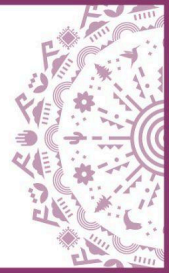




Division of Aging & Adult Services

State Unit on Aging Policy



Subject: Case Management
Policy Chapter: 3200
Effective Date: 07/1/2025
Revision Number: 0

Case Management

I. POLICY STATEMENT

This policy provides an outline of the Division of Aging and Adult Services (DAAS) operational policies, procedures, and reporting requirements for providing Case Management for Older Americans Act (OAA) programs.

This policy is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services (HHS).

II. APPLICABILITY

- A. DES Employees;
- B. Area Agencies on Aging (AAAs); and
- C. AAA Subcontractors that provide Case Management and Case Managed services.

III. AUTHORITY

Older Americans Act	Pub L. 116-131
United States Code (U.S.C.)	42 U.S.C. Chapter 35 Subchapter III, Part C
Code of Federal Regulations (C.F.R.)	45 CFR part §1321 and §1322
A.R.S. § 36-1301	Health care services freedom of choice

A.R.S. § 46-192

Arizona Older Americans
Act-Nonmedical Home and Community
Based Care Services; Identification of
Services

A.R.S. § 46-141

Criminal record information checks;
fingerprinting employees and
applicants; definition

A.R.S. § 46-459

Adult protective services registry

IV. DEFINITIONS

Approved Assessment Instrument (AAI): Tools created by DAAS designed to determine the Client's degree of need for assistance, and establish eligibility. These tools include the Arizona Standardized Client Assessment Plan (ASCAP), Caregiver Assessment Tool (CAT), and Short Form Intake Document (SFID).

Assessment: An evaluation completed during an interview with the Client to determine their needs and eligibility when applying for or receiving OAA services.

Authorization Period: The number of days that the Client may be enrolled in a service before a redetermination is required.

Caregiver: An individual who has a significant relationship with, and who provides a broad range of assistance, either formally or informally, to a Client.

Care Plan: An agreement between the Client and their Case Manager, created at the Assessment, that addresses in detail the Client's needs and goals, authorizes OAA service enrollments, and makes referrals to Uncovered Services.

Case Managed/Case Management: The Assessment and development of an individualized Care Plan through which the eligibility of individuals is determined, appropriate services or benefits are identified, planned, reported, monitored, or terminated, and follow-up is provided if and when appropriate.

Case Manager(s): A professional or social worker with experience in providing Case Management.

Case Notes: Regular narrative entries about the Client and their Care Plan based on contacts with the Client, providers, Caregivers, and significant others.

Client: An individual who is seeking or receiving Case Management services.

Economic Need: Need resulting from an income level at or below the Federal Poverty Level and as further defined by state and area plans based on local and individual factors, including geography and expenses.

Functional Assessment: An evaluation of the Client's ability to perform personal care tasks and manage household activities. A list of these activities is provided in the ASCAP.

Locked: Status in Division of Aging and Adult Reporting System (DAARS) that indicates all of the mandatory and available data from the assessment tool has been uploaded and cannot be altered.

Pre-Screening: An initial screening conducted by the AAA, or its contracted provider, to determine if a Client may be eligible for Case Managed services.

Service Authorizations: A Case Manager determines which OAA programs the Client is eligible to receive through an Assessment. As a result, referrals, with an expiration date, are sent to Service Providers to indicate a Client has been assigned to the program.

Service Providers: Entities contracted to deliver OAA programs directly to Clients.

Social Need: Necessity caused by noneconomic factors, such as physical and mental disabilities, language barriers, and cultural, social, or geographic isolation outlined in 45 CFR part §1321.3 that restrict the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

Uncovered Services: Informal support(s) or private pay options available in the Client's community that may address the Client's unmet needs. These services are not funded by the OAA.

V. STANDARDS

A. Overview

1. Case Management services enable the coordination of OAA services that help Clients remain independent in their homes and communities.
2. The State Unit on Aging (SUA) administers Case Management services by providing funding, technical assistance, and direction to the AAAs.
3. Case Management services may be provided by one of the following:
 - a. AAA directly; or

- b. Public or nonprofit agencies contracted by the AAA.
- 4. Case Management services are provided to Clients at no cost.

