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1610 COMPONENTS OF SUPPORT COORDINATION

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Components of Support Coordination

The Support Coordinators' roles include, but are not limited to the following:

- A. Planning and Coordination
 - 1. Based on assessed need, identifies Cost Effective Services;
 - 2. Develops the Service Plan;
 - 3. Ensures members and families know the steps to report unavailability of services or other problems;
 - 4. Coordinates acute, behavioral health, and long term care services that will assist the member in maintaining or progressing toward his/her highest potential; and,
 - 5. Reassesses needs and modifies Service Plan as needed.
- B. Brokering of Services
 - 1. Identifies appropriate community resources for members and families;
 - 2. Obtains all funded services as assessed; and,
 - 3. Offers a substitute service, when the assessed service is not available.
- C. Facilitation/Advocacy: Addresses and resolves issues timely
- D. Monitors services for continuing appropriateness
- E. Gatekeeping: assess and determine the need for, and cost effectiveness of services for members

The Support Coordinator shall:

- A. Follow current Division policy;
- B. Comply with all Arizona Health Care Cost Containment System (AHCCCS) requirements;
- C. Complete Department of Economic Security (DES)/Division of Developmental Disabilities (DDD) requirements/paperwork;
- D. Document accurately;

- E. Complete assigned tasks; and,
- F. Be punctual and available

Support Coordination/Arizona Early Intervention Program

Service Coordination responsibilities for the AzEIP can be found on the AzEIP Policy and Procedures webpage: (<https://www.azdes.gov/main.aspx?menu=98&id=2384>).

Contracted Support Coordination (Case Management)

A Qualified Vendor provides contracted Support Coordination services to members who are eligible for Division services.

The goal of this service is to coordinate needed assistance to members and their families/responsible persons to help ensure members attain their maximum potential for independence, productivity, and integration into the community.

The Qualified Vendor is responsible for the following:

- A. Assessment in conjunction with the Planning Team, by gathering, reviewing, and evaluating information to assist families/members/responsible persons to determine the member's goals, outcomes, and services needed.
- B. Plan Development by facilitating an interdisciplinary team, including the family/member/responsible persons and the development of an annual Planning Document. Planning Meeting facilitation may be deferred to the Person Centered Plan Facilitator if the family/member/responsible person so chooses.
- C. Plan Coordination by ensuring that supports, services, activities and objectives identified in the Planning Document are accessible to the family/member/responsible person and are implemented.
- D. Plan Monitoring by ensuring the family/member receives quality supports and services in a cost effective manner in accordance with the Division's Support Coordination supervision by:
 - 1. Providing opportunities for regular supervision to discuss work done on behalf of families/members through case review and problem solving;
 - 2. Scheduling monthly discussions with a Division Supervisor or Division Liaison; and,
 - 3. Conducting file audits.

The Division will retain various Support Coordination activities including: completing the intake process; determining and re-determining eligibility; authorizing services; and monitoring service delivery.

Only providers who have been awarded a contract for Support Coordination may perform Contracted Support Coordination services.

The requirements/prohibitions for Qualified Vendors related to Contracted Support Coordination and service delivery are as follows:

- A. The Qualified Vendor must avoid any conflict of interest between the delivery of Support Coordination services and the delivery of direct services to the member;
- B. The Qualified Vendor may not deliver direct services and Support Coordination to the same member. However, the Qualified Vendor may deliver both direct services and Support Coordination to members who are enrolled in the early intervention program of the Division; and,
- C. Unless the Qualified Vendor receives approval from the Division's Assistant Director/Designee, the Qualified Vendor must wait six (6) months before delivering services to a member who previously received Support Coordination services from the Qualified Vendor. This requirement does not apply to services delivered to members who are enrolled in the early intervention program.

Navajo Nation Contracted Support Coordination

The Division has an Intergovernmental Agreement with the Navajo Nation to provide contracted Support Coordination services to members who are eligible for Arizona Long Term Services (ALTCS) and are:

- A. Enrolled by the Department of Economic Security with the Navajo Nation to receive case management services;
- B. Affiliated as members of the Navajo Tribe by virtue of being federally recognized Tribal members and who either live on the Navajo reservation or did live on the Navajo reservation prior to placement in an eligible ALTCS setting; and,
- C. American Indians who are not affiliated members with the Navajo Nation by virtue of being federally recognized members, but currently physically reside on the Navajo reservation or did physically reside on the Navajo reservation but were subsequently placed off reservation in an eligible ALTCS setting.

