COORDINATED LONG TERM SERVICES
CLIENT TRANSITION OF CARE
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TITLE 8 SOCIAL SERVICES
CHAPTER 307 COORDINATED LONG TERM SERVICES
PART 16 CLIENT TRANSITION OF CARE

8.307.16.1 ISSUING AGENCY: Human Services Department
[8.307.16.1 NMAC - N, 8-1-08]

8.307.16.2 SCOPE: This rule applies to the general public.
[8.307.16.2 NMAC - N, 8-1-08]

8.307.16.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended, and by the state human services department pursuant to state statute. See NMSA 1978 Section 27-2-12 et. seq.
[8.307.16.3 NMAC - N, 8-1-08]

8.307.16.4 DURATION: Permanent
[8.307.16.4 NMAC - N, 8-1-08]

8.307.16.5 EFFECTIVE DATE: August 1, 2008, unless a later date is cited at the end of a section.
[8.307.16.5 NMAC - N, 8-1-08]

8.307.16.6 OBJECTIVE: The objective of these rules is to provide policies for the service portion of the New Mexico medicaid coordination of long-term services program.
[8.307.16.6 NMAC - N, 8-1-08; A, 9-1-09]

8.307.16.7 DEFINITIONS: See 8.307.1.7 NMAC.
[8.307.16.7 NMAC - N, 8-1-08]

8.307.16.8 MISSION STATEMENT: The mission of the medical assistance division is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their communities.
[8.307.16.8 NMAC - N, 8-1-08; A, 9-1-09]

8.307.16.9 MEMBER TRANSITION OF SERVICES: The coordination of long-term services managed care organization (CoLTS MCO) and single statewide entity (SE) shall have the resources, policies and procedures in place to ensure continuity of services without disruption in service to members and to assure the service provider of payment. The CoLTS MCO/SE shall actively assist members, in particular individuals with special health care needs (ISHCN). Members transitioning from institutional levels of care such as hospitals, nursing homes, or residential treatment facilities back to community services with transition of service needs shall be offered care coordination services as indicated. Medicaid-eligible members may initially receive physical and behavioral health services under fee-for-service (FFS) medicaid prior to enrollment in coordination of long-term services. During the member's medicaid eligibility period, enrollment status with a particular CoLTS MCO may change and the member may switch enrollment to a different CoLTS MCO. Certain members covered under coordination of long-term services may become exempt and other members may lose their medicaid eligibility while enrolled in a CoLTS MCO/SE. A member changing from one CoLTS MCO to another CoLTS MCO, or from FFS to coordination of long-term services or vice versa shall continue to receive medically necessary services in an uninterrupted manner.

A. **Member transition:** The CoLTS MCO/SE shall have policies and procedures that address member identification and the clinical transition and transfer of members into or out of the CoLTS MCO.

(1) The CoLTS MCO shall have policies and procedures that cover potentially large or mass transfer of members into or out of the CoLTS MCO, including the identification of members currently receiving services, and notification of the statewide entity (SE).

(2) The CoLTS MCO shall have policies and procedures that address the transition into the CoLTS MCO of an individual member, including member and provider education about the CoLTS MCO and the review and update of existing courses of treatment. The SE shall be notified and coordination of care shall occur.

(3) The CoLTS MCO shall have policies and procedures that identify members transferring out of the CoLTS MCO and ensure the provision of member data and clinical information to the future CoLTS MCO necessary to avoid delays in member treatment. The CoLTS MCO shall have written policies and procedures to facilitate a smooth transition of a member to another CoLTS MCO when a member chooses and is approved to switch to another CoLTS MCO.

(4) The CoLTS MCO/SE shall have policies and procedures regarding provider responsibilities for discharge planning upon the member's discharge from an inpatient or residential treatment facility, and the CoLTS MCO/SE shall help coordinate for a seamless transition of post-discharge care.

B. **Prior authorization and provider payment requirements:**

(1) For newly enrolled members, the CoLTS MCO shall honor all prior authorizations granted by the human services department (HSD) through its contractors, including the SALUD! contractors, for the first 60 days of enrollment or until the CoLTS MCO has made other arrangements for the transition of services. Providers who delivered services approved by HSD through its contractors shall be reimbursed by the CoLTS MCO. The SE shall honor all prior authorizations for 30 days or until other arrangements can be made.

(2) For members who recently became exempt from coordination of long-term services, HSD shall honor prior authorization of FFS covered benefits granted by the CoLTS MCO/SE for the first 30 days under FFS medicaid or until other arrangements for the transition of services have been made. Providers that deliver these services and are eligible and willing to enroll as medicaid FFS providers shall be reimbursed by HSD.

(3) For members who had transplant services approved by HSD under FFS, the CoLTS MCO shall reimburse the service providers approved by HSD if a donor organ becomes available for the member during the first 30 days of enrollment.

(4) For members who had transplant services approved by the CoLTS MCO, HSD shall reimburse the service providers approved by the CoLTS MCO if a donor organ becomes available for the member during the first 30 days under FFS medicaid. Service providers who deliver these services shall be eligible and willing to enroll as medicaid FFS providers.

(5) For newly enrolled members, the CoLTS MCO shall pay for prescriptions for drug refills for the first 90 days or until the CoLTS MCO has made other arrangements. The SE shall pay for all prescriptions for 30 days or until other arrangements are made. All drugs prescribed by a licensed behavioral health service provider shall be paid for by the SE.

(6) For members who recently became exempt from coordination of long-term services, HSD shall pay for prescriptions for drug refills for the first 30 days under the FFS formulary. The pharmacy provider shall be eligible and willing to enroll as a medicaid FFS provider.

(7) The CoLTS MCO shall pay for durable medical equipment (DME) costing $2,000 or more, approved by the CoLTS MCO but delivered to the member after disenrollment from coordination of long-term services.

(8) HSD shall pay for DME costing $2,000 or more, approved by HSD but delivered to the member after enrollment in the CoLTS MCO. The DME service provider shall be eligible for and willing to enroll as a medicaid FFS provider. DME is not covered by the SE unless it has been prescribed by a behavioral health service provider.

C. **Special payment requirement:** The CoLTS MCO shall be responsible for payment of covered physical health services provided to the member for any month during which the CoLTS MCO receives a capitation payment. The SE shall be responsible for payment of covered behavioral health services provided to the member for any month the SE receives a capitation payment.

D. **Claims processing and payment:** In the event that the CoLTS MCO's/SE's contract with HSD or the collaborative has ended, is not renewed or is terminated, the CoLTS MCO/SE shall remain responsible for processing and paying claims for services delivered through the contract period, but submitted after the CoLTS MCO's/SE's contract has ended.

(1) The CoLTS MCO/SE shall be required to inform service providers in writing, at least 30 days prior to the end of the contract, of the termination of the contract and of the process for service providers to submit claims for services provided through the contract end date. The letter shall include the telephone, fax numbers, and

the billing address for claims submissions, as well as the names of persons to contact with questions.

(2) The CoLTS MCO/SE shall allow six months to process claims for services provided prior to the contract termination date.

(3) The CoLTS MCO/SE shall continue to meet timeframes established for processing all claims.

[8.307.16.9 NMAC - N, 8-1-08; A, 9-1-09]

HISTORY OF 8.307.16 NMAC: [RESERVED]