B. Providing Case Management

- 1. Case Management providers must:
 - a. Comply with DAAS policies and procedures, ADES scopes of work (SOW), contracts, guidance, and technical assistance;
 - b. Not violate or conflict with state, county, tribal, and local laws and/or ordinances;
 - c. Be person-centered, trauma-informed, sensitive to the Client's cultural and/or tribal affiliation, and promote the Client's Rights relating to in-home services as described in section 314 of the OAA;
 - d. Develop cost-effective Care Plans by networking with, and evaluating Uncovered Service options in addition to OAA services;
 - e. Ensure all mandatory fields of the Client's Approved Assessment Instrument (AAI) are completed; and
 - f. Utilize Case Managers and Case Manager supervisors who:
 - i. Comply with DAAS policies and procedures, and applicable ADES SOWs;
 - ii. Receive appropriate training on Case Management policies and procedures using the following resources:
 - A. DAAS Policy and Procedure Manual with particular attention to Services and Programs;
 - B. DAAS program manuals such as DAAS Nutrition and Wellness Manual; and
 - C. Other training materials provided by DAAS.
 - iii. Act as advocates for Clients and not as promoters for the agency providing the service(s); and
 - iv. Uphold the Client's right to make an independent choice of Service Providers.

C. Assessment

1. AAAs will complete a Pre-Screening with Clients. The AAA will support Clients by completing the Pre-Screening in the most convenient way, which may include in-person, over the phone, or virtually.
2. If the AAA believes the Client may be eligible for Case-Managed services, the Client will be assigned to a Case Manager within 7 business days of the Pre-Screening.
 - a. If a Case Manager is not available to assess the Client within 7 business days of receiving the case assignment, see [DAAS Waitlist Policy](#).
3. Case Managers must complete an Assessment at the following times:
 - a. Within 7 business days of receiving the case assignment.
 - b. At scheduled redetermination periods outlined in V.G. of this policy.
4. During an Assessment, the Case Manager:
 - a. Verifies that the Client is not receiving duplicative services through other Federal and State programs, such as:
 - i. Arizona Long Term Care System (ALTCS);
 - ii. Division of Developmental Disabilities (DDD);
 - iii. Department of Veterans Affairs (VA); and
 - iv. Arizona Department of Health Services (ADHS).
 - b. Works with Clients and their Caregiver (if applicable) to complete the appropriate AAI and determine eligibility for services based on the corresponding policy section for the service(s) being sought, found in [DAAS Policy Chapter 3000](#).
 - c. Develops a comprehensive and cost-effective Care Plan that may include referrals to Uncovered Services;
 - d. Ensures that a correlation is demonstrated between the Client's impairment levels and the service(s) authorized;
 - e. Provides the Client with a timeline for when they can expect to begin receiving services and when the Case Manager will be following up

(see either section V.F. of this policy or [DAAS Waitlist Policy](#));

- i. Case Managers must advise the Client if they are being placed on a waitlist (see [DAAS Waitlist Policy](#)).
 - ii. Clients must be fully informed in advance of receiving an in-home service under OAA.
- f. Informs the Client of the following:
- i. The Client's rights and responsibilities;
 - ii. The AAA's grievance and appeals procedures (see section V.K. of this policy); and
 - iii. The Client's ability to voluntarily contribute to the cost of service (see [DAAS Service Contributions Policy](#)).
- g. Authorizes Client services in Division of Aging and Adult Reporting System (DAARS) according to their Care Plan.

D. Documentation

1. AAAs are responsible for ensuring that case files are maintained for each Client referred for Case Management in order to be reimbursed for services. Case files must be:
 - a. Documented according to section V.D.2. of this policy.
 - b. Maintained in accordance with the requirements for confidentiality outlined in section V.L. of this policy.
2. Case Files must be recorded and updated in DAARS and contain:
 - a. A copy of the Client's AAI. AAI's must be:
 - i. Completed according to section V.C. of this policy;
 - ii. Entered within 7 business days of the Assessment; and
 - iii. "Locked" in DAARS before the service(s) are reimbursed.
 - b. Copies of Service Authorization(s), if applicable.
 - c. Case Notes that must:
 - i. Be entered on a regular basis, as close as possible to

when updates are made to the Client's file;

- ii. Address the current Functional Assessment of the Client;
- iii. Provide supporting information to demonstrate the connection between Care Plan goals and the services authorized for the Client;
- iv. Include reviews, updates, and new AAI(s) as required in section V.G. of this policy; and
- v. Document contacts with the Client including those regarding Client complaints, grievances, and appeals, and follow-up of crisis contacts or missed appointments.

E. Service Authorization

1. Services must be:
 - a. Authorized for a time period determined to meet the Client's need, but must not exceed a 12-month period, with the exception of:
 - i. Short-term Home Delivered Meals (HDM) and Family Caregiver Support Program (FCSP) services that must not exceed a 90 day period.
 - b. Prioritized for Clients 60 years of age or older with the greatest Economic Need and Social Need, as described in the OAA.
2. Service Authorizations must be forwarded to Service Providers within 7 business days of Assessment.
3. Service Providers must comply with the following time-frames:
 - a. Within 7 business days of receiving the Client's Service Authorization, Service Providers must begin serving the Client according to the Service Authorization, with the flexibility to allow for:
 - i. Service Providers may begin providing services up to 5 days before the receipt of the Service Authorization, if they receive verbal confirmation from the Case Manager.

