

1 **520 MEMBER TRANSITIONS**

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5 REFERENCES: A.R.S. §§36-2931, 36-2901.01 and 36-2981; 42 CFR
6 431.300, 438.62, 440.70, 457.1216; AMPM 280, AdSS Medical Manual Policy
7 540, ACOM Policy 402, Division Operations Policy 406; [Division Medical](#)
8 [Policy 320-P, 450 and 1620-J](#)

10 **PURPOSE**

11 This policy establishes requirements applicable to the Division of
12 Developmental Disabilities (Division) to identify and facilitate Member
13 transitions between the Administrative Services Subcontractors (AdSS), the
14 Division, and other [Arizona Health Care Cost Containment System \(AHCCCS\)](#)
15 ~~AHCCCS~~ contractors and the Division's oversight of the AdSS.

17 **DEFINITIONS**

- 18 1. "Enrollment Transition Information" or "ETI" means Member
19 specific information the ~~R~~relinquishing ~~AdSS Contractor~~ must
20 complete and transmit to the ~~R~~receiving ~~AdSS Contractor~~ or
21 Fee-For-Service (FFS) program for those ~~m~~Members requiring
22 coordination of services as a result of transitioning to another

- 23 AHCCCS contractor or FFS program.
- 24 ~~2. “Medical Equipment and Appliances” means an item as specified~~
25 ~~in 42 CFR 440.70, that is not a prosthetic or orthotic; and~~
26 ~~a. Can withstand repeated use, and~~
27 ~~b.2. Can be reusable by others or is removable.~~
- 28 3. “Member” means an eligible individual who is enrolled in
29 AHCCCS, as specified in A.R.S. §36-2931, §36-2901.01 and
30 A.R.S. §36-2981.
- 31 4. “Member Care Transition” means Member movement between
32 care settings as their condition and care needs change during
33 the course of a chronic or acute illness.
- 34 ~~4.5. “Member Contractor Transition” means the process during~~
35 ~~which mMembers change from one cContractor or Fee for~~
36 ~~Service program to another.~~
- 37 ~~5.6. “Receiving Contractor” is the cContractor with which the~~
38 ~~Member will become enrolled as a result of Annual Enrollment~~
39 ~~Choice (AEC), open enrollment, a cContractor change or a~~
40 ~~change in eligibility.~~
- 41 ~~6.7. “Relinquishing Contractor” is the cContractor from which the~~

42 ~~Member will be leaving as a result of AEC, open enrollment, a~~
43 ~~eContractor change or a change in eligibility.~~

44 7.8. “Special Health Care Needs” or “SHCN” means serious and
45 chronic physical, developmental, or behavioral conditions
46 requiring medically necessary health and related services of a
47 type or amount beyond that required by Members generally;
48 that lasts or is expected to last one year or longer and may
49 require ongoing care not generally provided by a Primary Care
50 Provider (PCP). All Division ~~m~~Members are designated as
51 individuals with Special Health Care Needs.

52 **POLICY**

53 **A. MEMBER TRANSITIONS**

- 54 1. The Division shall identify and facilitate coordination of care for
55 all ~~m~~Members eligible for Arizona Long Term Care System
56 (ALTCS) during:
- 57 a. Changes or transitions between health plans,
 - 58 b. Changes in service areas,
 - 59 ~~b.c.~~ c. Changes in AdSS, or

- 60 ~~e.d.~~ Changes in health care providers as specified in AMPM 520.
- 61 2. The Division shall receive transitioning Fee for Service (FFS)
- 62 Member information via automated electronic transfer file access
- 63 through the AHCCCS Secured File Transfer Protocol (SFTP)
- 64 Server.
- 65 3. The Division shall work collaboratively with Members with ~~the~~
- 66 ~~following~~ special circumstances which may require additional or
- 67 distinctive assistance during a period of transition to ensure
- 68 Members do not experience a gap in services.~~Member Contractor~~
- 69 ~~Transition:~~
- 70 2.4. The Division shall develop policies or protocols to address the
- 71 transition of Members with the following medical conditions or
- 72 special circumstances:
- 73 a. Members who are Pregnant, especially women who are
- 74 high risk or in their third trimester;
- 75 b. Members in the process of or having major organ or tissue
- 76 transplantation services~~which are in process;~~
- 77 c. Members who are on a high-cost specialty drug or biologic;