For members receiving Home and Community Based Services (HCBS) on the reservation or in a nursing facility on or off reservation, the contracted Support Coordinator shall:

- A. Develop and implement a Planning Document;
- B. Coordinate medical needs with the members' Primary Care Provider (PCP);
- C. Assist members/families with identifying qualified providers for ALTCS services, if they are unable to choose a provider without assistance;
- D. Monitor and update Planning Documents in accordance with this Policy Manual;

- E. Assess the cost effectiveness of services and recommend the least most cost effective service alternatives;
- F. Inform members of alternative services when the HCBS services exceed 100% of the Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) rate; and,
- G. Implement necessary corrective action to bring services into compliance.

The Division will retain various Support Coordination activities including: completing the intake process; determining and re-determining eligibility; authorizing services; and monitoring service delivery.

1620-G BEHAVIORAL HEALTH STANDARDS

EFFECTIVE DATE: May 13, 2016

REFERENCES: A.R.S. § 32-3251; A.A.C. R4-6-101, R9-10-101(25).

The following apply to members who need or receive Behavioral Health services:

- A. Direct referrals for behavioral health evaluations may be made by the member or by any health care professional.
- B. Requests for behavioral health services made by the member or member representative are assessed for appropriateness by the behavioral health authority within three business days of the request. If it is determined that services are needed, the referral for evaluation will be made within one business day.
- C. Behavioral health services, which have been determined to be medically necessary by a qualified behavioral health professional (as defined in Arizona Administrative Code) will be provided.
- D. The Support Coordinator ensures there is communication with the PCP and behavioral health providers involved in the member's care and that care is coordinated with other agencies and involved parties.
- E. The Support Coordinator ensures the timely involvement of a behavioral health professional to assess, develop a care plan, and assist members with difficult to handle behaviors.
- F. Information from the Pre-Admission Screening and Resident Review (PASRR) Level II Evaluation for determination of mental illness (completed by the Arizona Department of Health Services when indicated by PASRR Level I screening) regarding a member's need for specialized services will be incorporated into the member's service plan.
- G. Behavioral health appointments will be provided within the following timeframes:
 - 1. Within 24 hours of referral for emergency appointments; or
 - 2. Within 30 days of referral for routine appointments.
- H. Support Coordination for a member receiving behavioral health services is provided in consultation/collaboration with a qualified behavioral health professional in those cases where the Support Coordinator does not meet the qualifications of a behavioral health professional (as defined in Arizona Administrative Code.) The consultation does not have to be with the provider of behavioral health services. It may be with the Division's Behavioral Health Coordinator or other qualified designee.

- I. Support Coordinators complete an initial consultation with the behavioral health professional for all members receiving/needing behavioral health services. Quarterly consultations are required thereafter as long as the member continues to receive/need Behavioral Health services.
- J. Initial and quarterly consultations are not required for members who are stable on psychotropic medications and/or are not receiving any behavioral health services other than medication management.
- K. The Support Coordinator documents the content and results of the initial and quarterly consultation with the behavioral health professional. The consultation is a communication between the Support Coordinator and a behavioral health professional about the member's status and plan of treatment.
- L. As part of the service plan monitoring, the Support Coordinator reviews the psychotropic medications being taken by the member. Only those medications used to modify behavioral health symptoms need to be included in this special monitoring. Examples of medication uses that do not require this monitoring are sedative hypnotics when used to treat insomnia or on an as needed basis prior to a procedure, anti-anxiety medications used for muscle spasms, and anticonvulsants used to treat a seizure disorder.
- M. The medication review is clearly documented in the member record. The review takes place at each reassessment and includes the purpose and effectiveness of the medication, as well as any adverse side effects that may have occurred. Any concerns and plan of action to address issues (e.g., medication ineffectiveness, presence of adverse side effects, multiple medication prescriptions for the same diagnosis) is discussed with the Behavioral Health Consultant and/or prescribing practitioner, and is documented in the case file.
- N. Support Coordinators identify, assist, and monitor the unique needs and requirements related to members who are unable or unwilling to consent to treatment.
- O. The behavioral health code is updated in Focus at the time of each review.

