



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division  
Health Care Services Branch  
P.O. Box 700190  
Kapolei, Hawaii 967609-0190

February 12, 2015

MEMORANDUM

MEMO NOS.  
QI-1506  
CTR-1502

TO: QUEST Integration Health Plans  
Department of Health, Developmental Disabilities Division

FROM: <sup>UET</sup> Kenneth S. Fink, MD, MGA, MPH  
Med-QUEST Division Administrator

SUBJECT: TRANSITION OF CARE (TOC) INFORMATION

The Department of Human Services, Med-QUEST Division (MQD) is issuing this memorandum to provide guidance regarding transitioning of individuals between the QUEST Integration (QI) health plan and the Developmental Disabilities/Intellectual Disabilities (DD/ID) 1915(c) waiver. Enclosed is a process and form (DHS 1181 with instructions) for transition of care.

The enclosed process was developed collaboratively between the MQD, QI health plans, and the Developmental Disabilities Division (DDD). QI health plans and DDD shall inform MQD of any updates to the contacts for transition of care. MQD will update this document as needed with input from all parties involved.

The DHS 1181 form should be used for all members/participants that are transitioning between a QI health plan and the DD/ID 1915(c) waiver.

Health plans should submit the TOC form with attachments to MQD via their file transfer protocol (FTP) site within ten (10) calendar days prior to the transition to the DD/ID 1915(c) waiver. Health plans shall inform the MQD via e-mail at [cmcs@medicaid.dhs.state.hi.us](mailto:cmcs@medicaid.dhs.state.hi.us) that a TOC packet was posted on the FTP site.

DDD should submit the TOC form with attachments to MQD through an encrypted flash drive at least ten (10) calendar days prior to transition to the QI health plan.

Please contact Patti Bazin via e-mail at [pbazin@medicaid.dhs.state.hi.us](mailto:pbazin@medicaid.dhs.state.hi.us) or call her at 692-8083 should you have any questions.

Enclosures

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# TRANSITION OF CARE PROCESS BETWEEN DD/ID WAIVER AND QI HEALTH PLAN

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Updated: December 8, 2014

## From DD/ID Waiver to QI Health Plan

1. Developmental Disabilities Division (DDD) will submit ICF/ID Level of Care (LOC) Reevaluation paperwork to Med-QUEST Division (MQD) for review
  - *MQD Health Care Services Branch (HCSB) staff member will send a copy of the ICF/ID LOC Reevaluation paperwork to the QUEST Integration (QI) health plan's Medical Director for their information*
  - *After ICF/ID LOC Reevaluation is finalized, DDD will fax a copy of the ISP as well as the Reevaluation to the QI health plan*



*Note: Please assure that all faxes to the QI health plans are identified as potential transition potential member from the DD/ID waiver to the QI health plan to prevent being mixed in with other papers*

2. DD/ID case manager contacts QI health plan contact about request for participant to leave the DD/ID waiver and start receiving HCBS from QI
  - *DDD nurse will contact QI health plan to discuss medical needs*
3. QI service coordinator will perform a Health and Functional Assessment (HFA) and Nursing Facility Level of Care assessment (DHS 1147), if applicable, within fifteen (15) business days of receiving ICF/ID LOC Reevaluation from DDD
4. After conducting HFA and 1147, if applicable, the QI service coordinator will contact the DD/ID case manager to start planning for transition of care
5. DDD will provide transition of care packet to the QI health plan
6. QI health plan will work with existing providers, if possible, to establish prior authorization. QI health plan will determine new providers, if needed.
7. DDD will provide the 1138 for disenrollment from the DD/ID waiver to the QI health plan
8. QI health plan will submit both the 1138 and 1148 to the MQD eligibility worker for processing
9. Most discharges from the DD/ID waiver will occur on the last day of the month. In a crisis or emergency situation, discharge from the DD/ID waiver to the QI health plan may occur mid-month.



*Note: if the QI health plan believes that the individual in the DD/ID waiver would be better served by the QI health plan, the health plan will make this recommendation to the MQD medical director who will contact DDD*

## From QI Health Plan to DD/ID Waiver

1. QI health plan has the member contact the DD/ID waiver intake unit to obtain a packet
2. DDD will provide a packet to whoever is making the request
3. Member or their family shall have packet completed (possibly with support from QI service coordinator)
4. Completed packet should be submitted to DD/ID waiver intake unit for processing

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# COMMUNICATING WITH HEALTH PLANS

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## QUEST Integration

### AlohaCare

For any issues/questions related to DD/ID members, you may contact either of the point persons listed. You may also provide our contact persons' information to members, families, or other agencies. If you are unable to reach of the contact people, you may call Customer Services either at 973-0712 or 1-877-973-0712 to request general information, transfer to either contact person, or transfer to Service Coordination Department.

