



# DCS Comprehensive Health Plan INTERNAL POLICY

<b>TITLE</b> Transition of Members	<b>POLICY NUMBER</b> HS-CC-01
<b>RESPONSIBLE AREA</b> Health Coordination	<b>EFFECTIVE DATE</b> 08/31/2023
<b>Initiated:</b> 01/01/96 <b>CHP Policy Committee Approval:</b> 05/21/02; 10/07/05; 12/14/05; 05/06/06; 04/02/07; 01/27/09; 05/18/10; 04/19/11; 04/03/12; 09/13/13; 11/17/14; 06/19/15; 12/04/15; 06/03/16; 03/16/17; 12/14/18; 06/20/19; 09/14/20; 08/15/21; 08/15/22; 08/15/23	

## STATEMENT/PURPOSE

This policy establishes requirements for members transitioning into and/or exiting the Department of Child Safety Comprehensive Health Plan (DCS CHP).

## AUTHORITY

[A.R.S. § 8-512](#), Comprehensive medical and dental care; guidelines.

[A.R.S. § 8-514.05](#), Foster care provider and department access to child health information; consent to treatment.

[A.A.C. R9-22-509](#), Transition and Coordination of Member Care.

[42 C.F.R. 438.62 \(b\)\(1\)](#), Continued services to enrollees.

The Intergovernmental Agreement (IGA) between Arizona Health Care Cost Containment System (AHCCCS) and Arizona Department of Child Safety (DCS) for the Comprehensive Health Plan (CHP) outlines the contractual requirements for health plan operations.

The contract between the Department of Child Safety (DCS) for the Comprehensive Health Plan (CHP) and its Managed Care Organization (MCO) contractor outlines the contractual requirements for compliance with continuity and quality of care for all members entering or exiting DCS CHP.

## DEFINITIONS

Enrollment Transition Information (ETI) - Member specific information the relinquishing contractor must complete and transmit to the receiving contractor for those members requiring coordination of services as a result of transitioning to another contractor.

Member Transition - The process during which member change from one contractor to another.



Prior Authorization- A process by which the health plan, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this Article and any applicable contract provisions. Prior Authorization (PA) is not a guarantee of payment as specified in A.A.C. R9-22-101.

## **POLICY**

DCS CHP and its contracted MCO identify and manage the needs of members during transitions between subcontractors, levels of care and/or healthcare professionals/providers to maintain the continuity and quality of care and services the member receives. Member transitions are reviewed for ongoing services, medical diagnoses, special circumstances and previously approved prior authorizations.

Members with special circumstances may receive additional coordination or distinctive assistance during the period of transition. Special circumstances include members designated as having “special health care needs” as outlined in [AHCCCS Medical Policy Manual \(AMPM\) 520](#). The Enrollment Transition Information (ETI) Form ([AMPM 520, Attachment A](#)) is utilized for transfer of information.

AHCCCS provides notification of enrollment changes to enable timely and appropriate transition of care.

Custodial agency representatives are supported for members approaching age 18 for transition to adult services when applicable.

## **PROCEDURE**

### **Transition Coordinator**

Transition Coordinators are health plan staff members who possesses the appropriate education and experience to effectively coordinate and oversee all transition issues, responsibilities, and activities.

The role of the transition coordinator includes:

- Ensuring that transition activities are accomplished in accordance with AHCCCS and health plan policies and procedures;
- Acting as an advocate for members leaving and joining DCS CHP;
- Facilitating communication between health plans and AHCCCS;
- Assisting Primary Care Providers (PCPs), internal health plan departments, and other participating healthcare providers with the coordination of care for transitioning members;
- Ensuring that continuity and quality of care for transitioning members is maintained during health plan transitions; and
- Participating in AHCCCS/health plan transition coordinators’ planning meetings.

### **Transition Requirements for Relinquishing Health Plan**

As the relinquishing health plan, DCS CHP and its contracted MCO ensure that all relevant information regarding the member’s transition is provided to the receiving AHCCCS health plan or FFS program. Due



to the special nature of DCS CHP's member population, an AHCCCS mandated ETI Form is generated and transmitted to the receiving health plan, for all members exiting DCS CHP regardless of the medical complexity of the child, no later than 10 business days from receipt of enrollment change notification. If DCS CHP and the contracted MCO fail to transmit required documentation to the receiving health plan within the established timeframe, DCS CHP is responsible for covering the member's health care for up to 30 days after the transition from DCS CHP.

DCS CHP and its contracted MCO are responsible for the transfer of pertinent medical records, as outlined in AHCCCS AMPM 520, and arranges for the timely notification to members, subcontractors or other providers, as appropriate during times of transition.

DCS CHP and its contracted MCO resolve pending grievances and notifies the receiving plan of their status.