- 78 d. Members who are being considered for or are actively
79 engaged in a transplant process and for up to one-year
80 post transplant;
- 81 e. Members with a Chronic illness, which has placed the
82 Member in a high-risk category and/or resulted in any of
83 the following:
- 84 i. Emergency department utilization,
85 ii. Hospitalization, or
86 iii. Placement in nursing care, or other facilities;
- 87 f. Members with Significant medical or behavioral health
88 conditions that require ongoing specialist care and
89 appointments;
- 90 g. Members receiving or in need of Chemotherapy and/or
91 radiation therapy;
- 92 h. Members receiving or in need of Dialysis;
- 93 i. Members Hospitalization at the time of transition
94 Care Transition;
- 95 j. Members with the following ongoing health needs:

- 96 i. Durable Medical Equipment, including ventilators and
97 other respiratory assistance equipment;
98 ii. Home health services;
99 iii. Medically necessary transportation on a scheduled
100 basis;
101 iv. Prescription medications including those that have
102 been stabilized through a step therapy process; or
103 v. Pain~~lan~~ management services.
104 k. Members who frequently contact:
105 i. AHCCCS;
106 ii. State and local officials;
107 iii. The Governor's Office; and/or
108 iv. The media; or
109 ii.v. The Division.
110 l. Members with qualifying Children's Rehabilitation Services
111 (CRS) conditions and Members with qualifying Children's
112 Rehabilitation Services (CRS) conditions or are
113 transitioning into adulthood;

- 114 m. Members diagnosed with Human Immunodeficiency Virus
115 and Acquired Immune Deficiency Syndrome (HIV/AIDS);
- 116 n. ~~Members who are being considered for or are actively~~
117 ~~engaged in a transplant process and for up to one year~~
118 ~~post-transplant;~~
- 119 n. Members enrolled in an AdSS~~the ALTCS or THP~~ program
120 ~~who are elderly and/or have a physical or developmental~~
121 ~~disability;~~
- 122 o. Members who are engaged in care or services through the
123 Arizona Early Intervention Program (AzEIP);
- 124 p. Members ~~who are diagnosed~~ with a Serious Mental Illness
125 (SMI) designation.
- 126 q. Any child that has an Early Childhood Service Intensity
127 Instrument/Child and Adolescent Level of Care Utilization
128 System (ECSII/CALOCUS) score of 4+;
- 129 r. Members who have a current Seriously Emotionally
130 Disturbed (SED) diagnosis flag in the system or who
131 qualified for the SED designation through the SED
132 Eligibility Determination process in the AHCCCS system;

- 133 s. Substances exposed newborns and infants diagnosed with
134 Neonatal Abstinence Syndrome (NAS);
- 135 t. Members diagnosed with Severe Combined
136 Immunodeficiency (SCID);
- 137 u. Members with a diagnosis of autism or who are at risk for
138 autism;
- 139 v. Members diagnosed with ~~o~~Opioid ~~u~~Use ~~d~~Disorder (OUD),
140 separately tracking pregnant women~~Members~~ and
141 Members with co-occurring pain and OUD~~opioid use~~
142 disorder;
- 143 w. Members enrolled with the Division of Child Safety (DCS)
144 ~~/~~Comprehensive Health Program (CHP);
- 145 x. Members who transition out of the CHP up to one-year
146 post transition;
- 147 y. Members identified as a High Need or~~/~~High Cost Member;
- 148 z. Members on conditional release from Arizona State
149 Hospital;
- 150 aa. Members who at the time of transition have received prior
151 authorization (PA) or approval for the following:

