

**520 –MEMBER TRANSITIONS**

EFFECTIVE DATES: 10/01/94, 07/01/16, 10/01/17, ~~10/01/18~~<sup>1</sup>

REVISION DATES: 07/22/96, 02/01/01, 10/01/01, 04/01/05, 11/01/07, 03/01/11, 11/03/16, 06/01/17, ~~11/02/17~~06/07/18<sup>2</sup>

**I. PURPOSE**

This Policy applies to ~~Acute Care~~AHCCCS Complete Care (ACC)<sup>3</sup>, ALTCS E/PD, ~~CRS~~, DCS/CMDP, DES/DDD (~~DDD~~), and RBHA Contractors; Fee-For-Service (FFS) Programs as delineated within this Policy including: Tribal ALTCS, ~~and~~ TRBHAs, and the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes guidelines-requirements for Contractors and FFS Programs regarding member transitions.

**II. DEFINITIONS**

**CUSTOMIZED MEDICAL EQUIPMENT DME** 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.

**ENROLLMENT TRANSITION INFORMATION (ETI)** Member specific information the Relinquishing Contractor must complete and transmit to the Receiving Contractor or FFS Program for those members requiring coordination of services as a result of transitioning to another Contractor or FFS Program.

**MEMBER TRANSITION** The process during which members change from one Contractor or FFS Program to another.

~~**CHILDREN WITH SPECIAL HEALTH CARE NEEDS**<sup>4</sup> For purposes of this policy, Children under age 19 who are blind, children with disabilities, and related populations (eligible for SSI under Title XVI). Children eligible under section 1902(e)(3) of the Social Security Act (Katie Beckett); in foster care or other out of home placement; receiving foster care or adoption assistance; or receiving services through a family centered, community based coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V (CRS).~~

<sup>1</sup> Date changes are effective

<sup>2</sup> Replacing the date published to the Bidder’s Library with the date presented at APC

<sup>3</sup> New integrated Contractor result of RFP-YH19-0001

<sup>4</sup> POST BIDDER’S LIBRARY CHANGE: Removed; updated with new definition below

**MEMBERS WITH  
SPECIAL HEALTH CARE  
NEEDS**<sup>5</sup>

~~For purposes of this policy, Members with Special Health Care Needs is defined within AHCCCS Complete Care contract for both adults and children: “Members with special health care needs are those m~~Members who have serious and chronic physical, developmental, and/or behavioral conditions requiring medically necessary 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.”

**III. POLICY**

**A. MEMBER TRANSITIONS**

The Contractors shall identify and facilitate coordination of care for all AHCCCS members during transitions between Contractors, FFS Programs, FFS members transitioning to an MCO, members transitioning to FFS,<sup>6</sup> as well as changes in service areas, subcontractors, and/or health care providers. Members with special circumstances may require additional or distinctive assistance during a period of transition. Policies and procedures shall be developed by the Contractor<sup>7</sup> to address these situations.

Special circumstances include ~~members designated as having “Special Health Care needs~~Needs” under AMPM Policy 540 –<sup>8</sup>~~including~~<sup>9</sup> but are not limited to the following:<sup>10</sup>

1. Pregnancy (especially women who are high risk -or in their third trimester),
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 emergency department utilization, hospitalization or placement in nursing, or other facilities, and/or
4. Significant medical or behavioral health conditions (e.g., diabetes, asthma, hypertension, depression, or serious mental illness) that require ongoing specialist

<sup>5</sup> POST BIDDER’S LIBRARY CHANGE: added from Contract

<sup>6</sup> POST BIDDER’S LIBRARY CHANGE: to include FFS

<sup>7</sup> POST BIDDER’S LIBRARY CHANGE: added for clarity

<sup>8</sup> -540 reserved

<sup>9</sup> POST BIDDER’S LIBRARY CHANGE: clarify to include special circumstances

<sup>10</sup> Updated listing to include SHNC populations noted in the ACC RFP/Contract