As children reach the age of 18 years, they are no longer eligible for health care coverage through DCS CHP. DCS CHP requires the contracted MCO to engage in transition age services and coordination which include:

- Transition age services that focus on assisting the member with gaining skills to function as a self-sufficient adult;
- Coordination of behavioral health services which include but are not limited to SMI evaluation at seventeen and a half years of age, and the coordination of services to the adult provider and SMI health plan;
  - Adult system of care team is invited to the CFT and involved in other coordination activities.
- Coordination planning to meet the needs of members with special health care conditions including members with CRS designation;
- Coordination between child and anticipated adult physical and behavioral health providers and other stakeholders.

### **Transition Requirements for Receiving Health Plan**

As the receiving health plan, DCS CHP and the contracted MCO ensure that all members receive the appropriate care coordination.

Members are provided with new membership information on entry into the health plan, in a timely manner including access to the member handbook, assignment to a Primary Care Provider, Primary Dental Provider or dental home as well as Behavioral health home.

A Transition Coordinator reviews all incoming ETI Forms for ongoing services, medical diagnoses, special circumstances and previously approved prior authorizations. Previously approved prior authorizations from relinquishing health plans are entered for a minimum period of 30 days from the date of the member's transition so services are not interrupted.



Timely process of a transition is not delayed because of missing or incomplete information. If notification of a transition is received prior to receipt of the relinquishing health plan's ETI Form, care coordination efforts begin immediately upon notification.

Members transitioning to DCS CHP are provided with health plan information, emergency numbers and instructions on how to obtain health care services.

The MCO care management team reaches out to caregivers to assist them in scheduling their EPSDT and dental preventative visits within the first 30 days of entering out-of-home care.

The MCO care management team coordinates care for members with special health care needs with the relinquishing health plan in order to have continuity of services. Members with special health care needs are provided, at minimum a 90 day transition period, if they have an established PCP who is not a contracted network provider, in order to transition to an identified alternative network PCP. The MCO provides assistance, if needed in locating a network PCP.

The DCS CHP Resource Liaisons, also reach out to members and serve as a resource for caregivers, providing information on dental, medical and behavioral services, as well as transportation and pharmacy information.

Previously approved prior authorizations are extended for a minimum of 30 days from the date of the member entering care.

Members in active treatment (chemotherapy, pregnancy, previously scheduled surgery etc.) with a non-participating provider are allowed to continue receiving treatment from that provider for the duration of their treatment.

All members entering the DCS CHP health plan are referred by the custodial guardian for an Integrated Rapid Response Evaluation. This evaluation consists of a behavioral health as well as a physical health assessment within 72 hours of the referral. The evaluation informs and begins the coordination process for the member and is another mechanism used to maintain the continuity of or initiate necessary services for the newly enrolled member.

### **Transition to Arizona Long Term Care System ALTCS/EPD/DDD**

If a member is referred to and approved for ALTCS enrollment, DCS CHP and its contracted MCO coordinates the transition with the assigned ALTCS plan to 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.

### **Transition During a Hospitalization**

If a member is enrolled in the health plan during a hospitalization, the relinquishing Medicaid health plan is responsible for the coverage of the admission. However, the contracted MCO's concurrent review staff



follow the member on entry into the plan and coordinate with the inpatient facility to ensure a smooth transition.

### **Transition for Youth Ageing out of DCS Care**

Youth in DCS care remain with DCS CHP until 18 years of age. DCS CHP's contracted MCO conducts enhanced coordination and transition activities to assist Transition Age Youth with significant behavioral health conditions for SMI eligibility and transition to adult services.

All children in DCS CHP are eligible for transition to adulthood services. DCS CHP supports clinical practice and behavioral health service delivery that is individualized, strengths-based, recovery-oriented, and culturally sensitive in meeting the needs of children, adults, and their families.

### **Transition for Justice Involved Youth**

Youth in DCS care have their Medicaid coverage suspended rather than terminated when they enter a jail, prison, or detention facility. DCS CHP's contracted MCO conducts a justice reach-in program to identify members with chronic and/or complex physical or behavioral health care needs, including substance use disorder and conduct pre and post release coordination of services for these members to ensure that there is successful transition of services from the justice facility to the community or other level of care as appropriate. The DCS CHP System of Care team, together with the contracted MCO System of Care team and the assigned justice liaison, coordinate to facilitate the smooth transition of services.

### **Reporting**

Internal monitoring and audits are conducted and reported at the Quality Management/Process Improvement (QM/PI) and/or Medical Management quarterly meetings.

### **Coordination Meetings**

DCS CHP and its Contracted MCO participate in monthly Transition Age Youth (TAY) Rounds to provide care coordination for transition age youth with significant behavioral health issues and potential SMI

### **REFERENCES**

[AHCCCS Medical Policy Manual \(AMPM\) Policy 520 – Member Transitions](#)

[AHCCCS Medical Policy Manual \(AMPM\) 280 - Transition to Adulthood](#)

### **RELATED FORMS**

[AMPM 520, Attachment A, Enrollment Transition Information \(ETI\) Form](#)