

1 **530 MEMBER TRANSFERS BETWEEN FACILITIES**

2
3 REVISION DATE: XX/XX/XXXX, 11/22/2017

4 REVIEW DATE: 8/18/2023

5 EFFECTIVE DATE: May 13, 2016

6 REFERENCES: A.R.S. § 36-2909(B), 42 CFR 422.113, 42 CFR 438.114

7
8
9 **PURPOSE**

10
11 **This policy establishes requirements applicable to the Division of**
12 **Developmental Disabilities (Division) when a Member transitions**
13 **between facilities.**

14
15 **DEFINITIONS**

- 16
17 1. **"Emergency" means a serious and unexpected situation**
18 **requiring immediate action to avoid harm to health, life,**
19 **property, or environment.**
- 20 2. **"Primary Hospital" means hospitals that are licensed institutions**
21 **with at least six beds whose primary function is to provide**
22 **diagnostic and therapeutic patient services for medical conditions**
23 **by an organized physician staff and have continuous nursing**
24 **services under the supervision of registered nurses.**
- 25 3. **"Secondary Hospital" means hospitals capable of providing the**
26 **majority of hospital based services, both general medical and**

27 surgical, often Obstetrician (OB) and other services, but limited
28 with regards to specialist access.

29 4. “Tertiary Hospital” means hospitals with access to a broad range
30 of specialists and equipment necessary and usually receiving
31 their patients from a large catchment area and referral base.

32
33 **POLICY**

34 **A. TRANSFER BETWEEN FACILITIES~~Transfer Following Emergency~~**
35 **Hospitalization**

36 1. **The Division shall require the following criteria are met**
37 **when a Ttransfer is initiated by the Administrative Services**
38 **Subcontractors (AdSS) of the Division of Developmental**
39 **Disabilities (Division) between inpatient hospital facilities**
40 **following an Emergency hospitalization: may be made when all**
41 **of the following conditions are present:**

42 a. The attending ~~eE~~emergency physician, or the attending
43 provider ~~actually~~ treating the ~~mM~~Member, determines that
44 the ~~mM~~Member is ~~sufficiently~~ stabilized for transfer and will

- 45 remain stable for the period of time required for the
46 distance to be traveled.
- 47 i. ~~Such determination is binding on the AdSS~~
48 ~~responsible for coverage and payment.~~
- 49 b. ~~The Division AdSSs must comply with Medicaid Managed~~
50 ~~Care guidelines regarding the coordination of p~~Post
51 ~~sStabilization cCare.~~ (42 CFR 438.114, 42 CFR 422.113).
- 52 c. The receiving physician agrees to the ~~m~~Member transfer.
- 53 d. Transportation orders are prepared specifying:
- 54 i. ~~€~~The type of transport,
55 ii. ~~€~~Training level of the transport crew, and
56 ~~€~~iii. ~~€~~Level of life support.
- 57 e. A transfer summary accompanies the ~~m~~Member.
- 58 2. ~~The Division shall require compliance with Medicaid Managed~~
59 ~~Care guidelines regarding the coordination of Post Stabilization~~
60 ~~Care as specified in 42 CFR 438.114 and 42 CFR 422.113.~~
- 61 2.3. ~~The Division shall require the following criteria are met when a~~
62 ~~Member transitions~~ Transfer to a lower ~~lesser~~ level of care
63 facility, ~~(e.g. including a transfer from~~ Tertiary to Secondary or

- 64 Primary, or Secondary to Primary Hospital, or transfer to a
65 Skilled Nursing Facility; ~~it may be made, when one or more of~~
66 ~~the following criteria are met:~~
- 67 a. ~~The~~ Member's condition does not require ~~the~~ full
68 ~~capabilities of the transferring facility; or acute hospital~~
69 ~~capabilities, or~~
 - 70 b. ~~The~~ Member's condition has stabilized or reached a plateau
71 and will not benefit further from intensive intervention in
72 the transferring facility; ~~and, and~~
 - 73 c. The receiving physician agrees to a ~~m~~Member transfer, ~~and~~
74 ~~and~~
 - 75 d. ~~Transportation orders are prepared specifying the:~~
 - 76 ~~i. Type of transport,~~
 - 77 ~~ii. Training level of the transport crew, and~~
 - 78 ~~iii. Level of life support, and~~
 - 79 e. A transfer summary accompanies the ~~m~~Member.
- 80 ~~4. The Division shall require the following criteria are met when a~~
81 ~~Member transfers to a higher level of care facility including~~