- care and appointments,
5. Chemotherapy and/or radiation therapy,
  6. Dialysis, or
  7. Hospitalization at the time of transition,<sup>5</sup>
  8. Members with ongoing needs such as:
    - a. ~~Durable~~ ~~m~~Medical equipment including ventilators and other respiratory assistance equipment,
    - b. Home care services, such as Attendant Care or Home Health,
    - c. Medically necessary transportation on a scheduled and/or ongoing basis,
    - d. Prescription medications (including those that have been stabilized through a step therapy process), ~~and/or~~
    - e. Pain management services.<sup>7</sup>
  9. Members who frequently contact AHCCCS, State and local officials, the Governor's Office and/or the media.<sup>2</sup>
  - ~~9.~~
  10. Members ~~-with~~ qualifying Children's Rehabilitative Services (CRS) conditions.<sup>5</sup>
  11. ~~CRS m~~Members with qualifying CRS conditions transitioning to adulthood.<sup>11</sup>
  12. Members diagnosed with HIV/AIDS.
  13. Members who are being considered for or are actively engaged in a transplant process and for up to one year post transplant.
  14. Members enrolled in the ALTCS program who are elderly and/or have a physical disability.
  15. Members enrolled in the ALTCS program who have a developmental disability.
  16. ~~Members who~~Members who are engaged in care or services through the Arizona Early Intervention Program (AzEIP).
  17. Members who are diagnosed with a Serious Mental Illness (SMI).
  18. Any child that has a ECSII/CASII score of 4+.

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<sup>11</sup> POST BIDDER'S LIBRARY CHANGE: Based on RFI, recommend adding in language to support CRS children transitioning to adult care.

19. Members who have a Seriously Emotionally Disturbed (SED) diagnosis flag in the system,
20. Substance exposed newborns and infants diagnosed with neonatal abstinence syndrome (NAS),
21. Members diagnosed with Severe Combined Immunodeficiency (SCID),
22. Members with a diagnosis of autism or who are at risk for autism,
23. Members diagnosed with opioid ~~dis~~use disorder, separately tracking pregnant members and members with co-occurring pain and opioid use disorder<sup>12</sup>,
24. Members enrolled with Division of Child Safety/Comprehensive Medical and Dental Program (CMDP),
25. Members who transition out of the CMDP up to one year post transition,
- ~~10.~~ 26. Members identified as a High Need/High Cost member.
- ~~11.~~ 27. Members on conditional release from Arizona State Hospital,
- ~~12.~~ 28. 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, and
- ~~13.~~ 29. Members who at the time of their 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-day period,
  - d. Behavioral health services,
  - e. Appointments with a specialist located out of the Contractor service area, and
  - f. Nursing facility admissions.

For Contractor rRequirements for Member Transitions between AHCCCS Contractors for Annual Enrollment Choice (AEC) and eligibility changes see ACOM Policy 402.

<sup>12</sup> POST BIDDER'S LIBRARY CHANGE: Added to align with ACC contract

**B. NOTIFICATIONS REQUIRED OF CONTRACTORS**

1. ~~The r~~Relinquishing Contractors shall provide relevant information regarding members who transition to a receiving Contractor or a FFS Program. The ETI Form shall be utilized for transfer of information for at least those members with special circumstances, listed in this Policy, who are transitioning enrollment to another Contractor or a FFS Program. –There are two specific ETI forms:
  - a. ~~AMPM Policy 520~~, Attachment A ~~of this Policy~~<sup>13</sup>, and
  - b. ~~AMPM Exhibit 1620-9 Arizona Long Term Care System (ALTCS) Enrollment Transition Information Form, is~~<sup>14</sup> used by ALTCS Contractors ~~including Tribal ALTCS~~<sup>15</sup>.

~~2.~~–The relinquishing Contractor must complete and transmit the appropriate ETI Form to the appropriate parties receiving Contractor<sup>16</sup> or FFS Program no later than 10 business days from date of receipt of AHCCCS notification.

~~3.~~~~2.~~

~~4.~~ ~~For individuals determined to have a Serious Mental Illness (SMI) who are transitioning from a Contractor to a Regional Behavioral Health Authority (RBHA) for provision of physical health services, there shall be a 14 day transition period in order to ensure effective coordination of care.~~<sup>17</sup>

~~5.~~~~3.~~ Relinquishing Contractors who fail to notify the receiving Contractor or FFS Program of transitioning members with special circumstances will be responsible for covering the members’ care for up to 30 days following the transition.