1630 ADMINISTRATIVE STANDARDS

EFFECTIVE DATE: May 13, 2016

REFERENCES: 42 C.F.R. §441.555c

Support Coordinator Qualifications

Individuals hired as Support Coordinators will have:

- A. A bachelor's or master's degree in social worker or related field OR be a licensed registered nurse or Licensed Practical Nurse

OR
- B. Two years' experience in providing support coordination (case management) services when the individual does not have a degree or a license

OR
- C. A minimum of two consecutive years of experience in long term care services to persons who are elderly and/or persons with physical or developmental disabilities.

Documentation

The Division uses the following standardized forms from the AHCCCS AMPM Chapter 1600:

- A. Uniform Assessment Tool
- B. Member Service Plan
- C. AHCCCS/ALTCS Member Contingency/Back-Up Plan

The Division has a mechanism to transmit Focus data elements to AHCCCS biweekly.

Training

Adequate orientation and ongoing training on subjects relevant to the Division is provided. Documentation of training dates and staff attendance, and copies of materials used, are maintained for record keeping.

- A. The Division provides uniform training to all Support Coordinators. This includes formal training classes and mentoring-type opportunities for newly hired Support Coordinators.
- B. Newly hired Support Coordinators are provided orientation and training in the following areas:
 - 1. The role of the Support Coordinator in utilizing a member-centered approach to Arizona Long Term Care System (ALTCS) support coordination, including maximizing the role of the member and their family in decision-making and service planning
 - 2. The principle of most integrated, least restrictive settings for member placement
 - 3. Member rights and responsibilities

4. Support Coordination responsibilities as outlined in the AHCCCS AMPM Chapter 1600, including, but not limited to service planning, contingency plans, reporting service gaps and Notices of Action.
 5. Support Coordination procedures specific to the Division
 6. An overview of the AHCCCS/ALTCS program
 7. The continuum of ALTCS services, including available service delivery options, placement settings and service restrictions/limitations
 8. The Division provider network by location, service type and capacity, including information about community resources for non-ALTCS covered services.
 9. Information on local resources for housing, education and employment services/program that could help members gain greater self-sufficiency in the areas.
 10. Responsibilities related to monitoring for and reporting of quality of care concerns, including, but not limited to, suspected abuse, neglect and/or exploitation
 11. General medical information, such as symptoms, medications and treatments for diagnostic categories common to the population served by the Division.
 12. General social service information, such as family dynamics, care contracting, dealing with difficult people, risk management.
 13. Behavioral health information, including identification of member's behavioral health needs, covered behavioral health services and how to access those services within the Division's network, and the requirements for initial and quarterly behavioral health consultations
 14. The Pre-Admission Screening and Resident Review (PASRR) process
 15. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) standards for members under the age of 21, and
 16. ALTCS management information system Client Assessment Tracking System (CATS) that maintains member-specific data such as Cost Effectiveness Studies, Placement/Residence codes, behavioral health codes, and review dates. The level of orientation to CATS will be dependent on the level of direct usage by Division staff.
- C. In addition to review of areas covered in orientation, all Support Coordinators are provided with regular ongoing training on topics relevant to the population served by the Division.

- D. The Division maintains staff who are designated as the expert(s) on housing, education and employment issues and resources within the Division's service area. These staff are available to assist Support Coordinators with up-to-date information designed to aid members in making informed decisions about their independent living options.

Caseload Management

Adequate numbers of qualified and trained Support Coordinators are provided to meet the needs of enrolled members.

The Division has protocols to ensure newly enrolled ALTCS members are assigned to a Support Coordinator immediately upon enrollment.

Accessibility

Members and/or member representatives are provided adequate information in order to be able to contact the Support Coordinator or DDD office for assistance, including what to do in cases of emergencies and/or after hours.

A system of back-up Support Coordinators is in place for members who contact an office when their primary support coordination is unavailable.

A mechanism is in place to ensure members, representatives and providers are called back in a timely manner when messages are left for Support Coordinators.