- 152 i. Scheduled elective surgery(ies);
- 153 ii. Procedures or therapies to be provided on dates after
- 154 their transition, including post-surgical follow-up
- 155 visits;
- 156 iii. Sterilization and have a signed sterilization consent
- 157 form, but are waiting for expiration of the 30
- 158 calendar day period;
- 159 iv. Behavioral health services; and
- 160 v. Nursing facility admission.
- 161 vi. Other services not indicated in the State Plan for
- 162 eligible Members but covered by Title XIX and Title
- 163 XXI for Early and Periodic Screening, Diagnostic and
- 164 Treatment (EPSDT) eligible Members, including
- 165 Members whose conditions require ongoing
- 166 monitoring or screening;
- 167 aa-bb. Other services not indicated in the State Plan for eligible
- 168 Members but covered by Title XIX and Title XXI for Early
- 169 and Periodic Screening, Diagnostic and Treatment (EPSDT)

170 eligible Members, including Members whose conditions
171 require ongoing monitoring or screening.

172 ~~5. At the time of transition, The Division shall require that Members~~
173 ~~have received prior authorization (PA) or approval for the~~
174 ~~following at the time of transition:~~

175 ~~a. Scheduled elective surgery(ies);~~

176 ~~b. Procedures and/or therapies to be provided on dates after~~
177 ~~their transition, including post surgical follow up visits;~~

178 ~~c. Sterilization and have a signed sterilization consent form,~~
179 ~~but are waiting for expiration of the 30 calendar day~~
180 ~~period;~~

181 ~~d. Behavioral health services; and~~

182 ~~e. Appointments with a specialist located out of the~~
183 ~~Contractor AdSS service area; and~~

184 ~~f.5. Nursing facility admission.~~

185 **B. NOTIFICATIONS ~~REQUIRED OF CONTRACTORS~~**

186 ~~1. The Division shall ensure require that the relinquishing~~

187 ~~Contractor AdSS provides relevant information is provided~~

188 regarding Members who are transitioning to a receiving [health](#)
189 [planContractorAdSS](#).

190 2. The Division shall require that the following The Enrollment
191 Transition Information (ETI) Form ~~is~~[shall be](#) utilized for the
192 transfer of information for Members with special circumstances
193 who are transitioning enrollment to ~~an AdSS, FFS program or~~
194 [another health planeContractor:-](#)

195 a. Attachment A of this policy, and.
196 ~~1.~~b. AMPM Exhibit 1620-9 used by ALTCS Contractors and the
197 [Tribal ALTCS program.](#)

198 3. The Division shall ~~requireensure~~ that the relinquishing AdSS
199 completes and electronically transmits the appropriate ETI Form
200 to the Division no later than 10 business days from date of
201 receipt of the AHCCCS notification.

202 ~~2.4.~~ The Division shall accept the electronic ETI Form submitted by
203 [the relinquishing Contractor.](#)

204 ~~3.5.~~ The Division shall ~~requireensure~~ the relinquishing AdSS [be](#)
205 [responsible for covering the Member's care for up to 30 calendar](#)
206 [days if they fail to notify the receiving Contractor of transitioning](#)

~~Members with special circumstances, or fail to send the completed ALTCS Enrollment Transition Information. covers the Members care for up to 30 calendar days following the identified transition date if the relinquishing Contractor 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.~~

~~4.6.~~ The Division shall ~~require~~ ensure protocols for the transfer of pertinent medical records as well as the timely notification to Members, AdSS subcontractors, or other providers during times of transition.

~~5.7.~~ The Division shall provide ~~new~~ 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.

~~Follow up and care coordination may include:~~

~~a.~~ sSupport coordination,

- 226 b. ~~u~~Care management,
227 c. ~~p~~Pharmacy,
228 d. ~~b~~Behavioral health services, and
229 a.e. ~~t~~Transportation.