~~6.~~–The Contractors shall provide protocols for the transfer of pertinent medical records, as discussed in this Policy, and arrange for the timely notification to members, subcontractors or other providers, as appropriate during times of transition.

~~4.~~

~~7.~~

~~8.~~–The ~~r~~Receiving Contractors shall provide new members with a Mmember Hhandbook, provider directory, and emergency numbers as specified in ContractACOM Policy 406.

~~5.~~

~~6.~~

~~The r~~Receiving Contractors or FFS Programs shall follow-up as appropriate ~~for to~~ address the needs of the member identified on the ETI Fform.

<sup>13</sup> POST BIDDER’S LIBRARY CHANGE: clarification

<sup>14</sup> POST BIDDER’S LIBRARY CHANGE: Removing titles throughout the manual for consistency

<sup>15</sup> POST BIDDER’S LIBRARY CHANGE: Added to include Tribal ALTCS

<sup>16</sup> POST BIDDER’S LIBRARY CHANGE: clarify

<sup>17</sup> The 14 day transition period is being deleted due to integrating members

The receiving Contractor shall extend previously approved prior authorizations for a minimum period of 30 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.

The receiving Contractor shall provide at a minimum a 90-day transition period, for children and adults with special healthcare needs who have an established relationship with a PCP that does not participate in the Contractor's provider network, during which the member may continue to seek care from their established PCP while the member/guardian/designated representative/, the Contractor care manager and/or ALTCS Contractor case manager or Provider case manager -identifies an alternative PCP within the Contractor's provider network.<sup>18</sup>

### **C. TRANSITION TO ALTCS**

If a member is referred to and approved for ALTCS enrollment, the relinquishing Contractor shall coordinate the transition with the receiving ALTCS Contractor or Tribal ALTCS.

The Contractor~~s~~ shall ensure 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.

Refer to ACOM Policy 402 and AMPM Policy 1620-H for ALTCS Contractor responsibilities in the transition process.

### **D. -TRANSITION FROM CHILD -TO ADULT BEHAVIORAL AND/OR PHYSICAL HEALTH SERVICES**

Transitions involving both behavioral and physical health services-s should include, , but not limited to:at a minimum,  
a A coordination plan to occur between -children'schild providers and the anticipated adult providers,

1. A process that begins no later than<sup>19</sup> when the child reaches the age of 16,
2. -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 ~~it~~ should also facilitates a seamless transition to-/from childrenchild 's-services to

<sup>18</sup> POST BIDDER'S LIBRARY CHANGE: clarification

<sup>19</sup> POST APC CHANGE: added no later than

adult services.

1. A process that begins when the child reaches the age of 16.
3. Based on clinical presentation, An SMI eligibility determination should be completed when the adolescent reaches the age of seventeen, but no later than age 17&1/2 and 6 months years of age based on clinical presentation.
4. -Any additional stakeholder, behavioral or physical healthcare entity involved with the child ~~should~~shall -be included in the transition process, as applicable (e.g. DDD, Juvenile justice systemPO, CMDP, education system); etc.), and
- 1.5. It is equally important for A coordination plan to meet the unique needs coordination of medical/physical services for childrenMembers with Special Health Care Needs, including members with CRS qualifying conditionsdesignation, as specified in Contract. When transferring healthcare services from a pediatrician to an adult health care provider, the Contractor shall establish a process to ensure coordination of care for members that includes a Service Plan and collaboration with providers, communities, agencies, service<sup>20</sup> systems, and members/guardians/designated representatives.<sup>21</sup>

~~The transition into the adult behavioral/physical health system must begin for any child previously involved or newly enrolled in behavioral health care or with special health care needs when the child reaches the age of 16. Planning must begin immediately for youth entering behavioral health care at 16 years of age or older.~~

~~A transition plan that starts with an assessment of self care and independent living skills, social skills, work and education plans, earning potential and psychiatric stability must be incorporated in the child's Service Plan).~~

~~For children, including children with special health care needs, who transfer to the adult Serious Mental Illness (SMI) or General Mental Health/Substance Use system, Contractors and providers serving the FFS population must develop a process and procedure to ensure and support the delivery of children and adult services during the transition period.<sup>22</sup>~~