Time Management

The Division ensures Support Coordinators are not assigned duties unrelated to member-specific support coordination for more than 15% of their time if they carry a full caseload.

Conflict of Interest

The Division ensures Support Coordinators are not:

- A. Related by blood or marriage to a member, or any paid caregiver of a member, on their caseload
- B. Financially responsible for a member on their caseload
- C. Empowered to make financial or health-related decisions on behalf of a member on their caseload
- D. In a position to financially benefit from the provision of services to a member on their caseload
- E. Providers of ALTCS services for any member on their caseload
- F. Individuals who have an interest in, or are employed by, a provider of ALTCS services for any member on their caseload.

Exceptions to the above may be made under limited circumstances as described under 42 CFR 441.555c with prior approval from AHCCCS Administration.

Supervision

A supervisor to Support Coordinator ratio is established that is conducive to a sound support structure for Support Coordinators. Supervisors must have adequate time to train and review the work of newly hired Support Coordinators and provide support and guidance to established Support Coordinators.

A system of internal monitoring of the support coordination program, to include case file audits and reviews of the consistency of member assessments and service authorizations, has been established and applied, at a minimum, on a quarterly basis.

Results from this monitoring, including the development and implementation of continuous improvement strategies to address identified deficiencies, are documented and made available to AHCCCS upon request.

Inter-Departmental Coordination

The Division has established and implemented mechanisms to promote coordination and communication across disciplines and departments within their own organization, with particular emphasis on ensuring coordinated approaches with Medical Management (MM) and Quality Management (QM). For example, there is coordination of information between support coordination, MM and QM regarding poly-pharmacy issues to ensure measures are taken to effectively address this issue.

The Division's Medical Director is available as a resource to support coordination and is advised of medical management issues as needed.

Reporting Requirements

A Support Coordination Plan is submitted annually to AHCCCS on or before November 15th. The plan addresses how the Division will implement and monitor the support coordination and administrative standards outlined in the AHCCCS AMPM Chapter 1600, including specialized caseloads.

An evaluation of the Division's Support Coordination Plan from the previous year is also included in the plan, highlighting lessons learned and strategies for improvement.

1640 TARGETED SUPPORT COORDINATION STANDARDS

EFFECTIVE DATE: May 13, 2016

Targeted Support Coordination (TSC) is a covered service provided by the Division to members with Developmental Disabilities who are financially eligible for the Title XIX and Title XXI acute care programs, but do not meet the functional requirements of the ALTCS program. The Division provides the TSC services to these members; however, the members receive their acute care services through the AHCCCS Acute Care Contractors. Members are given a choice of available Acute Care Contractors and primary care providers registered with AHCCCS and a choice of Support Coordinators from the Division.

Members receiving TSC may choose the type (on-site visit, telephone, letter) and frequency of support coordination contact except under the circumstances in The Division's Operations Manual Chapter 2000:2002.

- A. Support Coordinator responsibilities include, but are not limited to, informing the member of:
 - 1. Service options, including medical services available from Acute Care Contractors based on assessed needs.
 - 2. Visit options and requesting their decision on the options.
 - 3. Coordinating and participating in Planning Meetings, including developing, revising and monitoring of the Planning Document.
 - 4. Locating, coordinating and arranging social, educational and other resources to meet the member's needs.
 - 5. Providing necessary information regarding the member's functioning level and any changes in the member's level of functioning to assist the medical providers in planning delivering and monitoring services.
 - 6. Providing family members, or other caregivers, the support necessary to obtain optimal benefits from available services/resources.
 - 7. Providing assistance to strengthen the role of family as primary caregivers.
 - 8. Providing assistance to reunite families with children who are in an alternative setting whenever possible, and
 - 9. Identifying services provided by other agencies to eliminate costly duplication.

- B. Division responsibilities include, but not limited to:
1. Ensuring staff receive initial and ongoing training regarding support coordination responsibilities for the TSC program.
 2. Identifying new members who are eligible for TSC services and assigning support coordinators.
 3. Establish and maintain an internal monitoring system of the TSC program, and make results available at the time of annual review, to include a summary/analysis and corrective action plan, when applicable.