The receiving Contractor is responsible for following AMPM Policy 520, Member Transitions, and for allowing transitioning members, for October 1, 2027 enrollment, access to providers as specified **in the table below**. At the Contractor's discretion, additional transition time may be allowed as appropriate. Contractors may not decrease any AHCCCS specified timeframes. While AHCCCS recognizes the importance of a smooth transition and preserving the existing relationships between providers and members, members may continue receiving services from a provider only if the provider agrees to serve the member.

ALTCS E/PD YH27-0001 TRANSITION REQUIREMENTS	
SERVICE TYPE	**TRANSITION REQUIREMENTS**
SERIOUS EMOTIONAL DISTURBANCE (SED)	Not applicable to members 18 years of age and older. The Contractor shall ensure that members with an SED identification who are in active treatment with a provider, including but not limited to chemotherapy, maternity care, an active drug regimen, or a scheduled procedure, are permitted to continue receiving treatment from that provider for the duration of the prescribed treatment (course of care), regardless of whether the provider participates in the Contractor's provider network. The Contractor shall provide a six-month transition period for members who have an established relationship with a PCP who 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, Contractor, and/or Contractor care manager finds an alternative PCP within the Contractor's provider network.
SERIOUS MENTAL ILLNESS (SMI)	Not applicable to members under the age of 18. The Contractor shall ensure that members with an SMI designation who are in active treatment with a provider, including but not limited to chemotherapy, maternity care, an active drug regimen, or a scheduled procedure, are permitted to continue receiving treatment from that provider for the duration of the prescribed treatment (course of care), regardless of whether the provider participates in the Contractor's provider network. The Contractor shall provide a six-month transition period for members who have an established relationship with a PCP who 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, Contractor, and/or Contractor care manager finds an alternative PCP within the Contractor's provider network.

ALTCS E/PD YH27-0001 TRANSITION REQUIREMENTS	
SERVICE TYPE	**TRANSITION REQUIREMENTS**
OUT OF HOME PLACEMENTS	The Contractor shall attempt to establish a contract with the non-contracted setting that the member is currently residing in. In the event the receiving Contractor is not able to secure a contract, the receiving Contractor shall give at least 90 days advance written notice advising the member that they shall move to a setting contracted with the receiving Contractor. If a member's condition does not permit transfer to another setting, the Contractor shall compensate the registered non-contracting provider at the AHCCCS fee-for-service (FFS) rate or at a rate negotiated with the provider, until the member can be transferred to an appropriate facility. Such reimbursement shall continue regardless of whether such transfer occurs beyond the 90-day notification period.
HOSPITALIZED AT THE TIME OF TRANSITION	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) The relinquishing Contractor shall notify the receiving Contractor prior to the date of the transition, for continued authorization of treatment and service coordination. 2) 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 for authorization of continued services and discharge planning. If the relinquishing Contractor fails to provide notification to the receiving Contractor, hospital, and the attending physician, 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.
PHARMACY	The receiving Contractor shall extend previously approved pharmacy prior authorizations for a period of 90 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.
BEHAVIORAL HEALTH SERVICES	The Contractor shall allow members who are receiving behavioral health treatment and services at the time of transition, including Peer and Family Support, to continue receiving such services from the specific provider identified in the member's service plan, regardless of whether the provider participates in the Contractor's provider network. If the provider remains outside the Contractor's network, the provider may continue providing the service for the duration of the treatment or for six months, whichever occurs first. Cases with extenuating circumstances shall be resolved on a case-by-case basis.

ALTCS E/PD YH27-0001 TRANSITION REQUIREMENTS	
SERVICE TYPE	**TRANSITION REQUIREMENTS**
CHILDREN'S REHABILITATIVE SERVICES (CRS)	The Contractor shall allow members with a CRS designation who are receiving an active course of treatment for a serious and chronic physical, developmental, or behavioral health condition, as identified in the member's service plan to continue receiving the services from their established provider for the duration of their treatment or for six months, whichever occurs first, regardless of whether the provider participates in the Contractor's provider network. Cases with extenuating circumstances shall be resolved on a case-by-case basis.
SERVICES REQUIRING ONGOING CARE NOT GENERALLY PROVIDED BY A PRIMARY CARE PROVIDER	The Contractor shall allow members receiving an active course of treatment for a serious and chronic physical, developmental, or behavioral health condition, as identified in the member's service plan, to continue receiving the services from their established provider for the duration of their treatment or for six months, whichever occurs first, regardless of whether the provider participates in the Contractor's provider network. Cases with extenuating circumstances shall be resolved on a case-by-case basis.
SERVICES PROVIDED BY ANY PROVIDER WHO MEETS THE DEFINITION OF A PRIMARY CARE PROVIDER (PCP)	The Contractor shall provide a transition period of no less than 90 days for members who have an established relationship with a PCP who does not participate in the Contractor's provider network. During this transition period, the member may continue to receive care from their established PCP while the member, Contractor, and/or Contractor care manager finds an alternative PCP within the Contractor's provider network. Refer to SMI and SED requirements above, as applicable.
OBSTETRICS	The Contractor shall allow pregnant members in their third trimester, or members anticipated to deliver within 30 days of transition, to complete maternity care with their current provider and deliver at the anticipated delivery site, regardless of whether the provider and/or delivery site participates in the Contractor's provider network, to ensure continuity of care.
LABORATORY SERVICES	The receiving Contractor shall allow members who are receiving mobile laboratory services at the time of transition to continue to utilize a non-contracted mobile laboratory until the Contractor is able to provide laboratory services that meet the member's needs.