230 9. The Division, in coordination with AHCCCS Division of Fee for
231 Service Management (DFSM), shall extend previously approved
232 PA's prior authorizations for a minimum of 30 calendar days from
233 the date of the Member's transition, unless a different time
234 period is mutually agreed to by the Member or Responsible
235 Person ~~Member's representative~~.

236 ~~6-10.~~ The Division shall require that the AdSS provides a minimum 90
237 calendar day transition period allowing the Members with Special
238 Health Care Needs to continue seeking care from their previously
239 established PCP that does not participate in the AdSS network
240 while the Responsible Person, Support Coordinator, Care
241 Manager or Provider Case Manager identifies an alternative PCP
242 within the AdSS provider network.

243 **C.** TRANSITION TO ALTCS MEMBER CONTRACTOR TRANSITION

244 **COORDINATION ACTIVITIES**

245 1. The Division shall require that the relinquishing AdSS coordinate
246 transition with the receiving AdSS, Contractor, or Tribal ALTCS if
247 a Member is approved for ALTCS enrollment.

248 2. The Division shall require applicable protocols are followed for
249 any special circumstances of the Member and that continuity and
250 quality of care is maintained during and after the transition as
251 specified in ACOM Policy 402 and AMPM Policy 1620.

252 1.3. The Division's Transition Coordinator shall complete the
253 following coordination related to Member AdSS or Contractor
254 Transitions:

255 a. Ensure all pertinent Member information is communicated
256 to ~~the sSupport eCoordinator~~ to initiate assessment and
257 review of a ~~newly transitioned~~ Member who has had a
258 transition to or from an AdSS or contractor.

259 b. Collaborate with the following for all identified existing
260 authorizations to be extended for up to 90 calendar days,
261 as appropriate:

262 i. Division ~~internal partners,~~

263 ii. AHCCCS, department and/

- 264 ~~ii.iii.~~ AdSS, and
265 ~~iii.iv.~~ Contracted health plans. Contractor AdSS for all
266 identified existing authorizations to be extended for
267 up to 90 calendar days, as appropriate.
- 268 c. ~~Activities may include~~ Continuation of medically necessary
269 covered services during the transition through any of the
270 following:
- 271 i. Contracting on a negotiated rate basis with the
272 Member's current provider(s),
273 ii. Negotiating a single Member contract, or
274 iii. Assisting Members with referrals to alternate in-
275 network providers.
- 276 d. Communicate with the sSupport ~~C~~oordinator and, if
277 applicable, Division Care Manager Management or Health
278 Care Services (HCS) designee to coordinate discharge
279 planning with the relinquishing ~~ALTCS or ACC~~ AdSS or
280 Contractor if the Member is hospitalized at the time of the
281 transition.

- 282 e. Notify the ~~b~~B~~h~~Behavioral ~~h~~H~~a~~Health ~~a~~A~~d~~Administrator when a
283 Member who is receiving behavioral health services has
284 transitioned between health plans.
- 285 f. Work collaboratively with the ~~s~~S~~e~~Support ~~e~~C~~o~~Coordinator and
286 the ~~health plans AdSS~~ to:
- 287 i. Avoid any disruption in care during the ~~Member~~
288 ~~Contractor~~ ~~t~~transition, enrollment or disenrollment;
289 ~~and-~~
- 290 ii. Ensure access to appropriate providers, level of care
291 and facilitate resolution of any barriers though the
292 established processes.
- 293 ~~1) The support coordinator may request technical~~
294 ~~assistance from complex care and behavioral~~
295 ~~health specialists to ensure Members who are~~
296 ~~medically complex and require intensive~~
297 ~~physical, and/or behavioral health support~~
298 ~~services during the transition to avoid any~~
299 ~~disruption in care.~~

300 ~~2.4. The support coordinator shall work with the Division transition~~
301 ~~coordinator and AdSS to ensure access to the appropriate level~~
302 ~~of care, appropriate providers and facilitate the resolution of any~~
303 ~~barriers.~~

