

**SECTION: 1 CHAPTER: 100**

**POLICY: 116, Transfer of a SMI Member Enrolled in an Integrated RBHA to an AHCCCS Acute Care Contractor**

---

1. **PURPOSE:** This policy defines the Arizona Department of Health Services/ Division of Behavioral Health Services (ADHS/DBHS) criteria, process and timeframes for SMI member requests to transfer from receiving physical health care services from the assigned integrated Regional Behavioral Health Authority (RBHA), to receiving physical health care services from an AHCCCS Acute Care Contractor. Members will receive information on this process through their Member Handbook.
2. **TERMS:**  
Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>. The following terms are referenced in this section: SMI
3. **PROCEDURES:**
  - a. The transfer of a SMI member enrolled in an integrated RBHA to an AHCCCS Acute Care Contractor
    - i. The transfer of a SMI member enrolled in an integrated RBHA to an AHCCCS Acute Care Contractor may be granted in exceptional circumstances. Such transfer impacts physical health care services only; the member will continue to receive their behavioral health services through the Integrated RBHA.
    - ii. The integrated RBHAs must develop and maintain a process that allows SMI members to request a transfer of their physical health care services to an AHCCCS Acute Care Contractor based on the criteria outlined in section 3.b.
    - iii. The process must be initiated by contacting the RBHA's Member Services, and facilitated through a centralized administrative RBHA functional area, such as the area devoted to the resolution of Grievances and Appeals.
  - b. Criteria for the transfer of a SMI member enrolled in an integrated RBHA to an AHCCCS Acute Care Contractor
    - i. Upon receipt of a SMI member enrolled in an integrated RBHA's request to transfer to an AHCCCS Acute Care Contractor, the integrated RBHA must explore all options to promptly resolve the member's concerns regarding:
      - (1) The availability and accessibility of services; and/or
      - (2) The course of medical care or delivery issues; and/or
      - (3) Any policy or practice that results in the actual or perceived discriminatory or disparate treatment of the individual as a result of his/her enrollment in the integrated RBHA.
    - ii. When the efforts of the integrated RBHA have not adequately resolved the member's concerns, a member may be transferred to an AHCCCS Acute Care Contractor to remediate one or more of the following:
      - (1) Network limitations and restrictions that result in access to care issues for the member; and/or
      - (2) The transfer is necessary to fulfill a physician's or provider's course of care recommendation; and/or
      - (3) The member has demonstrable evidence that due to the enrollment and affiliation with the integrated RBHA as a person with a SMI, and in contrast to

**SECTION: 1 CHAPTER: 100**

**POLICY: 116, Transfer of a SMI Member Enrolled in an Integrated RBHA to an AHCCCS Acute Care Contractor**

---

- persons enrolled with an AHCCCS Acute Care Contractor, actual harm or the potential for discriminatory or disparate treatment exists with regard to one or more of the following:
- (a) The access to, continuity, or availability of acute care covered services;
  - (b) Exercising client choice of plan;
  - (c) Privacy rights;
  - (d) Quality of services provided; or
  - (e) Client rights under Arizona Administrative Code, Title 9, Chapter 21, Article 2.
- iii. With regard to 3.b above, a member, or their representative, must demonstrate that the discriminatory or disparate treatment has already occurred or establish the plausible potential of such treatment. It is insufficient for a member to establish actual harm or the potential for discriminatory or disparate treatment solely on the basis that he/she is enrolled in the integrated RBHA.
- c. Process for transferring an integrated RBHA SMI member to an AHCCCS Acute Care Contractor
- i. The process will be initiated when the member, the member's legal representative, or a medical provider with the member's consent, contacts the integrated RBHA's Member Services verbally or in writing to request a change in the member's health care plan of enrollment, and the member's concern cannot be resolved to the member's satisfaction.
  - ii. All requested plan changes will be processed as follows:
    - (1) The integrated RBHA must enter all required information into the ADHS/DBHS Transfer of a SMI Member Enrolled in an Integrated RBHA to an AHCCCS Acute Care Contractor Form. This electronic form is located on the web based BHS Client Portal and must be submitted for each member requesting to transfer to an AHCCCS Acute Care Contractor to include the elements below:
      - (a) Confirm and document that the member is enrolled in the integrated RBHA.
      - (b) If received verbally, reduce to writing the member's assertions of actual harm or potential discriminatory or disparate treatment as a result of enrollment in the Integrated RBHA.
      - (c) Provide documentation of efforts to investigate and resolve member's concern.
      - (d) Include any evidence provided by the member of actual or reasonable likelihood of discriminatory or disparate treatment.
      - (e) Review completed request packets, including all information received from the member or their designee, as described in section 3.c.i, and recommend the approval or denial of the request.
        - (i) The final recommendation must be approved by the RBHA Medical Director or their designee.
      - (f) Forward the completed packet within seven (7) calendar days of receipt of the request to ADHS/DBHS for decision.