F. Care Plan Monitoring

1. The AAA must ensure Care Plans are reviewed at least every 3 months beginning from the date of the initial Assessment, or anytime changes occur

that affect the Client's eligibility or level of need.

- a. The 3 month and 9 month reviews may be one of the following:
 - i. Telephone contact with the Client;
 - ii. Home visit with the Client; or
 - iii. Inter-agency conference held with the Service Provider to discuss the Client's Care Plan.
 - b. The 6 month review must be a home visit.
 - c. A redetermination must be completed according to section V.G of this policy.
2. Monitoring of the Care Plan must achieve the following:
- a. Facilitate the relationship with the Client, Caregivers (if applicable) and Service Providers through ongoing communication.
 - b. Determine if the Client continues to be eligible for, and is receiving, services based on their needs and Care Plan.
 - c. Review the Client's waitlist enrollment according to the [DAAS Waitlist Policy](#), if applicable.
 - d. Identify any issues or problems relative to the service(s) delivery process and the quality of the service(s) being provided.
 - e. Develop a course of action for remedying identified issues or problems, and revise the Care Plan according to section V.H. of this policy.

G. Redetermination of Eligibility

1. AAAs must reassess Client eligibility every 12 months or any time a change occurs that may impact eligibility or the need for services the Client is receiving.

H. Revisions to Care Plan

1. Care Plan Monitoring or availability of services may result in revisions to Care Plan that are not based on the Client's Eligibility. Revisions, including service continuation, modification, or termination, require:
 - a. Client's involvement in the decision making process evidenced by

Case Notes to be entered into DAARS by the Case Manager.

- b. Case Manager to update the Service Authorizations.
- c. If all services are to be terminated, see section V.I. of this policy.
- d. Revising the Care Plan based on changes to the Client's eligibility requires a redetermination, see section V.G of this policy.

I. Service Termination

- 1. Service termination may occur for the following reasons:
 - a. Funding is no longer available;
 - b. Voluntarily by the Client;
 - i. Examples of voluntary termination include:
 - A. The Client and the Case Manager agree that the service needs of the Client have been met; or
 - B. The Client no longer wishes to receive services.
 - ii. Documentation in the case file must support voluntary termination.
 - c. Changes occur that affect the Client's ability to meet the eligibility criteria for the service(s) being provided;
 - d. The Client:
 - i. Dies;
 - ii. Moves out of the state;
 - iii. Is accepted into an entitlement program and receives comparable services;
 - iv. Is admitted to an institution for an indefinite stay;
 - v. Becomes a resident of a long term care facility; or
 - vi. Has not cooperated with the delivery of service. The lack of cooperation must be documented with specificity.
 - A. Examples of lack of cooperation include:

1. Not providing required information;
 2. Refusing to allow a home visit; or
 3. Providing incorrect information.
 - B. Documentation in the case file must demonstrate attempts at resolution and subsequent service termination.
2. Within 7 business days after the Client's case is closed or service(s) are terminated, the Service Authorization(s) showing service termination and/or case closures must be forwarded to Service Providers to end services.
 3. When the reason for service termination is the Client's death:
 - a. The Case Manager must list the end date of Service Authorization(s) with the actual date of death.
 - b. Home-Delivered Meals delivered for the entire week during which the death occurred may be submitted for reimbursement.

J. Reporting Requirements

1. The AAA must follow all guidance and any training provided by the SUA on the topic of programmatic reporting.

K. Complaints, Grievances, and Appeals

1. Each AAA will develop and implement a process to:
 - a. Investigate and resolve complaints from Clients and other outside parties against AAA and subcontractors per [DAAS Administrative Mandates Policy](#); and
 - b. Verify that Clients receive a copy of the appeals process.

L. Privacy, Confidentiality, and Disclosure

1. Protection and release of Confidential Information:
 - a. The transmission of Personally Identifiable Information (PII) and Protected Health Information (PHI) for any Client must be transmitted using secure means such as encryption to ensure the information is not accessed by unauthorized individuals.

3. Records and information collected as part of application/appeal are kept confidential.
4. Records and information maintained as confidential must not be released except as authorized under [A.R.S.§41-1959](#).
 - a. AAA must explain to Clients that individual information and records may be shared in order to provide services.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1