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

305 1. The Division shall ~~ensure~~ensure the following occurs for
306 transitions for Members involving co-occurring behavioral and
307 physical health conditions include the following:

308 a. Coordination plan between child providers and the
309 anticipated adult providers including development of a
310 transition plan for the member that focuses on assisting
311 the Member with gaining the necessary skills and
312 knowledge to become a self-sufficient adult and facilitates
313 a seamless transition from child services to adult services;

314 b. A process that begins no later than when the child reaches
315 the age of 16;

316 ~~a.c. Coordination plan between child providers and the~~
317 ~~anticipated adult providers;~~

- 318 ~~b.d. Process that begins no later than when the child reaches~~
319 ~~the age of 16;~~
- 320 c. ~~A transition plan for the Member focused on assisting the~~
321 ~~Member with gaining the necessary skills and knowledge to~~
322 ~~become a self-sufficient adult within their capabilities and~~
323 ~~facilitates a seamless transition from child services to adult~~
324 ~~services;~~
- 325 d. ~~An SMI eligibility determination that is completed refer the~~
326 ~~Member for An SMI eligibility determination that is~~
327 ~~completed~~ when the adolescent reaches the age of 17.5
328 ~~years old, if clinically indicated, and lives in Arizona or~~
329 ~~plans to live in Arizona, but no later than age 17 and six~~
330 ~~months as outlined in Division Medical Policy 320-P; and~~
- 331 e. ~~A transition process that includes:~~
- 332 ~~i. Member;~~
- 333 ~~ii. Responsible Person;~~
- 334 ~~iii. Nursing;~~
- 335 ~~iv. AdSS Care Manager;~~
- 336 ~~v. Maternal Child Health EPSDT Coordinator,;~~

- 337 vi. Behavioral or physical healthcare entities;
- 338 vii. Juvenile justice system;
- 339 viii. Education system; and
- 340 ix. Other entities that provide services and a voice for
- 341 the Member.
- 342 f. A coordination plan to meet the unique needs for Members
- 343 with special circumstances;
- 344 e.g. A coordination plan to meet the unique needs for Members
- 345 with special health care needs, including Members with
- 346 CRS designation, as specified in Contract; and
- 347 ~~_____The Division shall require ensure the following individuals are~~
- 348 ~~included in the transition process, as applicable:~~
- 349 ~~_____Member;~~
- 350 ~~_____Responsible Person;~~
- 351 ~~_____Nursing;~~
- 352 ~~_____AdSS Care Manager;~~
- 353 ~~_____Maternal Child Health EPSDT Coordinator; additional~~
- 354 ~~stakeholder;~~
- 355 ~~_____bBehavioral or physical healthcare entities;~~

- 356 ~~_____ Juvenile justice system;~~
357 ~~_____ Education system; and~~
358 ~~2. Other entities that provide services and a voice for the Member.~~
359 ~~entity involved with the child shall be included in the transition~~
360 ~~process, as applicable.~~
361 ~~3. The Division shall require ALTCS eligible Members under age 21~~
362 ~~receiving Licensed Health Aide services to be engaged in~~
363 ~~transition planning and communication, if offered to families~~
364 ~~prior to the Member's 21st birthday.~~
365 ~~2. The Division shall require Members under age 21 receiving~~
366 ~~Licensed Health Aide services are engaged in transition planning~~
367 ~~and communication, if offered to families prior to the Member's~~
368 ~~21st birthday.~~
369 ~~2.3. The Division shall ensure LHA services are not provided to~~
370 ~~Members 21 years and older as specified in AMPM Policy 1240-G~~
371 ~~and A.A.C. R4-19-901.~~

372 **E. MEMBERS HOSPITALIZED DURING ENROLLMENT CHANGE**

- 373 1. The Division shall ~~require the following~~ provide a smooth
374 transition of care for Members who are hospitalized on the day of