- 82 transfer from a Primary to a Secondary or Tertiary hospital, or
83 from a Secondary to a Tertiary Hospital:
- 84 a. The transferring hospital cannot provide the level of care
85 needed to manage the Member beyond stabilization
86 required to transport, or cannot provide the required
87 diagnostic evaluation and consultation services needed;
- 88 b. The receiving physician agrees to the Member transfer;
- 89 c. Transport orders are prepared which specify the type of
90 transport, the training level of the transport crew and the
91 level of life support; and
- 92 d. A transfer summary accompanies the Member.
- 93 5. The Division shall require when the transfer is initiated by the
94 AdSS For transfers initiated by the AdSSs, the attending
95 ~~e~~Emergency physician or the attending provider treating the
96 ~~m~~Member and the AdSSs Medical Director or designee are
97 responsible for determining whether a particular case meets
98 criteria established in this policy.

99 ~~3.6. The Division Medical Director in the event of a request for a~~
100 ~~decision on the transfer of a particular member, the Division will~~
101 ~~apply the criteria listed in this subsection and A.R.S. 36-2020(B)~~

102 ~~**B. Neonate Transfers Between Acute Care Centers**~~

- 103
- 104 1. ~~Acutely ill neonates may be transferred from one acute care~~
105 ~~center to another, given certain conditions. The chart that~~
106 ~~follows provides the levels of care, conditions appropriate for~~
107 ~~transfer, and criteria for transfer.~~

108 ~~B. AdSS OVERSIGHT AND MONITORING~~

109 ~~The Division shall refer to Division Operations 438 for monitoring and~~
110 ~~oversight responsibilities of the AdSS.~~

111 ~~The Division shall meet with the AdSS at least quarterly to:~~

- 112 ~~a. Provide ongoing evaluation including data analysis and~~
113 ~~recommendations to refine processes; and~~
114 ~~b. Identify successful interventions and care pathways to~~
115 ~~optimize results.~~

116 ~~c. The Division shall perform an Operational Review of the AdSS on an~~
117 ~~annual basis that includes review of policy compliance.~~

118

LEVEL OF CARE		TRANSFER CRITERIA
FROM	TO	
PRIMARY	SECONDARY	<ol style="list-style-type: none"> 1. The nursing and medical staff of the sending hospital cannot provide: <ol style="list-style-type: none"> a. The level of care needed to manage the infant beyond stabilization to transport, or b. The required diagnostic evaluation and consultation services needed. 2. Transport orders are prepared which specify the type of transport, the training level of the transport crew and the level of life support. 3. A transfer summary accompanies the infant.
	TERTIARY	Same as above
SECONDARY	TERTIARY	Same as above
	PRIMARY	Same as below
	TERTIARY (RARE)	<ol style="list-style-type: none"> 1. The sending and receiving neonatologists (and surgeons, if involved) have spoken and have agreed that the transfer is safe. 2. The infant is expected to remain stable, considering the period of time required for the distance to be covered.

119
120
121
122
123
124
125

126 SUPPLEMENTAL INFORMATION

127 Transfer to a lower level of care facility (e.g., Tertiary to Secondary or
128 primary, or Secondary to Primary Hospital, or transfer to a skilled
129 nursing facility).

130
131 Transfers to a higher level of care facility (e.g., Primary to Secondary
132 or Tertiary, or Secondary to Tertiary Hospital).

133

134

135

136 Signature of Chief Medical Officer:

Draft Policy for Public Comment