### HMSA

For questions pertaining to DD/ID members, call the primary contact. In the event that the primary contact person is not available please call and email the secondary contact, copying the primary contact on the email. Please send all protected health information via secure email. On 1/1/15 our service coordination support phone number, 948-6997 or toll free, (844)223-9856, will be available for general questions and to reach specific service coordinators should this be necessary.

### Kaiser Permanente

For DD/ID members, please contact the Kaiser Permanente point person on Oahu & Maui. If you are unable to contact them, you may contact the Kaiser Permanente QUEST Integration Customer Service Center at (808)- 432-5330 or toll-free at 1-800-651-2237 and the agent(s) will be able to direct the call to a Service Coordinator or someone who can assist the caller.

### 'Ohana Health Plan

For any issues/questions related to DD/ID members, you may contact either of the point persons listed. You may also provide our contact persons' information to members, families, or other agencies. If you are unable to reach either of the contact people, you may call Customer Services at 1-888-846-4262 to request general information, transfer to either contact person, or transfer to Service Coordination Department.

### UnitedHealthcare

Unless otherwise instructed, please use the first point of contact listed for UnitedHealthcare who will receive the information, research the member(s), and triage to the appropriate area/persons within the health plan for follow-up. If the first point of contact is not available, please contact the second point of contact. If emailing, please email the first point of contact and cc: the second point of contact. If email contains PHI, please send via secure email or contact UnitedHealthcare for use of our secure email system. If the case is urgent and you cannot reach either contact, please email both contacts and mark email as "Urgent" with your name and contact information. In all transition of care cases, UnitedHealthcare will work with DDD to ensure completion of case including communication of final status.

## Contact Information

Organization	Name/Title	Phone Number	Fax Number	E-mail
AlohaCare	Grant Fujii Sang Lee	808-973-7405 808-973-7424	808-973-0686	<a href="mailto:gfujii@alohacare.org">gfujii@alohacare.org</a> <a href="mailto:slee@alohacare.org">slee@alohacare.org</a>
HMSA	Margaret Kitamura Chris Jamila	808-948-5001 808-948-5384	808-948-6340	<a href="mailto:Margaret_Kitamura@hmsa.com">Margaret_Kitamura@hmsa.com</a> <a href="mailto:chris_jamila@hmsa.com">chris_jamila@hmsa.com</a>
Kaiser	Kimberly ("Uilani") Chow-Rule- Oahu Hope Anderson- Maui	(808)754-6002 (808) 446-4020	808-432-5260 (808) 891-6838	<a href="mailto:kimberly.u.chow-rule@kp.org">kimberly.u.chow-rule@kp.org</a> <a href="mailto:Hopeanita.L.Anderson@kp.org">Hopeanita.L.Anderson@kp.org</a>
'Ohana Health Plan	Carene Chrash Reese Lyons	808-587-6619 808-675-7372	813-283-9399 813-464-8971	<a href="mailto:Carene.Chrash@wellcare.com">Carene.Chrash@wellcare.com</a> <a href="mailto:Teresa.Lyons@wellcare.com">Teresa.Lyons@wellcare.com</a>
UnitedHealthcare	Shannon Libao Kathy Schwab	808-981-0120 808-822-2716	888-582-1970 877-940-2279	<a href="mailto:shannon_libao@uhc.com">shannon_libao@uhc.com</a> <a href="mailto:kathy_schwab@uhc.com">kathy_schwab@uhc.com</a>

## Acronyms

APS	Adult Protective Services	CAMHD	Child and Adolescent Mental Health Division	CCS	Community Care Services (DHS' behavioral health program)	CIT	Clinical Interdisciplinary Team (at DDD)
CWS	Child Welfare Services (part of DHS)	DD/ID	Developmental or Intellectual Disability	DDD	Developmental Disabilities Division (part of DOH)	DHS	Department of Human Services
DME	Durable Medical Equipment	DOE	Department of Education	DOH	Department of Health	GHP	Going Home Plus (MQD program)
ISP	Individuated Service Plan	LTSS	Long-Term Services and Supports	MQD	Med-QUEST Division (part of DHS)	PA	Prior Authorization
QI	QUEST Integration (DHS health plan program)	SHCN	Special Health Care Needs	URC	Utilization Review Committee (at DDD)		