**SECTION: 1 CHAPTER: 100**

**POLICY: 116, Transfer of a SMI Member Enrolled in an Integrated RBHA to an AHCCCS Acute Care Contractor**

---

- (i) ADHS/DBHS will issue all approval and denial decisions in writing within 10 calendar days from the date of the initial request from the member.
    - (ii) For requests that are denied, ADHS/DBHS will issue a notice to the member that includes the reasons for the denial and the member's appeal and/or hearing rights. See section 3.d for more information regarding member appeals.
  - iii. For any transfer of a SMI member enrolled in an integrated RBHA to an AHCCCS Acute Care Contractor the integrated RBHA:
    - (1) Must collaborate with the AHCCCS Acute Care Contractor to ensure appropriate transition and continuity of care.
  - iv. Maintain a record of all approved and denied SMI member requests to transfer to an AHCCCS Acute Care Contractor.
- d. Requests for State Fair Hearing
  - i. An integrated RBHA SMI member, or their designee as described in section 3.c.i, who is dissatisfied with the decision relating to his/her request to transfer to an AHCCCS Acute Care Contractor may request a hearing to dispute the decision to AHCCCS.
  - ii. The member's request for hearing must be in writing and received by ADHS/DBHS' Office of Grievance and Appeals no later than thirty (30) calendar days from the date the member receives the decision.
  - iii. The member may request that the hearing be expedited. The hearing shall be expedited if AHCCCS determines from the supporting documentation provided, or a provider asserts, that taking the time for a standard resolution could seriously jeopardize the member's life, health or ability to attain, maintain or regain maximum function.
  - iv. Upon receipt of a timely request for hearing, ADHS/DBHS shall, within five (5) business days, forward the following to the AHCCCS Office of Administrative Legal Services (OALS):
    - (1) The member's name, AHCCCS ID number, current address and current phone number (if applicable);
    - (2) The member's request to transfer;
    - (3) The decision, and;
    - (4) Any and all relevant information and/or documentation submitted by the member and any and all relevant information and/or documentation supporting the decision, including medical records.
  - v. AHCCCS will issue a Notice of Hearing if a timely request for hearing is filed.
  - vi. For requests for hearing addressed pursuant to a standard resolution timeframe, AHCCCS will issue an AHCCCS Director's Decision no later than 30 days from the date AHCCCS receives the Administrative Law Judge's recommended decision.
  - vii. For requests for hearing addressed pursuant to an expedited resolution timeframe, AHCCCS will issue an AHCCCS Director's Decision no later than 3 business days after the date AHCCCS receives the Administrative Law Judge's recommended

**SECTION: 1    CHAPTER: 100**

**POLICY: 116**, Transfer of a SMI Member Enrolled in an Integrated RBHA to an AHCCCS Acute Care Contractor

---

- decision. AHCCCS will also make reasonable efforts to provide the member verbal notice of the AHCCCS Director's Decision.
- viii. The integrated RBHA shall fully cooperate with implementation of the AHCCCS Director's Decision and ensure that coordination and continuity of care for the member is maintained throughout the process.

**4. REFERENCES:**

9 A.A.C. 10  
9 A.A.C. 21  
AHCCCS/ADHS Contract  
ADHS/RBHA Contracts

**SECTION: 1 CHAPTER: 100**

**POLICY: 116**, Transfer of a SMI Member Enrolled in an Integrated RBHA to an AHCCCS  
Acute Care Contractor

---

**5. APPROVED BY:**

 9/2/15  
Margery Ault, J.D. Date  
Interim Deputy Director  
Arizona Department of Health Services  
Division of Behavioral Health Services