23

~~The Contractors shall ensure that adult system staff attend and participate in the Child and Family Team (CFT) and/or treatment team service planning process beginning four to six months prior to the child turning 18. Providers serving the FFS population shall coordinate the member's transition with the assigned TRBHA or Tribal ALTCS case manager. For guidance related to transition planning refer to the AHCCCS Behavioral Health System Practice Tool: Transition to Adulthood Practice Tool.~~

<sup>20</sup> POST BIDDER'S LIBRARY CHANGE: CLARIFY

<sup>21</sup> POST BIDDER'S LIBRARY CHANGE: language has been re-structured for flow

<sup>22</sup> POST BIDDER'S LIBRARY CHANGE: Section re-worded below

~~Contractors and providers serving the FFS population shall ensure members receiving behavioral health services are evaluated when they reach the age of 17 to determine if they may be eligible for services as an adult with a Serious Mental Illness (SMI). If so, the member shall be referred for an SMI eligibility determination. See AMPM Policy 320-P. For guidance related to referring the member for SMI determination, refer to the AHCCCS Behavioral Health System Practice Tool: Transition to Adulthood AHCCCS Transition to Adulthood Practice Tool.<sup>24</sup>~~

#### **E. MEMBERS HOSPITALIZED DURING AN ENROLLMENT CHANGE**

~~The~~ Contractor shall make provisions for the transition of care for members who are hospitalized on the day of an enrollment change. The provisions shall include processes for the following:

1. Authorization of treatment by the receiving Contractor or FFS Program.

~~Reimbursement as outlined in the AHCCCS All Patient Refined Diagnosis Related Groups (APR-DRGs) Payment System Design Payment Policies on the AHCCCS website.~~<sup>25</sup>

2. Notification to the hospital and attending physician of the transition by the relinquishing Contractor. The relinquishing Contractor shall 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 Contractor or FFS Program for authorization of continued services. If the relinquishing Contractor fails to provide notification to the hospital and the attending physician relative to the transitioning member, the relinquishing Contractor shall 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 Contractor issued prior authorization.

3. Coordination with providers regarding activities relevant to concurrent review and discharge planning shall be addressed by the receiving Contractor or FFS Program.

~~3.~~

See AMPM Policy 530 for transfers between hospitals.

#### **F. TRANSITION DURING MAJOR ORGAN AND TISSUE TRANSPLANT SERVICES**

<sup>24</sup> POST BIDDER'S LIBRARY CHANGE: section has been revised

<sup>25</sup> POST BIDDER'S LIBRARY CHANGE: removed reference to APR DRG, does not add value



1. If there is a change in Contractor or FFS enrollment, both the relinquishing and receiving Contractors and/or FFS Program are responsible for coordination of care and coverage for members who have been approved for major organ or tissue transplant. The relinquishing Contractor or FFS Program is responsible for contracted components up to and including, completion of the service components that the member is receiving at the time of the change. The receiving Contractor or FFS Program is responsible for the remainder of the components of the transplant.
2. If a member changes to a different Contractor while undergoing transplantation at a transplant center that is not an AHCCCS contracted provider, each Contractor is responsible for its respective dates of service. If the relinquishing Contractor has negotiated a special rate, it is the responsibility of the receiving Contractor to coordinate the continuation of the special rate with the respective transplant center.

#### **G. ENROLLMENT CHANGES FOR MEMBERS RECEIVING OUTPATIENT TREATMENT FOR SIGNIFICANT MEDICAL CONDITIONS**

1. The Contractors shall have protocols for ongoing care of members with active and/or chronic ~~special~~ health care needs (e.g., outpatient chemotherapy, home dialysis, behavioral health needs, and pregnancy) during the transition period. The receiving Contractor shall have protocols to address the timely transition of the member from the relinquishing Primary Care Provider (PCP) to the receiving PCP, in order to maintain continuity of care.
2. Pregnant women who transition to a new Contractor within the last trimester of their expected date of delivery shall be allowed the option of continuing to receive services from their established physician and anticipated delivery site through the first<sup>26</sup> postpartum visits as part of included in<sup>27</sup> the all inclusive maternity care as specific in AMPM Policy 410<sup>28</sup>.

