

1620-A INITIAL CONTACT/VISIT STANDARD

REVISION DATE: 12/13/2023, 3/9/2022

REVIEW DATE:

EFFECTIVE DATE: September 7, 2021

REFERENCES: AHCCCS AMPM Chapter 1620-A and E; A.R.S. § 36-551. Division Medical Policy 1620-E

PURPOSE

This policy outlines the timeframe requirements for the initial contact and visit standards for Division Members enrolled in Arizona Long Term Care Services (ALTCS).

DEFINITIONS

1. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
2. "Planning Document" means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.

3. “Planning Team” means a defined group of individuals comprised of the Member, the Responsible Person if other than the Member, and, with the Responsible Person’s consent, any individuals important in the Member’s life, including extended family members, friends, service providers, community resource providers, representatives from religious/spiritual organizations, and agents from other service systems.
4. “Responsible Person” means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability, or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed as cited in A.R.S. § 36-551.
5. “Supports” means paid or unpaid resources available in the community, through natural or family relationships, or through service providers to assist Members.
6. “Support Coordination” means a collaborative process, which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet the Member’s needs

through communication and available supports to promote quality, cost-effective outcomes.

7. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551

POLICY

A. INITIAL CONTACT WITH A MEMBER WHO IS NEWLY ENROLLED IN ALTCS

1. The Support Coordinator shall review all enrollment notifications received via Focus task, Focus Reports, telephonically, email from AHCCCS, or Pre Admission Screening (PAS) Report when a Member is newly enrolled in ALTCS.
2. The Support Coordinator shall contact the Responsible Person via telephone, in person, or by secure email within five (5) calendar days of enrollment notification to schedule a planning meeting, even if the Member is enrolled during a hospital stay.
3. The Support Coordinator shall conduct an in-person on-site visit to initiate the Person-Centered Service Plan within ten (10) working days of the Member's enrollment notification.

4. The Support Coordinator shall complete the in-person on-site visit as soon as possible if the information obtained during the initial contact or from the Pre Admission Screening (PAS) tool completed by AHCCCS during the ALTCS eligibility determination indicates the Member has more immediate needs for services.
5. The Support Coordination shall conduct the in-person on-site visit at the Member's place of residence, or institutional setting for Members who are enrolled during a hospital stay, in order to develop the Member's Planning Document.
6. The Member shall be present for, and be included in, the in-person on-site visit and at all planning meetings.
7. The Support Coordinator shall allow the Member to decide who should be part of the planning meeting unless participants are specified by rule or law, such as by guardianship.
8. The Support Coordinator shall assess for home and community based services, which shall be initiated within thirty (30) calendar days of the Member's enrollment.
9. The Support Coordinator shall explain the Member's rights and responsibilities including the procedures for filing a grievance or

appeal and have them sign and date the Acknowledgement of Publications indicating receipt and understanding of the Member's rights and responsibilities.

10. The Support Coordinator shall participate in proactive discharge planning and follow-up activities for members enrolled with ALTCS during a hospital stay. Refer to Division Medical Policy 1620-E for requirements regarding in-person on-site reviews following a member's discharge from an inpatient hospital stay.
11. The Support Coordinator shall create a Request to Schedule a Meeting to be left at, or sent to, the Member's residence requesting that the Member contact the Support Coordinator if the Support Coordinator is unable to locate or contact the Member via phone, email, mailed letter, or in-person visit.
 - a. The Support Coordinator shall complete an Electronic Member Change Report (EMCR) for potential loss of contact if there is no contact from the Responsible Person within thirty (30) calendar days from the Member's date of ALTCS enrollment.
 - b. The Support Coordinator shall continue attempts to reach

the Responsible Person until ALTCS disenrolls the member.

12. The Support Coordinator shall document in the Member's case file and Focus progress notes all contact, whether attempted or successful, regarding a Member who is ALTCS eligible.