375 an enrollment change: ~~These provisions shall include processes~~
376 ~~for the following:~~

377 a. Notification to the receiving ~~AdSS, Contractor, AdSS~~ or FFS
378 Program prior to:

379 i. ~~The date of the transition, and~~

380 ~~ii. Continued authorization of treatment and service~~
381 ~~coordination.~~

382 b. Notification ~~of the following~~ to the hospital and attending
383 physician of the transition by the relinquishing AdSS ~~as~~
384 ~~follows:~~

385 i. ~~Notify the hospital and attending physician of the~~
386 ~~pending transition prior to the date of the~~
387 ~~transition;~~

388 ii. Instruct the providers to contact the receiving ~~AdSS,~~
389 ~~Contractor, AdSS~~ or FFS Program for authorization of
390 continued services; ~~and;~~

391 iii. Cover services rendered to the hospitalized Member
392 for up to 30 calendar days if they fail to provide
393 notification to the receiving AdSS, hospital, and the

394 attending physician, ~~relative to the transitioning~~
395 ~~Division Member including elective surgeries for~~
396 ~~which there is an existing PA.~~

397 c. Coverage of the hospital stay by the AdSS in which the
398 Member is enrolled upon discharge per Diagnosis Related
399 Group (DRG); ~~and~~

400 d. Coordination with providers regarding activities relevant to
401 concurrent review and discharge planning.

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

404 1. The Division ~~shall ensure for THP Members or Contractor shall~~
405 ~~care coordination~~ ~~care~~ and coverage for Members who have
406 been approved for major organ or tissue transplant when there
407 is a change in AdSS, Contractor, or FFS enrollment.

408 2. ~~The Division shall be responsible for transplant related~~
409 ~~components up to and including completion of the service~~
410 ~~components that the Member is receiving at the time of the~~
411 ~~change. The receiving health plan is responsible for the~~
412 ~~remainder of the components of the transplant.~~

413 3. The Division, for THP Members, or receiving subcontractor shall
414 submit a request for continuation of previously approved
415 transplant reinsurance to AHCCCS Medical Management, as
416 specified in Contract.

417 ~~1.4. The Division for THP Members or relinquishing Contractor shall~~
418 ~~be responsible for contracted components up to and including~~
419 ~~completion of the service components that the Member is~~
420 ~~receiving at the time of the change. The receiving Contractor or~~
421 ~~Division for THP Members shall be responsible for the remainder~~
422 ~~of the components of the transplant.~~

423 ~~2.5. The Division for THP Members or receiving Contractor shall~~
424 ~~submit a request for continuation of previously approved~~
425 ~~transplant reinsurance, as specified in Contract, to AHCCCS~~
426 ~~Medical Management.~~

427 4. The Division shall ensure the following if a Member changes to a
428 different AdSS or Contractor while undergoing transplantation at
429 a transplant center that is not an AHCCCS contracted provider:

- 430 a. Each ~~Csubcontractor~~ AdSS is responsible for its respective
431 dates of service, and

432 b. If the relinquishing [AdSS or](#) Contractor has negotiated a
433 special rate, it is the responsibility of the receiving [AdSS or](#)
434 Contractor to coordinate the continuation of the special
435 rate with the respective transplant center.

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

- 438 1. The Division shall require ongoing care of Members with active or
439 chronic health care needs during the transition period.
- 440 2. The Division shall require timely transition of the Member from
441 the relinquishing PCP to the receiving PCP, in order to maintain
442 continuity of care.
- 443 3. The Division shall require pregnant women who transition to a
444 new ~~Csubcontractor~~ [AdSS](#) within the last trimester of their
445 expected date of delivery be allowed the option of continuing to
446 receive services from their established physician and anticipated
447 delivery site through the postpartum visits as specified in AMPM
448 410.