#### **H. TRANSITION OF MEDICALLY NECESSARY TRANSPORTATION**

Contractors shall have processes for at least the following:

1. Provision of ~~I~~ information to new members on what, and how, medically necessary transportation can be obtained.
2. Provision of ~~I~~ information to providers on how to order medically necessary transportation.

<sup>26</sup> POST APC CHANGE: deleted first

<sup>27</sup> POST APC CHANGE: updated language included in

<sup>28</sup> POST BIDDER'S LIBRARY CHANGE: Added for clarity and reference AMPM 410

~~2.3.~~

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

The Contractor shall address the dispensing and refilling ~~of of~~ prescription medications during the transition period as follows:

1. The relinquishing Contractor shall cover the dispensation of the total prescription amount of either continuing or time-limited medications, if filled at or before midnight on the last day of enrollment. The relinquishing Contractor may not reduce the quantity of the ordered prescription unless it exceeds a 30-day supply or 100 unit doses.
2. The receiving Contractor or FFS Program shall extend previously approved prior authorizations for a period of 30 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. Members transitioning from a Behavioral Health Medical Professional<sup>29</sup> (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. Contractors shall coordinate the care and ensure that the member has a sufficient supply of behavioral health medications to last through the date of the member's first appointment with their PCP. Members receiving behavioral health medications from their PCP may simultaneously receive counseling and other medically necessary services ~~from the RBHA~~<sup>30</sup>.

~~A person receiving methadone administration services who is not a recipient of take-home medication may receive up to two courtesy doses of methadone from a RBHA Contractor while the person is traveling out of the service area of the assigned RBHA Contractor.~~

~~All incidents of provision of courtesy dosing must be reported to the assigned RBHA Contractor or TRBHA<sup>31</sup> or Tribal ALTCS case manager<sup>32</sup>.~~

~~The assigned RBHA Contractor must reimburse the RBHA Contractor providing the courtesy doses upon receipt of properly submitted bills or encounters<sup>33</sup>.~~

~~Indian Health Services and Tribally owned or operated 638 facilities should refer to Chapter 12 of the IHS/Tribal Provider Manual for Methadone Administration Guidelines.<sup>34</sup>~~

<sup>29</sup> Spelled out BHMP

<sup>30</sup> ~~POST BIDDER'S LIBRARY CHANGE: Removed RBHA throughout section, they are not providing services~~

<sup>32</sup> ~~POST BIDDER'S LIBRARY CHANGE: Removed Tribal ALTCS case manager; not a requirement~~

<sup>33</sup> ~~POST BIDDER'S LIBRARY CHANGE: Same language exists in Policy 310-V Prescription Medications/Pharmacy Service~~

<sup>34</sup> ~~POST BIDDER'S LIBRARY CHANGE: deleted reference to Methadone~~

~~4. Providers service the FFS population should refer to Chapter 19 of the Fee For Service Provider Manual for Methadone Administration Guidelines.<sup>35</sup>~~

Refer to AMPM ~~Chapter 300~~Policy 310-V in this Manual for complete information regarding prescription medication coverage.

**J. DISPOSITION OF ~~DURABLE~~ MEDICAL EQUIPMENT, APPLIANCES AND OTHER MEDICAL SUPPLIES DURING TRANSITION<sup>36</sup>**

Contractors and Tribal ALTCS shall address the disposition of ~~Durable M~~medical Equipment (DME) and other medical equipment, appliances, and supplies during a member's transition period and develop policies that include the following:

1. Non-~~C~~eustomized ~~DME~~Medical Equipment

The relinquishing Contractor and Tribal ALTCS shall provide adequate information about members with ongoing ~~DME~~medical equipment needs to the receiving Contractor and/or FFS Programs.

