



POLICY AND PROCEDURE MANUAL

SUBJECT: Transition of Care	ACCOUNTABILITY NMRE and NMRE Network Providers	Effective Date: September 17, 2026	Pages: 2
REQUIRED BY: MDHHS Transition of Care Requirement, 42 CFR 438.62, MDHHS/PIHP Contract	Managed Care Rules: 42 CFR 439.62 PIHP Contract Section: Schedule A (1)(B)(4)(k)(ii)(5); Schedule A (1) (F)(22)(a-d) Other:	Last Review Date:	Past Review Date:
Policy: ☒ Procedure: ☐	Review Cycle: Annual Author: Chief Clinical Officer	Responsible Department:	Reviewers: NMRE CEO

Definitions

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 across different providers/care settings.

Care Coordination/Coordination of Care: The organization of an enrollee's care across multiple health care providers.

Community Mental Health Services Program (CMHSP): For the purposes of this document, a CMHSP member is one or more of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority.

Enrollee: A Medicaid beneficiary with substance use disorder (SUD), mental illness, serious emotional disturbance, or developmental disability who is eligible for specialty mental health services and supports.

Managed Care Entity: 42 CFR 438 recognizes a Prepaid Inpatient Health Plan (PIHP) as a managed care entity. A PIHP is responsible for management of specialty services related to mental health, developmental disability services, and certain SUD services to Michigan residents enrolled in Medicaid.

Northern Michigan Regional Entity (NMRE): Region 2 PIHP covering Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee,

Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle Roscommon, and Wexford counties in northern Lower Michigan.

Receiving Entity: The PIHP that is opening for services the transitioning enrollee and receiving the enrollee's information.

Setting of Care: Generally, a place where an enrollee is provided with mental health and/or SUD 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.

Transition of Care: The movement of an enrollee from one setting of care to another.

Transferring Entity: The PIHP that is closing for services the transitioning enrollee and transferring the enrollee's information.

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, collaborative planning should occur prior to the transition.

Purpose

The purpose of this policy is to improve the quality of care, improve outcomes, eliminate barriers to care, and control costs, when an enrollee moves between service delivery providers

Policy

The NMRE will adhere to the provisions set forth in 42 CFR 438.62 to ensure continuity of care when an individual transitions from Michigan fee-for-service Medicaid to a Michigan managed care Medicaid when an individual, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

This policy does not apply to general fund/block grant consumers, private insurance consumers, or those who lost Medicaid eligibility; it only applies to those eligible for CMHSP and/or certain SUD services and to entities and providers located in, or licensed in, the state of Michigan.

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Procedure ☒	Author:		

Procedure

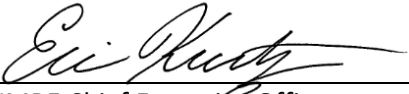
- A. Enrollees in services under fee-for-service Medicaid transitioning to a managed care Medicaid (or vice versa) will continue to receive care through their service provider as medically necessary when the lack of services would cause serious detriment to the health of the individual or place them at risk of hospitalization or institutionalization.
- B. CMHSP and SUD provider staff will be made aware of the NMRE Transition of Care policy and appropriately coordinate care as necessary.
 1. The transferring entity's service provider will be responsible for the development of a Transition Plan in coordination with the receiving entity's service provider and the enrollee and their supports/guardian. This applies to:
 - a. Youth enrollees entering adult services at the same or a new service provider,
 - b. Enrollees moving between service providers and systems, including inpatient, outpatient, incarceration, foster care, child caring institutions, court systems, and others.
 - c. Enrollees moving between fee-for-service and managed care Medicaid providers, and
 - d. Enrollees moving between PIHP service areas.
 2. A warm handoff will be completed whenever possible.
- C. Enrollees transferring between providers:
 1. The transferring entity and receiving entity will communicate to ensure service access is consistent between the outgoing and incoming providers of Medicaid services.
 - a. The transferring entity will be 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.
 - b. The transferring entity will be responsible for determining whether a lapse in services would cause serious detriment to the health of the individual.
 2. Enrollees may retain their current provider entity for 90 days if the receiving entity is not in-network.

- a. The receiving entity/PIHP will assist the individual with selecting an in-network provider and make any necessary referrals.
 - b. The service provider, through the transferring entity's provider, will provide services during the timeframe. This may be accomplished via telehealth, in person. Transferring entity may also opt to contract for services with a new service provider during the timeframe.
 - i. This decision will be based on clinical decision making by the transferring entity.
 - ii. If a new contract is put in place, effort will be made to establish a 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 the receiving entity's network, the responsibility of the enrollee's care will transition to the receiving entity.
 - If 91+ days have passed, the enrollee's care will be the responsibility of the receiving entity.
- 3. Historical utilization data and medical records and documentation will be provided to the receiving entity upon request, within 14 calendar days.
 - a. With the enrollee's/guardian's consent, records may be requested via electronic exchange up to 5 years prior to the date of the request for any enrollee currently open or who has been open to services in the past 5 years.
 - i. The transferring entity must provide the requested information within 14 business days with a copy of the consent form.
 - ii. 42 CFR, Part 2 information will only be provided with the appropriate 42 CFR, Part 2 covered consent form.
 - b. The NMRE's service provider entity will receive up to five years' worth of data from an enrollee's previous provider(s).
 - c. Information will include recent assessments of the enrollee's needs to prevent duplication of those activities.
- D. Individuals will be informed about how to continue services during the transition.
 - 1. Enrollees will not be charged for any costs associated with the transition of care. Services will not be delayed due to issues with financial responsibility.
 - 2. Financial dispute will not delay the provision of services.
- E. The NMRE will monitor the following, at least annually
 - a. Movement of enrollees between care settings via Transition Plans, including:
 - b. Services provided by a PIHP transitioning care to the NMRE via a Transition Plan.
 - c. Services provided by fee-for-service Medicaid providers transitioning care to the NMRE via a Transition Plan.

- d. Services provided by community and social support providers transitioning care to the NMRE via a Transition Plan.

The NMRE will ensure that the Transition of Care policy is explained to individuals and is incorporated into materials furnished to enrollees and potential enrollees in accordance with 42 CFR 438.10.

Approval Signature



NMRE Chief Executive Officer

September 17, 2026

Date