NORTHCARE NETWORK

POLICY TITLE: Transition of Care	**CATEGORY:** Quality Assessment & Performance Improvement	
EFFECTIVE DATE: 2/12/25	**BOARD APPROVAL DATE:** 2/12/25	
REVIEW DATE: N/A New Policy	**REVISION(S) TO POLICY STATEMENT:** ☐ **Yes** ☐ **No**	**OTHER REVISION(S):** ☐ **Yes** ☐ **No**
RESPONSIBLE PARTY: QI/ UM Director	**CEO APPROVAL DATE:** 2/4/25 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Personnel
Member CMHSPs
SUD Providers

POLICY

This policy allots for the Continued Access to services during a transition from Michigan fee-for-service Medicaid to a Michigan managed care Medicaid and/or continued access to services when transitioning between managed care entities when the individual would suffer detriment to their health if services didn't continue. This policy does not apply to general fund / block grant consumers, private insurance consumers, or those who lost Michigan Medicaid eligibility. It only applies to those eligible for CMHSP and/or certain SUD services. It only applies to entities and providers in, or licensed in, the state of Michigan.

PURPOSE

To improve quality of care, improve outcomes, eliminate barriers to care and control costs via coordination between entities.

DEFINITIONS

1. **Continuity of Care:** The quality of care over time, including both the enrollee's experience of a "continuous caring relationship" with an identified health care professional and the delivery of a "seamless service" through integration, coordination, and the sharing of information different providers/care settings
2. **Enrollee:** A Medicaid beneficiary with substance use disorder, mental illness, serious emotional disturbance, or developmental disability that is eligible for specialty services and supports; monitored by the PIHP.
3. **Receiving Entity/PIHP**: The PIHP or designee that is opening for services the enrollee and receiving the enrollee's information.
4. **Service provider / Provider:** the agency providing clinical treatment to the enrollee.
5. **Setting of Care**: Generally, a place where an enrollee is provided mental health and/or substance use disorder services, including the diagnosis, treatment, and assessment of emotional and mental health disorders and issues. This can include inpatient and outpatient facilities, in-home care, adult care homes, and more.
6. **Transition of Care**: The movement of an enrollee from one setting of care to another.
7. **Transferring Entity/PIHP**: The PIHP or designee that is disenrolling the transitioning enrollee and transferring the enrollee's information.
8. **Warm Handoff**: Time-sensitive, enrollee-specific planning identified by either the transferring entity or the receiving entity to ensure continuity of care during transition from one setting of care to another. Warm handoffs require collaborative planning between both entities and when at all possible, prior to the transition.
9. **CMHSP**: Community Mental Health Service Program
10. **SUD provider**: Substance Use Disorder provider

REFERENCES

- MDHHS Transition of Care Technical Requirement
- MDHHS/PIHP Contract
- 42 CFR 438.62

HISTORY

NEW POLICY: 2/12/25
REVISION DATE: N/A
REVIEW DATE: N/A
CEO APPROVAL DATE: 2/4/25
BOARD APPROVAL DATE: 2/12/25

PROCEDURES

1. Enrollees in services under fee-for-service Medicaid transitioning to a Managed Care Medicaid, or vice versa, will continue to receive care through their service provider as medically necessary when lack of services would cause serious detriment to the health of the individual or place them at risk of hospitalization or institutionalization.
2. CMHSP and SUD provider staff will be aware of the transition of care policy and appropriately coordinate care as necessary.
    a. The transferring entities service provider is responsible for development of a transition plan in coordination with the receiving entities service provider and the enrollee and their supports/guardian. This applies to
        i. youth enrollees entering adult services at the same or a new service provider,
        ii. enrollees moving between service providers and systems, including inpatient, outpatient, incarceration, foster care, child caring institutions, court systems, and more,
        iii. enrollees moving between fee for service and managed care Medicaid providers, and
        iv. enrollees moving between PIHP service areas
    b. A warm handoff should be completed whenever possible.
3. Enrollees transferring between providers:
    a. The transferring entity and receiving entity will communicate to ensure service access is consistent between the outgoing and incoming providers for Medicaid consumers.
        i. The transferring entity is responsible for ongoing services consistent with previous services until the transferring entity has communicated and coordinated with the receiving entity and the transition plan is identified and acceptable to both parties.
        ii. The transferring entity is responsible to determine if lack of services would cause serious detriment to the health of the individual.
    b. Consumers may retain their current provider entity for 90 days if the receiving entity is not in network.
        i. The receiving entity/PIHP will assist the individual in selecting an in-network provider and make any necessary referrals.
        ii. The service provider through the transferring entity will provide services during the timeframe. This may be accomplished via telehealth, in-person, or the transferring entity may contract for services with a new service provider during the timeframe.
            1. This decision will be based on clinical decision making by the transferring entity.
            2. If a new contract is put in place, efforts will be made to establish the contract with a service provider that is in-network with the receiving entity.
                - Once the enrollee is established/open/has attended an appointment with a service provider that is in-network with the

receiving entity, the responsibility of the enrollees care will transition to the receiving entity.
   - If 91+ days have passed, the enrollees care will be the responsibility of the receiving entity.

c. Historical utilization data and medical records and documentation is to be provided to the receiving entities service provider upon request, within 14 calendar days.
   i. With consent, records may be requested via electronic exchange up to 5 years prior to the date of request for any enrollee currently open or who has been open to services in the past 5 years.
      1. The transferring entity must provide requested information within 14 business days with a copy of the consent.
      2. 42 CFR part 2 information will only be provided with appropriate 42 CFR 2 covered consent.
   ii. NorthCare Network CMHSPs will receive up to 5 years worth of data from an enrollees previous providers.
   iii. Information is to include recent assessments of the enrollees needs to prevent duplication of those activities.

4. Consumers are informed of how to continue services during transition.
   a. Enrollees will not be charged for any costs associated with the transition of care of services between providers. Services will be provided without delay resulting from issues with financial responsibility.
   b. Financial dispute will not delay the provision of service.

<u>The PIHP will monitor the following annually:</u>

1. Movement of enrollees between care settings via a transition plan; including
   a. inpatient to outpatient levels of care, including state hospitalization
   b. youth to adult services
   c. to/from Child Caring Institutions
   d. to/from foster care
   e. to/from legal system incarceration
2. Services provided by other PIHPs transitioning to care by our PIHP via a transition plan
3. Services provided by fee-for-service Medicaid providers transitioning to services by PIHP via a transition plan
4. Services provided by community and social support providers transitioning to PIHP services via a transition plan.

The PIHP will ensure policy is explained to individuals in materials to enrollees and potential enrollees in accordance with 42 CFR 438.10.