2. Customized Medical Equipment~~DME~~:

- a. Customized ~~M~~medical Equipment~~DME~~ purchased for members by the relinquishing Contractor will remain with the member after the transition. The purchase cost of the equipment is the responsibility of the relinquishing Contractor,
- b. Customized ~~M~~medical Equipment~~DME~~ ordered by the relinquishing Contractor but delivered after the transition to the receiving Contractor shall be the financial responsibility of the relinquishing Contractor, and
- c. Maintenance contracts for ~~C~~eustomized ~~M~~medical Equipment~~DME~~ ~~purchased for members by a relinquishing Contractor~~ will transfer with the member to the new Contractor. Contract payments due after the transition will be the responsibility of the receiving Contractor, if the receiving Contractor elects to continue the maintenance contract. For FFS Programs, FFS Program rates apply.

3. Augmentative Communication Devices (ACDs):

- a. A 90 day trial period is generally necessary to determine if the ACD will be effective for the member, or if it should be replaced with another device,
- b. If a ~~M~~member ~~T~~transitions from a Contractor during the 90 day trial period, one of the following shall occur:
  - i. If the ACD is proven to be effective, the device remains with the member. Payment for the device is the responsibility of the relinquishing

<sup>35</sup> POST BIDDER'S LIBRARY CHANGE: deleted reference to Methadone

<sup>36</sup> No longer referred to as DME and is expanded to medical equipment, appliances and medical supplies this language has been changed throughout policy

Contractor. The cost of any maintenance contract necessary for the ACD shall be the responsibility of the receiving Contractor, if the receiving Contractor elects to continue the maintenance contract. For FFS Programs, FFS Program rates apply.

- ii. If the ACD is proven to be ineffective, it is returned to the relinquishing Contractor. The receiving Contractor shall reassess the member's medical condition and purchase a new device if it is determined to be potentially effective in meeting the member's needs.

**NOTE:** If the member has had the ACD for more than a 90 day trial period, the Customized ~~M~~**medical Equipment**~~DME~~ process in section 2 above applies.

**K. TRANSITION FOR AIHP OF SMI DESIGNATED MEMBERS TO AIHP, A RBHA OR TRBHA FOR BEHAVIORAL HEALTH SERVICES OR AIHP/SMI MEMBERS TO A TRBHA OR RBHA FOR BH TREATED BY A PCP<sup>37,38</sup>**

~~When a member is enrolled with AIHP for both physical and behavioral health services and is subsequently designated as SMI, the behavioral health provider shall coordinate the transfer the care.-~~

~~When a member is enrolled with a Contractor and is subsequently designated as SMI, the Contractor shall require and ensure that the PCP coordinates the transfer of care. All affected subcontracts shall include this provision.-~~

~~When a PCP has initiated medication management services for a member to treat a behavioral health disorder, and it is subsequently determined by the PCP that the member should be transferred to a behavioral health provider for evaluation and/or continued medication management services, the Contractor shall require and ensure that the PCP coordinates the transfer of care. All affected subcontracts shall include this provision.-~~

~~=~~

~~Contractor policies and procedures must address, at a minimum, the following:~~

- ~~1. Guidelines for when a transition of the member to a RBHA or AIHP and/or TRBHA for ongoing treatment is indicated.;~~
- ~~2. Protocols for notifying entities of the member's transfer, including reason for transfer, diagnostic information, and medication history.;~~
- ~~3. Protocols and guidelines for the transfer or sharing of medical records information and protocols for responding to requests for additional medical record information.;~~
- ~~4. Protocols for transition of prescription services, including but not limited to notification to RBHA or AIHP or TRBHA of the member's current medications~~

<sup>37</sup> Language moved from contract to policy

<sup>38</sup> POST BIDDER'S LIBRARY CHANGE: Added for clarity

~~and timeframes for dispensing and refilling medications during the transition period. This coordination must ensure at a minimum, that the member does not run out of prescribed medications prior to the first appointment with the RBHA or AIHP or TRBHA prescriber and that all relevant member medical information including the reason for transfer is forwarded to the RBHA, AIHP or TRBHA prescriber prior to the member's first scheduled appointment with the prescriber; and~~

~~5. Contractor monitoring activities to ensure that members are appropriately transitioned for care.<sup>39</sup>~~

#### ~~K.L. MEDICAL RECORDS TRANSFER DURING TRANSITION~~

~~To ensure continuity of member care during the time of enrollment change, Contractors shall ensure timely transition of medical records. Refer to AMPM Policy 940 for additional information.~~