### TRANSITION OF CARE INFORMATION FOR MEMBERS

**Print or Type**

Member/Participant Name	Medicaid ID #	Date of Birth
Current Health Plan (HP)/DDD	Reason for Change	Medicare or Other Plan, if known
Staff Providing Information	Staff Phone No.	Date Form Completed

**Treating PCP Information**

Treating PCP Name	Phone #	Will Treating PCP Continue Care? <input type="checkbox"/> yes <input type="checkbox"/> no
Case Manager / Service Coordinator	Phone #	New HP Effective Date
Other Providers:		
Diagnoses Information (if no 1180 attached)		

**Medication Information**

#	Pharmacy Name/Drug Name/Dosage	NDC Code	#	Pharmacy Name/Drug Name/Dosage	NDC Code
1.			4.		
2.			5.		
3.			6.		

List all off-island or out-of-state and specialty services (including PT, OT, ST, NF, HCBS) prior authorized for the next three months.

Service	Provider Name	Purpose	Approved Date(s)

List all durable medical equipment and supplies currently receiving or scheduled to receive.

DME/Supplies	Vendor Name	Rent (R) or Purchase (P)	Approval Period

Other open authorizations and upcoming appointments.

Open Authorizations/Upcoming Appointments	Provider Name	Approval Period

**ATTCHMENTS:**

1. Attach past 3 months claims history, if available.
2. Attach DHS 1180 form, if part of ADRC process.
3. Attach any other pertinent information (e.g., HFA, Service Plan, DDD intake sheet, clinical notes, labs, etc.).

**INSTRUCTIONS for DHS 1181 (11/14)**  
**TRANSITION OF CARE INFORMATION FOR MEMBERS**

**PURPOSE:**

The DHS 1181, Transition of Care (TOC) Information for Members form, provides health care information to the new QUEST Integration (QI) health plan when health plan members change health plans and when participants of the Developmental Disabilities/Intellectual Disabilities (DD/ID) Waiver are being discharged from the DD/ID waiver program and transitioned to a QI health plan to receive home and community-based services.

**GENERAL INSTRUCTIONS:**

This form shall be initiated by:

- Former QUEST Integration (QI) health plan;
- The Developmental Disabilities Division (DDD) of the Department of Health; or
- State of Hawaii Organ and Tissue and Transplant (SHOTT) program.

This form shall be submitted to the Med-QUEST Division Health Care Services Branch (MQD/HCSB). MQD/HCSB will forward to the new QUEST Integration health plan.

**SPECIFIC INSTRUCTIONS:**

1. Member Identification: Complete this section with member/participant specific information such as member/participant name, Medicaid ID number, date of birth, current health plan or DDD, reason for change, Medicare or other health plan(s), staff person providing information, staff phone number, and date form completed.
2. Treating PCP Information. Complete the section with the treating PCP name and phone number, whether the PCP will continue providing primary care, the case manager/service coordinator name and phone number, the effective date of enrollment in the new HP, a listing of other providers, and the member/participant's diagnoses.
3. Medication Information. Provide drug names, dosages, and NDC codes for all medications as well as the name of the pharmacy where last filled.
4. Off-Island, Out-of-State and Specialty Services. List all the services that have been prior authorized for the next three (3) months, including the provider name, purpose, and approved dates of service for all off-island, out-of-state, and specialty services, including physical therapy(PT), occupational therapy (OT), speech therapy (ST), nursing facility, and home and community based services (HCBS).

5. **Equipment and Medical Supplies.** List all durable medical equipment (DME) and medical supplies that have been prior authorized for the member/participant. Complete vendor name, rent or purchase and approval period.
6. **Other:** List any other open authorizations or upcoming appointments that are related to the member/ participant's health care or activities of daily living. Complete provider name and approval period.

**ATTACHMENTS:**

1. If available, attach the claims history from the past three (3) months.
2. Attach DHS 1180 form, if the change of health plan is a result of the Aid to the Disabled Review Committee (ADRC) decision.
3. Attach any other pertinent information including but not limited to:
  - a. Most recent Health and Functional Assessment (HFA) with all completed additional tools (i.e., personal assistance and skilled nursing form)
  - b. Most recent service plan
  - c. DDD intake sheet
  - d. Clinical notes
  - e. Labs
  - f. Any other vital information for receiving health plan.

**Filing Instructions:**

Send the completed TOC packet to:

DHS Med-QUEST Division, Health Care Services Branch  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190

Or

Post electronically on secure file transfer protocol (FTP) site and send an e-mail to [cmcs@medicaid.dhs.state.hi.us](mailto:cmcs@medicaid.dhs.state.hi.us) that health plan has posted TOC packet.