449 **H. MEDICALLY NECESSARY TRANSPORTATION**

- 450 1. The Division shall provide information to ~~new~~ Members on what
451 and how medically necessary transportation can be obtained.
- 452 2. The Division shall provide information to providers on how to
453 order medically necessary transportation for Members.
- 454 **I. TRANSITION OF PRESCRIPTION MEDICATION SERVICES**
- 455 1. The Division shall require the relinquishing AdSS:
- 456 a. Covers the dispensation of the total prescription amount of
457 either continuing or time-limited medications, if filled
458 before midnight on the last day of enrollment;
- 459 b. Does not reduce the quantity of the ordered prescription
460 unless it exceeds a 30-day supply or 100 unit doses; and
- 461 c. Provides sufficient continuing medications for up to 15
462 days after the transition date.
- 463 2. The Division shall require previously approved PA's are extended
464 for a period of 30 calendar days from the date of the Member's
465 transition, unless a different time period is mutually agreed to by
466 the Member or Member ~~or Responsible Person's representative~~.
- 467 3. The Division shall require Member's transitioning from a
468 Behavioral Health Medical Professional (BHMP) to a PCP for

469 behavioral health medication management shall continue on the
470 medication(s) prescribed by the BHMP until the Member can
471 transition to their [new](#) PCP.

472 4. The Division shall coordinate care and ensure the Member has a
473 sufficient supply of behavioral health medications to last through
474 the date of the Member's first appointment with their [new](#) PCP.

475 4.5. [The Division shall allow Members receiving behavioral health](#)
476 [medications from the PCP simultaneously receive counseling and](#)
477 [other medically necessary services.](#)

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

480 1. The [DivisionAdSS](#) shall [requireensure](#) the disposition of Medical
481 Equipment, appliances, and supplies during a Member's
482 transition period and develop policies that include the following:

483 a. Non-customized Medical Equipment

484 i. Relinquishing AdSS shall provide accurate information
485 about Members with ongoing Medical Equipment needs to
486 the receiving AdSS or FFS programs.

487 b. Customized Medical Equipment

- 488 i. Customized Medical Equipment purchased for Members by
489 the relinquishing AdSS will remain with the Member after
490 the transition. The purchase cost of the equipment is the
491 responsibility of the relinquishing AdSS.
- 492 ii. Customized Medical Equipment ordered by the
493 relinquishing AdSS but delivered after the transition to the
494 receiving AdSS shall be the financial responsibility of the
495 relinquishing AdSS.
- 496 iii. Maintenance contracts for customized Medical Equipment
497 purchased for Members by a relinquishing AdSS will
498 transfer with the Member to the new AdSS.
- 499 iv. Maintenance contract payments due after the transition
500 will be the responsibility of the receiving AdSS or health
501 planAdSS, if the receiving AdSS or ContractorAdSS elects
502 to continue the maintenance contract.
- 503 c. Augmentative Communication Devices (ACD)
- 504 2. The Division shall require the Member to have a 90-day trial
505 period to determine if the ACD will be effective for the Member,
506 or if it should be replaced with another device.

507 €3. The Division shall require one of the following if a Member
508 Transitions from a AdSS or Contractor during the 90-day trial
509 period, one of the following shall occur:

510 i. The device remains with the Member if the ACD is proven
511 to be effective and payment for the device is covered by
512 the relinquishing AdSS or Contractor;

513 ii. The cost of any maintenance contract necessary for the
514 ACD is the responsibility of the receiving AdSS or
515 Contractor if they elect to continue the maintenance
516 contract; or

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

521 ~~i. A 90-day trial period to determine if the ACD will be~~
522 ~~effective for the Member, or if it should be replaced with~~
523 ~~another device.~~

524 ~~ii.iv. _____ If a Member Transitions from an subcontractor or~~
525 ~~ContractorAdSS during the 90-day trial period, one of the~~
526 ~~following shall occur:~~

527 1) ~~— The device shall remain with the Member if~~
528 ~~the ACD is proven to be effective and,~~
529 ~~Payment for the device is shall be covered by~~
530 ~~the relinquishing subcontractor or~~
531 ~~ContractorAdSS.~~