#### ~~L.M. RBHA REFERRALS RESULTING IN OUT OF SERVICE AREA PLACEMENT FOR MEMBERS WITH SMI<sup>40</sup>~~

~~—When a RBHA Contractor RBHA initiates a referral for placement of an integrated member with SMI with SMI or any non-integrated member to a service provider in another RBHA RBHA's Contractor's service area for the purposes of obtaining behavioral health services for more than 90 days<sup>41</sup>, the resulting relocation of the member may result in the eligibility source making corresponding changes to a member's address in the PMMIS. A~~

~~—For an integrated member, Aa change of address to another GSA will cause the integrated SMI member with SMI to become enrolled with a Acute Care Contractor RBHA RBHA Contractor in the other GSA for both behavioral health and physical health services.~~

~~1. For a non-integrated member, A change of address to another GSA will cause a non-integrated member to become enrolled with an Acute Care Contractor in the other GSA for physical health services and assigned to the RBHA in the other GSA for behavioral health services.~~

~~2. For members placed out of area for 90 days or fewer<sup>42</sup>. The RBHA RBHA Contractor who made the referral for the out-of-area placement shall take steps to ensure retention of the member's behavioral health assignment as well as financial responsibility for behavioral health services for non-integrated members, and in the case of an integrated SMI member, of the member's behavioral assignment and physical health enrollment as well as financial responsibility for both behavioral~~

<sup>39</sup> POST BIDDER'S LIBRARY CHANGE: section K., will be moved to AMPM 510, PCP.

<sup>40</sup> Revisions made to clarify processes for 10-1-18

<sup>41</sup> POST BIDDER'S LIBRARY CHANGE: deleted 90 days or fewer

<sup>42</sup> POST BIDDER'S LIBRARY CHANGE: deleted 90 days or fewer

and physical health services during the period the member is placed out of the RBHA RBHA's Contractor's service area:

- a. The referring RBHA RBHA Contractor is responsible for completing and submitting an Out of Area Placement Request utilizing Attachment B of this Policy to ensure AHCCCS is aware of and can flag the member in the AHCCCS system as being in an out of area placement,
- b. AHCCCS will utilize the submitted documentation to update the member's record with an indicator that will bypass the automatic PMMIS changes to the member's behavioral health assignment and ~~if an integrated SMI member,~~ physical health enrollment. The normal automatic activation would otherwise change a member's behavioral health assignment and physical health enrollment (~~for an integrated SMI member~~), due to an out-of-GSA address change, and
- c. The referring RBHA RBHA Contractor is responsible for submitting Attachment B in its entirety and for **any** extension or change to the effective date of placement and/or end date of placement to ensure that the indicator remains in effect only as appropriate.

3. When a member is placed in an out of area placement the referring RBHA RBHA Contractor shall establish contracts with out-of-area service providers for behavioral health and physical health (~~for Integrated SMI members~~) services and authorize payment for behavioral health services and physical health (~~for Integrated SMI members~~) services.

~~4.~~ When the member returns to the original service area and another address change is processed in the PMMIS, the end date of the out of area placement will allow resumption of normal behavioral health assignment and physical health enrollment rules.

~~5.4.~~

~~—When a TRBHA initiates a referral for placement outside of the TRBHA zip codes for the purposes of obtaining behavioral health services, the resulting relocation of the member may result in the eligibility source making corresponding changes to a member's address in the PMMIS. The TRBHA with which the member is assigned may utilize the steps outlined above to ensure retention of the member's behavioral health assignment (as well as maintain financial responsibility for behavioral health services with DFSM) for the member during the period the member is out of the TRBHA's service area.<sup>43</sup>~~

~~6.5.~~ Members who are in an out-of-area placement for one year, from the latter of the date of the original out-of-area placement or from October 1, 2018, will be transitioned to the RBHA Contractor in the GSA of placement, unless otherwise approved by AHCCCS<sup>44, 45</sup>

<sup>43</sup> POST BIDDER'S LIBRARY CHANGE: deleted section as TRBHAS have a different process.

<sup>44</sup> POST APC CHANGE: added 'unless otherwise approved by AHCCCS'

<sup>45</sup> POST BIDDER'S LIBRARY CHANGE: added for clarity.