include the following:
 - 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:
 - i. Member;
 - ii. Responsible Person;
 - iii. Nursing;
 - iv. AdSS Care Manager;
 - v. Maternal Child Health EPSDT Coordinator;
 - vi. Behavioral or physical healthcare entities;
 - vii. Juvenile justice system;
 - viii. Education system; and
 - ix. Other entities that provide services and a voice for the Member.

- e. A coordination plan to meet the unique needs for Members with SHCN, including Members with a CRS designation, as specified in contract.
2. The Division shall require 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 Division shall ensure LHA services are not provided to Members 21 years and older as specified in AMPM Policy 1240-G and A.A.C. R4-19-901.

E. MEMBERS HOSPITALIZED DURING ENROLLMENT CHANGE

1. The Division shall require the following transition of care for Members who are hospitalized on the day of an enrollment change:
 - a. Notification to the receiving AdSS, other AHCCCS contractors, or FFS Program prior to:
 - i. The date of the transition, and
 - 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, other AHCCCS contractors, or FFS Program for authorization of continued services; and
 - iii. Cover services rendered to the hospitalized Member for up to 30 calendar days if they fail to provide notification to the receiving AdSS, other AHCCCS contractors, hospital, and the attending physician, including elective surgeries for which there is an existing PA.
- c. Coverage of the hospital stay by the AdSS in which the Member is enrolled upon discharge per Diagnosis Related Group (DRG); and
- d. Coordination with providers regarding activities relevant to concurrent review and discharge planning.

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

1. The Division shall ensure care coordination and coverage for Members who have been approved for major organ or tissue transplant when there is a change in AdSS, other AHCCCS contractors, or FFS enrollment.
2. The Division shall be responsible for transplant related components up to and including completion of the service components that the Member is receiving at the time of the change. The receiving health plan is responsible for the remainder of the components of the transplant.
3. The Division, for THP Members, or receiving AdSS shall submit a request for continuation of previously approved transplant reinsurance, to AHCCCS Medical Management, as specified in Contract.
4. The Division shall ensure the following if a Member changes to a different AdSS or other AHCCCS contractors while undergoing transplantation at a transplant center that is not an AHCCCS contracted provider:
 - a. Each AdSS is responsible for its respective dates of service; and

- b. If the relinquishing AdSS or other AHCCCS contractors has negotiated a special rate, it is the responsibility of the receiving AdSS or other AHCCCS contractors to coordinate the continuation of the special rate with the respective transplant center.

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

1. The Division shall require ongoing care of Members with active or chronic health care needs during the transition period.
2. The Division shall require timely transition of the Member from the relinquishing PCP to the receiving PCP, in order to maintain continuity of care.
3. The Division shall require 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 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 require 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 require previously approved PAs 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 or Responsible Person.
3. The Division shall require 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 new 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 new PCP.
5. The Division shall allow Members receiving behavioral health medications from the PCP simultaneously receive counseling and other medically necessary services.

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

1. The Division shall require 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 provides accurate information about Members with ongoing Medical Equipment needs to the receiving AdSS, other AHCCCS contractors, 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 is 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. Maintenance contract payments due after the transition will be the responsibility of the receiving AdSS or health plan, if the receiving AdSS or other AHCCCS contractors elects to continue the maintenance contract.
- c. Augmentative Communication Devices (ACD)

2. The Division shall require the Member to have 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 Division shall require one of the following if a Member transitions from a AdSS or other AHCCCS contractors during the 90-day trial period, one of the following shall occur:
 - 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 or other AHCCCS contractors;
 - ii. The cost of any maintenance contract necessary for the ACD is the responsibility of the receiving AdSS or other AHCCCS contractors 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 Division shall require transition of medical records, timely but no later than 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 Division shall require if an organization distributes information electronically, it must indicate that the information is available in paper format upon request.

L. MEMBERS IN THERAPEUTIC FOSTER CARE DURING ENROLLMENT CHANGE

1. The Division Transition Coordinator shall notify the Division Behavioral Health Administration and Support Coordinator of all Member transitions between health plans in which Members are receiving behavioral health services, including therapeutic foster care.
2. 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, contracted and non-contracted providers as determined by the

transition plan for children receiving behavioral health services in out-of-home placement.

3. The Division Behavioral Health Administration shall provide technical assistance to the Support Coordinator supervisor to identify circumstances in which the provider is not in the receiving AdSS or other AHCCCS contractors network.
4. The Behavioral Health Administration shall coordinate with the AdSS or other AHCCCS contractors to ensure continuity of care is maintained for the Member.


M. AdSS MONITORING AND OVERSIGHT

1. The Division shall meet with the AdSS at least quarterly to:
 - a. Provide ongoing evaluation including data analysis and recommendations to refine processes; and
 - b. Identify successful interventions and care pathways to optimize results.
2. The Division shall perform an Operational Review of the AdSS on an annual basis that includes review of compliance.
3. 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 SHCN.

SUPPLEMENTAL INFORMATION

The Division's service area for ALTCS eligible Members with an SMI designation includes the entire State. Therefore, the AHCCCS rules related to out-of-service area placements for Members with an SMI designation that apply to the ACC-RBHA contractors do not apply to the Division or AdSS. Refer to Division Medical Policies 1620-J and 450 for details regarding out of state placements.

Signature of Chief Medical Officer: 
[Anthony Dekker \(May 3, 2024 15:57 PDT\)](#)
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