532 2) ~~— The cost of any maintenance contract~~
533 ~~necessary for the ACD is shall be the~~
534 ~~responsibility of the receiving subcontractor or~~
535 ~~ContractorAdSS if they elect to continue the~~
536 ~~maintenance contract.~~

537 3)1) ~~— The device is shall be returned to the vendor if~~
538 ~~the ACD is proven to be ineffective and, T the~~
539 ~~receiving subcontractor AdSS will shall then~~
540 ~~coordinate a new device trial and purchase if it~~
541 ~~is determined to meet the Member's needs.~~

542 **K. MEDICAL RECORDS TRANSFER DURING TRANSITION**

543 1. The Division shall ~~require ensure~~ transition of medical records,
544 ~~including paper and electronic records,~~ timely but no later than
545 10 business days from receipt of the request for transfer to
546 ensure continuity of Member care during the time of enrollment
547 change as specified in AMPM 940.

548 ~~1.2.~~ The Division shall require if an organization distributes
549 information electronically, it must indicate that the information is
550 available in paper format upon request.

551 **L. MEMBERS IN THERAPEUTIC FOSTER CARE DURING**
552 **ENROLLMENT CHANGE**

553 1. The Division Transition Coordinator shall notify the
554 Division Behavioral Health Administration and Support
555 Coordinator of all Member transitions between health
556 plans in which Members are receiving behavioral health
557 services, including therapeutic foster care.

558 ~~1.2.~~ The Division shall work closely with the Department of Child
559 Safety (DCS) and other entities to ensure continuity of care
560 including access to covered services, treatment and supports,
561 ~~contracted and non-contracted in-network and out-of-network~~

562 providers as determined by the transition plan for children
563 receiving behavioral health services in out-of-home placement.

564 2. ~~The Division Transition Coordinator shall notify~~ notifies the
565 ~~Division Behavioral Health Administration and sSupport~~
566 ~~eCoordinator of all ALTCS Member transitions between health~~
567 ~~plans in which Members are receiving behavioral health services,~~
568 ~~including therapeutic foster care.~~

569 3. The Division Behavioral Health Administration shall provides
570 technical assistance to the ~~sSupport eCoordinator~~ supervisor to
571 identify circumstances in which the provider is not in the
572 receiving AdSS or Contractor's new health plan's network.

573 4. The Behavioral Health Administration shall coordinates with the
574 AdSS or Contractor AdSS to ensure continuity of care is
575 maintained for the Member.

576 ~~**M. OUT OF SERVICE AREA PLACEMENT REFERRALS FOR MEMBERS**~~
577 ~~**WITH AN SMI DESIGNATION**~~

578 1. ~~The Division shall require the following when a Contractor~~
579 ~~initiates a referral for placement of a Member with an SMI~~

580 ~~designation to a service provider for the purposes of obtaining~~
581 ~~behavioral health services:~~

582 ~~a. The resulting relocation of the Member may result in the~~
583 ~~eligibility source making corresponding changes to a~~
584 ~~Member's address in the Pre-paid Medicaid Management~~
585 ~~Information System (PMMIS), or~~

586 ~~b. A change of address to another Geographic Service Area~~
587 ~~(GSA) will cause the Member with an SMI designation to~~
588 ~~become enrolled with a RBHA Contractor in the other GSA~~
589 ~~for both behavioral health and physical health services.~~

590 **N.M. AdSS MONITORING AND DIVISION OVERSIGHT**

591 **RESPONSIBILITIES**

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

599 3. The Division shall review compliance and performance during its
600 annual operational review of the [ContractorAdSS](#) including
601 performance metrics regarding Member Transitions for children
602 and adults with behavioral health, complex care, and other
603 Special Health Care Needs.

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618 **SUPPLEMENTAL INFORMATION**

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

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Draft Policy for Public Comment